

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2023**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>TIDES CENTER</b>		<b>D</b> Employer identification number <b>94-3213100</b>
	Doing business as		<b>E</b> Telephone number <b>(415) 561-6400</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>252,065,283.</b>
	<b>1012 TORNEY AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94129</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>JANIECE EVANS-PAGE</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: <b>WWW.TIDES.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TIDES CENTER SUPPORTS SOCIAL CHANGE LEADERS, CONNECTS DIVERSE PEOPLE AND ORGANIZATIONS, AND</b>
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <b>1365</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>810</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>51,760.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>240,178,205.</b> <b>Prior Year</b> <b>191,431,519.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>37,628,314.</b> <b>35,630,934.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>3,382,268.</b> <b>6,588,571.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>285,985.</b> <b>79,233.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>281,474,772.</b> <b>233,730,257.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>205,996,418.</b> <b>80,494,180.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>94,394,656.</b> <b>106,926,297.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>293,157.</b> <b>1,172,009.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>20,086,302.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>115,212,823.</b> <b>118,697,458.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>415,897,054.</b> <b>307,289,944.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-134,422,282.</b> <b>-73,559,687.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>431,562,198.</b> <b>Beginning of Current Year</b> <b>323,415,754.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>69,687,000.</b> <b>30,611,571.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>361,875,198.</b> <b>292,804,183.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JAMES LUM, CFO/TREASURER</b>	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOCELYNE MILLER</b>	Preparer's signature <i>Joelyne C. Miller</i>
	Firm's name <b>DELOITTE TAX LLP</b>	Date <b>9/26/2024</b>
	Firm's address <b>12830 EL CAMINO REAL, SUITE 600 SAN DIEGO, CA 92130</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00634378</b>
		Firm's EIN <b>86-1065772</b>
		Phone no. <b>(619) 232-6500</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>TIDES CENTER</b>	Taxpayer identification number (TIN) <b>94-3213100</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1012 TORNEY AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94129</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **JAMES LUM**  
**1012 TORNEY AVENUE - SAN FRANCISCO, CA 94129**

Telephone No. **(415) 561-6300** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
TIDES CENTER PROVIDES SOCIAL CHANGE LEADERS COMPREHENSIVE FISCAL SPONSORSHIP - INCLUDING OPERATIONAL, GRANTMAKING, AND CAPACITY-BUILDING SUPPORT - TO PROPEL THE WORK OF COMMUNITY-LED ORGANIZATIONS ADVANCING SOCIAL JUSTICE.

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 204,089,417. including grants of \$ 65,949,893. ) (Revenue \$ 29,573,667. )
EQUITY: WITHIN OUR LARGEST AREA OF IMPACT, TIDES' FISCALLY SPONSORED PROJECTS WORK MULTILATERALLY TO CREATE MORE EQUAL OPPORTUNITY AND EQUITABLE TREATMENT FOR COMMUNITIES HISTORICALLY DENIED POWER. PROJECTS FOCUS ON RACIAL AND ETHNIC EQUITY, ECONOMIC OPPORTUNITY, HUMAN RIGHTS POLICIES, REPRODUCTIVE JUSTICE, AND INCREASED CIVIC ENGAGEMENT. SEVERAL PROGRAMS ALSO WORK TO END HOMELESSNESS BY PROVIDING TRANSITIONAL HOUSING AND SOCIAL SERVICES. OTHERS ADVOCATE FOR ISSUES SUCH AS THE SOCIAL AND ECONOMIC EMPOWERMENT OF WOMEN AND GIRLS, ACCESS TO QUALITY HEALTH CARE, AND CRIMINAL JUSTICE REFORM.

4b (Code: ) (Expenses \$ 9,838,359. including grants of \$ 3,186,188. ) (Revenue \$ 1,428,949. )
EDUCATION: IN 2023, 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 SEXUAL HEALTH EDUCATION TO PREVENT THE SPREAD OF HIV/AIDS. OTHER TIDES PROJECTS INSTITUTED A VARIETY OF PROGRAMS THAT RANGED FROM ADVOCATING AGAINST DOMESTIC VIOLENCE, TO OFFERING ADULT EDUCATION AND CAREER SUPPORT TO EXPLORING THE INTERSECTION OF THE ARTS AND SOCIAL JUSTICE.

4c (Code: ) (Expenses \$ 34,175,110. including grants of \$ 11,067,550. ) (Revenue \$ 4,963,600. )
ENVIRONMENT: IN 2023, 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.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 478,439. including grants of \$ 290,549. ) (Revenue \$ 133,995. )

4e Total program service expenses 248,581,325.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	1 2 3 8
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	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		1365
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	11a
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		N/A
<b>b</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
<b>c</b>	Enter the amount of reserves on hand		13c
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		14b
<b>15</b>	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 the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		N/A

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	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 on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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  
**JAMES LUM - (415) 561-6400**  
**1012 TORNEY AVENUE, SAN FRANCISCO, CA 94129**

**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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANIECE EVANS - PAGE CEO	10.00 45.00			X			0.	767,769.	28,192.	
(2) TOMIQUIA MOSS FOUNDER/CHIEF EXEC - ALL HOME	40.00 0.00				X		403,804.	0.	34,987.	
(3) MARK SMOLINSKI DIR. GLOBAL HEALTH THREATS - ENDING	40.00 0.00				X		385,439.	0.	29,620.	
(4) SUNEELA JAIN SEC./CHIEF LEGAL & COMPL. OFFICER	4.00 51.00			X			0.	364,674.	47,465.	
(5) JAMES LUM TREASURER, CFO (FROM 5/2023)	15.00 40.00			X			0.	322,612.	38,704.	
(6) MELISSA JONES EXEC DIR BAY AREA REGL HLTH INEQUITI	40.00 0.00				X		331,059.	0.	27,943.	
(7) AMY LESNICK CHIEF EXEC AND PRESIDENT - PLEDGE 1&	40.00 0.00				X		319,005.	0.	39,506.	
(8) TALIA MILGROM-ELCOTT EXEC. DIR. - THE STARFISH INSTITUTE	40.00 0.00				X		307,571.	0.	36,110.	
(9) HOLDEN LEE TREASURER/CFO (THRU 5/2023)	15.00 40.00			X			0.	269,147.	23,888.	
(10) MICHAEL FERNANDEZ DIRECTOR, CHAIR (THRU 11/2023)	2.00 2.00	X		X			0.	0.	0.	
(11) REGINA JACKSON DIRECTOR, CHAIR (FROM 11/2023)	2.00 2.00	X		X			0.	0.	0.	
(12) ANTOINETTE KLATZKY DIRECTOR	2.00 2.00	X					0.	0.	0.	
(13) CHERYL D. ALSTON DIRECTOR	2.00 2.00	X					0.	0.	0.	
(14) DYLAN ORR DIRECTOR	2.00 2.00	X					0.	0.	0.	
(15) EDWARD G. LLOYD DIRECTOR	2.00 2.00	X					0.	0.	0.	
(16) JEFFERY WALLACE DIRECTOR (FROM 11/2023)	2.00 2.00	X					0.	0.	0.	
(17) MARC DIAZ DIRECTOR	2.00 2.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHELBY CHESTNUT DIRECTOR (FROM 11/2023)	2.00 2.00	X						0.	0.	0.
(19) TIM WANG DIRECTOR	2.00 2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,746,878.	1,724,202.	306,415.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,746,878.	1,724,202.	306,415.

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 209

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

**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
STEADY PLATFORM INC., 101 MARIETTA ST. NW SUITE 2500, ATLANTA, GA 30303	CONSULTING	25,697,000.
RAISE FOR GOOD LLC, 2261 MARKET STREET UNIT 4260, SAN FRANCISCO, CA 94114	CONSULTING	3,425,113.
COMMUNITY FINANCIAL RESOURCES, 4100 REDWOOD ROAD 20A-433, OAKLAND, CA 94619	CONSULTING	1,265,815.
MICHIGAN ASSOC OF INTERMEDIATE SCHOOL ADMIN 1001 CENTENNIAL WAY STE 300, LANSING, CA 94	CONSULTING	1,101,000.
BAY AREA COMMUNITY SERVICES INC. 390 40TH STREET, OAKLAND, MI 48917	CONSULTING	774,037.

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 73

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	1,129,399.			
	<b>d</b>	Related organizations	<b>1d</b>	4,676,136.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	35,365,170.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	150,260,814.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,194,453.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		191431519.			
	Program Service Revenue	<b>2 a</b>	GOVERNMENT CONTRACT	Business Code			
			541900	17,368,788.	17368788.		
<b>b</b>		CONTRACT FEES	541900	12,599,590.	12599590.		
<b>c</b>		MEMBERSHIP REVENUES	900099	2,362,488.	2,362,488.		
<b>d</b>		RENTAL INCOME	531120	1,573,883.	1,573,883.		
<b>e</b>		CONFERENCE/EVENT REVENUE	900099	1,173,187.	1,173,187.		
<b>f</b>		All other program service revenue	900099	552,998.	501,238.	51,760.	
<b>g</b>		<b>Total.</b> Add lines 2a-2f		35,630,934.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		7,100,659.		7100659.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		1,022.		1,022.	
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				17,192,296.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	17,684,056.	20,328.		
	<b>c</b>	Gain or (loss)	<b>7c</b>	-491,760.	-20,328.		
<b>d</b>	Net gain or (loss)		-512,088.		-512,088.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,129,399. of contributions reported on line 1c). See Part IV, line 18						
			239,576.				
			630,642.				
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events		-391,066.		-391,066.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue	900099	469,277.	469,277.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		469,277.			
	<b>12</b>	<b>Total revenue.</b> See instructions		233730257.	36048451.	51,760.	6198527.

**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  X

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	74,837,331.	74,837,331.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	34,050.	34,050.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,622,799.	5,622,799.		
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	85,957,357.	62,689,949.	8,593,564.	14,673,844.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,667,474.	1,945,428.	266,680.	455,366.
9 Other employee benefits	11,713,139.	8,542,562.	1,171,018.	1,999,559.
10 Payroll taxes	6,588,327.	4,804,963.	658,666.	1,124,698.
11 Fees for services (nonemployees):				
a Management				
b Legal	541,918.		541,918.	
c Accounting	51,356.		51,356.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,172,009.			1,172,009.
f Investment management fees	136,668.	136,668.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	66,221,205.	65,919,386.		301,819.
12 Advertising and promotion	1,362,500.	1,340,181.		22,319.
13 Office expenses	2,140,111.	1,870,756.	260,565.	8,790.
14 Information technology	2,089,827.	2,084,921.		4,906.
15 Royalties				
16 Occupancy	6,783,107.	6,640,752.		142,355.
17 Travel	8,971,908.	7,827,470.	1,089,099.	55,339.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,038.	5,038.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	531,973.	531,973.		
23 Insurance	1,446,381.	1,446,381.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM MATERIALS &amp; SUP</b>	1,160,257.	1,160,257.		
b <b>LICENSES</b>	560,764.	558,140.		2,624.
c <b>BANKING FEES</b>	175,144.	175,144.		
d <b>BOARD EXPENSES</b>	10,488.		10,488.	
e All other expenses	26,508,813.	407,176.	25,978,963.	122,674.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>307,289,944.</b>	<b>248,581,325.</b>	<b>38,622,317.</b>	<b>20,086,302.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	172,052,488.	<b>1</b>	112,243,713.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	88,485,531.	<b>3</b>	62,475,353.
	<b>4</b> Accounts receivable, net .....	4,002,037.	<b>4</b>	3,491,910.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	325,607.	<b>9</b>	430,544.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,044,183.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 366,239.	15,468,493.	<b>10c</b> 677,944.
	<b>11</b> Investments - publicly traded securities .....	141,904,440.	<b>11</b>	137,428,728.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,323,602.	<b>15</b>	6,667,562.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	431,562,198.	<b>16</b>	323,415,754.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	48,489,921.	<b>17</b>	13,041,089.
	<b>18</b> Grants payable .....	7,490,298.	<b>18</b>	11,264,536.
	<b>19</b> Deferred revenue .....	300,452.	<b>19</b>	1,268,516.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	0.	<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	13,406,329.	<b>25</b>	5,037,430.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	69,687,000.	<b>26</b>	30,611,571.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	95,635,141.	<b>27</b>	95,316,701.
	<b>28</b> Net assets with donor restrictions .....	266,240,057.	<b>28</b>	197,487,482.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	361,875,198.	<b>32</b>	292,804,183.
<b>33</b> Total liabilities and net assets/fund balances .....	431,562,198.	<b>33</b>	323,415,754.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	233,730,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	307,289,944.
3	Revenue less expenses. Subtract line 2 from line 1	3	-73,559,687.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	361,875,198.
5	Net unrealized gains (losses) on investments	5	4,425,685.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	62,987.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	292,804,183.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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 on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center">TIDES CENTER</p>	<b>Employer identification number</b> <p style="text-align:center">94-3213100</p>
--	--

**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).)
- 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 **section 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 on 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		
<b>Total</b>						

**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	171030552	250396656	507668796	239022118	191431519	1359549641.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	171030552	250396656	507668796	239022118	191431519	1359549641.
<b>5</b> 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) .....						114476010
<b>6 Public support.</b> Subtract line 5 from line 4.						1245073631.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	171030552	250396656	507668796	239022118	191431519	1359549641.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2113792.	4457722.	2267967.		7101681.	15941162.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		13,375.			450.	13,825.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				853,004.	708,853.	1561857.
<b>11 Total support.</b> Add lines 7 through 10						1377066485.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	132,495,238.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.41 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	90.15 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REIMBURSEMENTS

2022 AMOUNT: \$ 853,004.

2023 AMOUNT: \$ 469,277.

FUNDRAISING EVENTS

2023 AMOUNT: \$ 239,576.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ANDREW W. MELLON FOUNDATION	115,000,000.	87,458,670.
NOVO FOUNDATION	52,100,000.	24,558,670.
NORTHROP GRUMMAN FOUNDATION	30,000,000.	2,458,670.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		114,476,010.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization <b>TIDES CENTER</b>	Employer identification number <b>94-3213100</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>16,977,084.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>11,165,891.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>10,975,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>8,575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>8,088,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>6,907,141.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>TIDES CENTER</b>	Employer identification number <b>94-3213100</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>5,444,357.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>4,625,429.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>4,529,511.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>4,152,403.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES CENTER</b>	Employer identification number <b>94-3213100</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>TIDES CENTER</b>	Employer identification number  <b>94-3213100</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>TIDES CENTER</b>	Employer identification number <b>94-3213100</b>
---	---

**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.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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? .....  Yes  No
- 4a Was a correction made? .....  Yes  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? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

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

Schedule C (Form 990) 2023

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		1,450.
<b>d</b> Mailings to members, legislators, or the public? .....	X		2,066.
<b>e</b> Publications, or published or broadcast statements? .....	X		238.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		2,496.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		540,465.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		31,613.
<b>i</b> Other activities? .....	X		64,228.
<b>j</b> Total. Add lines 1c through 1i .....			642,556.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	2a
<b>b</b> Carryover from last year .....	2b
<b>c</b> Total .....	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3
<b>4</b> 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 expenditures next year? .....	4
<b>5</b> 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.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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, ENVIRONMENTAL AND EQUITY.

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held art collections for financial gain with revenue and asset amounts.

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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		819,889.	221,501.	598,388.
d Equipment		78,914.	66,160.	12,754.
e Other		145,380.	78,578.	66,802.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				677,944.



**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	323,539.
(3) DUE TO RELATED ORGANIZATIONS	1,652,415.
(4) 457 RETIREMENT PLAN	1,096,797.
(5) LEASE LIABILITY	1,964,679.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,037,430.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

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" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

TIDES CENTER

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 the 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT-MAKING		254,284.
EAST ASIA AND THE PACIFIC	0	0	GRANT-MAKING		979,425.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT-MAKING		643,893.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT-MAKING		770,193.
NORTH AMERICA	0	0	GRANT-MAKING		373,152.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT-MAKING		108,773.
SOUTH AMERICA	0	0	GRANT-MAKING		599,552.
SOUTH ASIA	0	0	GRANT-MAKING		868,629.
<b>3 a</b> Subtotal .....	0	0			4,597,901.
<b>b</b> Total from continuation sheets to Part I .....	0	0			1,009,951.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			5,607,852.

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

Schedule F (Form 990) 2023

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
SUB-SAHARAN AFRICA	0	0	GRANT-MAKING		1,009,951.
<b>Totals</b> .....					1,009,951.

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

1 (a) Name of organization	(b) 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHY INDIVIDUALS AND COMMUNITIES	221,401.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	QUALITY EDUCATION	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUSTAINABLE ENVIRONMENT	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	914,980.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	10,676.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTHY INDIVIDUALS AND COMMUNITIES	20,809.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTHY INDIVIDUALS AND COMMUNITIES	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	QUALITY EDUCATION	50,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 9

3 Enter total number of other organizations or entities ..... 29

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	590,970.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTHY INDIVIDUALS AND COMMUNITIES	20,040.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	QUALITY EDUCATION	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	180,463.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	118,292.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	410,695.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	57,145.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		NORTH AMERICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	373,152.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	HEALTHY INDIVIDUALS AND COMMUNITIES	115,297.	ELECTRONIC FUND/WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	HEALTHY INDIVIDUALS AND COMMUNITIES	29,258.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTHY INDIVIDUALS AND COMMUNITIES	533,785.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH AMERICA	QUALITY EDUCATION	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH AMERICA	SUSTAINABLE ENVIRONMENT	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH ASIA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	632,982.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH ASIA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	135,702.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTHY INDIVIDUALS AND COMMUNITIES	99,945.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	299,223.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	122,140.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	18,693.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	285,750.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	66,846.	ELECTRONIC FUND/WIRE TRANSFER	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	32,883.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	49,960.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	49,780.	ELECTRONIC FUND/WIRE TRANSFER	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.

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

**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 the 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 the 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 the 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 the 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 the 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 the 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.

**PART I, LINE 2:**

TIDES CONDUCTS AN INDEPENDENT REVIEW AND DUE DILIGENCE IN ADVANCE OF FUNDING TO ESTABLISH AND CONFIRM THAT SUPPORT FOR A GRANTEE WILL FURTHER TIDES' MISSION AND VIEWS AND THAT THE GRANTEE IS APPROPRIATELY STRUCTURED TO RECEIVE THE GRANT. 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. ALL INTERNATIONAL GRANTS ARE RESTRICTED FOR USE IN FURTHERANCE OF ONE OR MORE CLEARLY CHARITABLE OR EDUCATIONAL PURPOSES CONSISTENT WITH TIDES' MISSION AND ITS TAX-EXEMPT STATUS. GRANTEES ARE REQURIED TO CONFIRM THAT THE FUNDS WERE USED EXCLUSIVELY FOR SUCH ACTIVITIES CONDUCTED OUTSIDE OF THE UNITED STATES.

**PART I, LINE 3:**

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

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **TIDES CENTER** Employer identification number **94-3213100**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RAISE FOR GOOD LLC - 2261 MARKET STREET UNIT 4260, SAN	CONSULTING		X	0.	859,392.	-859,392.
DAMION LEENATALI - 3121 QUITMAN ST, DENVER, CO 80212	CONSULTING		X	0.	125,000.	-125,000.
ORR GROUP INC - 3000 K STREET NW, WASHINGTON, DC 20007	CONSULTING		X	0.	80,000.	-80,000.
LESLIE BRAND CONSULTING LLC - 39 W 16TH STREET, NEW YORK,	CONSULTING		X	0.	55,000.	-55,000.
BOJANA STOPARIC - 86 WOODHULL STREET, BROOKLYN, NY 11231	CONSULTING		X	0.	29,620.	-29,620.
ALEXANDRA MANE - 3100 BELAIR GATE LANE, LANDOVER, MD	CONSULTING		X	0.	22,950.	-22,950.
<b>Total</b>					1,171,962.	-1,171,962.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

**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
		CREATING HOPE (event type)	LOOKING FORWARD, GIV (event type)	11 (total number)	(add col. (a) through col. (c))
Revenue	1	558,747.	116,624.	693,604.	1,368,975.
	2	523,391.	0.	606,008.	1,129,399.
	3	35,356.	116,624.	87,596.	239,576.
Direct Expenses	4				
	5				
	6	142,761.		1,522.	144,283.
	7	474.	668.	12,828.	13,970.
	8				
	9	81,637.	32,242.	358,510.	472,389.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-391,066.

**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					
	2					
Direct Expenses	3					
	4					
	5					
	6	<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?  Yes  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?  Yes  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?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- 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 \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: RAISE FOR GOOD LLC

(I) ADDRESS OF FUNDRAISER:

2261 MARKET STREET UNIT 4260, SAN FRANCISCO, CA 94114

(I) NAME OF FUNDRAISER: LESLIE BRAND CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 39 W 16TH STREET, NEW YORK, NY 10011

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: ALEXANDRA MANE

(I) ADDRESS OF FUNDRAISER: 3100 BELAIR GATE LANE, LANDOVER, MD 20785



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN IN CHICAGO INC 308 S. JEFFERSON STREET, 323 CHICAGO, IL 60661	36-4104895	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
401 STATE STREET WBU LLC MAILING - PO BOX 29907 SAN FRANCISCO, CA 94129	87-3642596	501(C)(3)	15,195,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
501 BOYLSTON STREET TENANT LLC 501 BOYLSTON STREET BOSTON, MA 02116	98-0331706		11,025.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
548 CAPITAL 2514 N MARSHFIELD AVENUE CHICAGO, IL 60614	81-3313812	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ABC PILSEN 1929 WEST 23RD STREET CHICAGO, IL 60608	46-2454231	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ACT FOR WOMEN AND GIRLS PO BOX 536 VISALIA, CA 93279	26-0287450	501(C)(3)	6,389.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **359.**

3 Enter total number of other organizations listed in the line 1 table **14.**

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCACY INSTITUTE INC 141 W 28TH ST NEW YORK, NY 10001	92-0240689	501(C)(3)	1,348,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
AGITARTE P.O. BOX 391791 CAMBRIDGE, MA 02139	04-3420465	501(C)(3)	40,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ALABAMA AEROSPACE AND AVIATION SCHOOLS INC - 1414 2ND AVENUE N - BESSEMER, AL 35020	84-3820962	501(C)(3)	15,000.	0.			QUALITY EDUCATION
ALABAMA CENTER FOR SUSTAINABLE ENERGY DBA ENERGY ALABAMA - P.O. BOX 1381 - HUNTSVILLE, AL 35807	47-1066687	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	94-3103136	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ALIANZA AMERICAS P.O. BOX 23491 CHICAGO, IL 60623	34-2066826	501(C)(3)	150,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ALIANZA NACIONAL DE CAMPESINAS INC P.O. BOX 20033 OXNARD, CA 93034	47-3486630	501(C)(3)	150,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ALLIANCE FOR EDUCATION SOLUTIONS INC - 1111 H STREET - SACRAMENTO, CA 95834	68-0232078	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ALLIED MEDIA PROJECTS INC 4126 THIRD STREET DETROIT, MI 48208	01-0559608	501(C)(3)	80,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
AMIGOS DEL M A R INC CALLE MALLORCA 710 SAN JUAN, PR 00907	66-0864878	501(C)(3)	60,000.	0.			SUSTAINABLE ENVIRONMENT
APPALACHIAN STATE UNIVERSITY 287 RIVERS ST. BOONE, NC 28608	APPLIED FOR	GOVERNMENT ENTIT	479,998.	0.			QUALITY EDUCATION
ASOCIACION DE COMUNIDADES UNIDAS TOMANDO ACCION SOLIDARIA INC - PO BOX 52 - TOA BAJA, PR 00951	66-0911147	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
AUTOMOTIVE MENTORING GROUP INC 6522 S. LAVERGNE AVENUE CHICAGO, IL 60638-5807	45-4081985	501(C)(3)	30,000.	0.			QUALITY EDUCATION
AYUDA LEGAL PUERTO RICO INC PO BOX 195321 SAN JUAN, PR 00919-5321	66-0890750	501(C)(3)	40,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BAY AREA COMMUNITY HEALTH 40910 FREMONT BOULEVARD FREMONT, CA 94538	23-7255435	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BEND THE ARC A JEWISH PARTNERSHIP FOR JUSTICE - 330 SEVENTH AVENUE - NEW YORK, NY 10001	52-1332694	501(C)(3)	188,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - P.O. BOX 617 - STOCKBRIDGE, MA 01262	04-2426357	GOVERNMENT ENTIT	24,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERNALILLO PUBLIC SCHOOLS 560 S. CAMINO DEL PUEBLO BERNALILLO, NM 87004	85-6000791	GOVERNMENT ENTIT	100,000.	0.			QUALITY EDUCATION
BETTER BOYS FOUNDATION 1512 S PULASKI CHICAGO, IL 60623	36-2484473	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BLACK ALPHABET NFP 4600 SOUTH INDIANA AVENUE, 1N CHICAGO, IL 60653	46-4578118	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BLACK HISTORY PROJECT 424 E. CENTRAL BLVD ORLANDO, FL 32801	81-2451782	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BLU EDUCATIONAL FOUNDATION P.O. BOX 7042 SAN BERNARDINO, CA 92411	59-3823989	501(C)(3)	30,000.	0.			QUALITY EDUCATION
BOAT PEOPLE SOS INC 6066 LEESBURG PIKE FALLS CHURCH, VA 22041	54-1563619	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BOOKER T WASHINGTON COMMUNITY SERVICE CENTER - ATTN: CHRISTOPHER SHELTON - SAN FRANCISCO, CA 94115	94-1160952	501(C)(3)	11,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BOREALIS PHILANTHROPY PO BOX 3295 MINNEAPOLIS, MN 55403	46-4598642	501(C)(3)	130,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BREACH COLLECTIVE PO BOX 5291 EUGENE, OR 97405	85-0743122	501(C)(3)	31,038.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAKING THE CHAIN THROUGH EDUCATION INC - 38 MARION ROAD - VERONA, NJ 07044	38-3850662	501(C)(3)	32,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BUILD OUR LIVES TOGETHER INC 439 GASKILL STREET PHILADELPHIA, PA 19147	87-3101920	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	APPLIED FOR	GOVERNMENT ENTIT	7,500.	0.			QUALITY EDUCATION
BUSINESS COALITION FOR JUSTICE 313 E. BROAD STREET, SUITE 330 RICHMOND, VA 23223	82-1533505	501(C)(3)	13,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BVM CAPACITY BUILDING INSTITUTE INC - 3645 MARKETPLACE BOULEVARD - EAST POINT, GA 30344	82-3835203	501(C)(3)	100,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CALIFORNIA BLACK POWER NETWORK 3553 ATLANTIC AVENUE, SUITE B, 1240 LONG BEACH, CA 90807	87-1975655	501(C)(3)	50,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CAMPESINAS UNIDAS DEL VALLE DE SAN JOAQUIN - P.O. BOX 3081 - POPLAR, CA 93258	26-0332237	501(C)(3)	120,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CARIBBEAN COMMUNITY SERVICE CENTER 111E EAST KIRBY STREET DETROIT, MI 48202	82-1816468	501(C)(3)	90,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CASA PROTEGIDA JULIA DE BURGOS INC PO BOX 362433 SAN JUAN, PR 00936-2433	66-0387659	501(C)(3)	52,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASCO BAY HIGH SCHOOL 196 ALLEN AVENUE PORTLAND, ME 04103	04-3374427	GOVERNMENT ENTIT	18,250.	0.			QUALITY EDUCATION
CENTER FOR EMPOWERED POLITICS EDUCATION FUND - 1042 GRANT AVE., 5TH FLR - SAN FRANCISCO, CA 94133	84-3636499	501(C)(3)	57,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET BROOKLYN, NY 11237	45-3813436	501(C)(3)	40,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTER FOR RURAL AFFAIRS 145 MAIN STREET LYONS, NE 68038	47-0553823	501(C)(3)	75,000.	0.			SUSTAINABLE ENVIRONMENT
CENTER FOR SUSTAINABLE ECONOMY 1322 WASHINGTON STREET PORT TOWNSEND, WA 98368	36-4541988	501(C)(3)	100,000.	0.			SUSTAINABLE ENVIRONMENT
CENTER FOR VIOLENCE PREVENTION RESEARCH INC - 2000 SW 11TH TERRACE - GAINESVILLE, FL 32601	87-0979357	501(C)(3)	75,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CENTER ON POLICY INITIATIVES C/O DEVELOPMENT MANAGER SAN DIEGO, CA 92108	33-0824881	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRAL AMERICAN RESOURCE CENTER CARECEN OF CALIFORNIA - 2845 WEST SEVENTH STREET - LOS ANGELES, CA 90005	95-3867724	501(C)(3)	446,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE 9 - VENTURA, CA 93001	77-0578864	501(C)(3)	70,300.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL GENERAL DE TRABAJADORES 2 INC - PO BOX 192901 - SAN JUAN, PR 00919-2901	66-0741799		50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION - 714 WEST OLYMPIC BOULEVARD - LOS ANGELES, CA 90015	75-2986675	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CENTRAL VALLEY PARTNERSHIP 3485 WEST SHAW 102 FRESNO, CA 93711	81-3125919	501(C)(3)	120,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRAL VALLEY WORKER CENTER 3485 W SHAW AVENUE FRESNO, CA 93711	83-1708059	501(C)(3)	120,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRO BINACIONAL PARA EL DESARROLLO INDIGENA OAXAQUENO - 2911 TULARE STREET - GREENFIELD, CA 93927	77-0337939	501(C)(3)	200,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CENTRO CULTURAL DE MEXICO EN EL CONDADO DE ORANGE - P.O. BOX 133 - SANTA ANA, CA 92702	33-0614169	501(C)(3)	154,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CENTRO DE APOYO MUTUO BUCARABONES UNIDO - HC 2 BOX 10742 - LAS MARIAS, PR 00670	66-0900105	501(C)(3)	70,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CENTRO DE ECONOMIA CREATIVA INC PO BOX 13041 SAN JUAN, PR 00908	66-0943858	501(C)(3)	20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRO DE PERIODISMO INVESTIGATIVO INC - P.O. BOX 6834 - SAN JUAN, PR 00914-6834	66-0705065	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	210,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRO PARA LA RECONSTRUCCION DEL HABITAT - CALLE TAFT 169 - SAN JUAN, PR 00918	66-0895294	501(C)(3)	80,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CHAMPS MALE MENTORING PROGRAM CHIRISE - PO BOX 19584 - CHICAGO, IL 60619	81-2992600	501(C)(3)	60,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CHAN ZUCKERBERG INITIATIVE FOUNDATION - 2682 MIDDLEFIELD ROAD SUITE I - REDWOOD CITY, CA 94063	45-5002209	501(C)(3)	472,859.	0.			QUALITY EDUCATION
CHICAGO ARCHERY CLUB INC 7936 S. MAPLEWOOD AVENUE CHICAGO, IL 60652	81-4585268	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CHICAGO COMMUNITY BOND FUND 601 S. CALIFORNIA CHICAGO, IL 60612	47-5015710	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CHICAGO MARITIME ARTS CENTER 2114 WEST 22ND PLACE CHICAGO, IL 60608	82-1535681	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CHICAGO SCHOLARS 247 S STATE ST CHICAGO, IL 60604	36-4117530	501(C)(3)	30,000.	0.			QUALITY EDUCATION
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	456,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN S NETWORK OF SOLANO COUNTY - 827 MISSOURI STREET, SUITE 5 - FAIRFIELD, CA 94533	68-0014506	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CHILDRENS ENVIRONMENTAL HEALTH NETWORK - 110 MARYLAND AVENUE, NE - WASHINGTON, DC 20002	52-2305620	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	103,655.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	160,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVENUE SAN FRANCISCO, CA 94133	23-7404756	501(C)(3)	384,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CHISHOLM LEGACY PROJECT INC P.O. BOX 1031 BURTONSVILLE, MD 20866	92-0515371	501(C)(3)	15,000.	0.			SUSTAINABLE ENVIRONMENT
CHRISTIANAIRE NFP 2030 E. 71ST STREET CHICAGO, IL 60649	92-2353391	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CICLICA PR P.O. BOX 8766 FERNANDEZ JUNCOS STAT SAN JUAN, PR 00910	66-1024716		20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CITY OF RICHMOND CITY MANAGERS OFFICE RICHMOND, CA 94804	94-6000403	GOVERNMENT ENTIT	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIVIL LIBERTIES DEFENSE CENTER 1430 WILLAMETTE STREET, 359 EUGENE, OR 97401	58-2670951	501(C)(3)	45,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CLIMATE XCHANGE EDUCATION AND RESEARCH INC - 1 BEACON STREET, FL. 15 - BOSTON, MA 02108	47-3976138	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
COALITION FOR CIVIL FREEDOMS FOUNDATION - PO BOX 55713 - WASHINGTON, DC 20040	45-1653796	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COALITION FOR HUMANE IMMIGRANT RIGHTS - C/O DEVELOPMENT - LOS ANGELES, CA 90057	95-4421521	501(C)(3)	509,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COLECTIVO EL ANCON DE LOIZA INCORPORADO - 401 AVENUE AMERICO MIRANDA, 110B , - SAN JUAN, PR 00927	66-0907038	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COLLECTIVE HERITAGE INSTITUTE 215 LINCOLN AVENUE SANTA FE, NM 87501	85-0432731	501(C)(3)	75,000.	0.			SUSTAINABLE ENVIRONMENT
COLLEGE MENTORING EXPERIENCE 5846 W MADISON CHICAGO, IL 60644	46-5578549	501(C)(3)	30,000.	0.			QUALITY EDUCATION
COMEDORES SOCIALES DE PUERTO RICO INC - PO BOX 3181 - CAGUAS, PR 00726-3181	66-0912044	501(C)(3)	60,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMING CLEAN INC 28 VERNON STREET, SUITE 434 BRATTLEBORO, VT 05301	04-3429794	501(C)(3)	125,000.	0.			SUSTAINABLE ENVIRONMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMISION CIUDADANA PARA LA AUDITORIA INTEGRAL DEL CREDITO PUB - PO BOX 21054 - SAN JUAN, PR 00928-1054	66-0880065	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMON CAUSE EDUCATION FUND 805 15TH STREET NW WASHINGTON, DC 20005	31-1705370	501(C)(3)	57,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITIES ORGANIZING METHODOICAL RESISTANCE EVERYWHERE - 424 S MICHIGAN ST. - SOUTH BEND, IN 46627	82-3548077	501(C)(4)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY INC - 406 MAIN STREET - WATSONVILLE, CA 95076	94-2523780	501(C)(3)	147,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY AID DEVELOPMENT CORPORATION - P.O. BOX 361270 - DECATUR, GA 30036-1270	95-3402456	501(C)(3)	45,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITY ASSET DEVELOPMENT RE DEFINING EDUCATION - 8410 SOUTH BROADWAY - LOS ANGELES, CA 90003	26-4753821	501(C)(3)	45,000.	0.			QUALITY EDUCATION
COMMUNITY FOUNDATION OF GREATER JOHNSTOWN - 216 FRANKLIN STREET, SUITE 400 - JOHNSTOWN, PA 15901	25-1637373	501(C)(3)	190,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITY FOUNDATION OF THE NAPA VALLEY - 3299 CLAREMONT WAY - NAPA, CA 94558	68-0349777	501(C)(3)	51,700.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY HEALTH PROMOTION PROJECT 124 EAST 40TH STREET NEW YORK, NY 10016	06-1646697	501(C)(3)	5,675.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INITIATIVES 1000 BROADWAY OAKLAND, CA 94607	94-3255070	501(C)(3)	57,750.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY PARTNERS P. O. BOX 741265 LOS ANGELES, CA 90074-1265	95-4302067	501(C)(3)	139,285.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMUNIDADES INDIGENAS EN LIDERAZGO 5854 DENVER AVENUE LOS ANGELES, CA 90004	84-3334677	501(C)(3)	51,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CONGREGATIONS ORGANIZED FOR PROPHETIC ENGAGEMENT - 1505 WEST HIGHLAND AVENUE - SAN BERNARDINO, CA 92411	33-0938212	501(C)(3)	143,400.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CONNECT HUMANITY 185 SANTA RITA AVENUE PALO ALTO, CA 94301	87-1528048	501(C)(3)	2,684,412.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COORDINADORA PAZ PARA LA MUJER INC APARTADO 193008 SAN JUAN, PR 00919	66-0550935	501(C)(3)	212,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COUNCIL OF KOREAN AMERICANS INC 1100 15TH STREET NW, SUITE 400 WASHINGTON, DC 20005	27-3496925	501(C)(3)	24,285.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COURAGE CAMPAIGN INSTITUTE 7119 WEST SUNSET BOULEVARD LOS ANGELES, CA 90046	27-0343297	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CREATIVE RESPONSE TO CONFLICT INC 145 COLLEGE ROAD SUFFERN, NY 10901	13-3714986	501(C)(3)	7,097.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY DE LA SALLE EAST BAY HIGH SCHOOL INC - PO BOX 7010 - OAKLAND, CA 94601	82-1257099	501(C)(3)	32,883.	0.			QUALITY EDUCATION
CRISTO REY NETWORK 11 EAST ADAMS STREET CHICAGO, IL 60603	04-3730980	501(C)(3)	32,883.	0.			QUALITY EDUCATION
CUBA INDEPENDENT SCHOOLS PO BOX 70 CUBA, NM 87013	APPLIED FOR	GOVERNMENT ENTIT	70,000.	0.			QUALITY EDUCATION
DADE COUNTY STREET RESPONSE 340 NW 23RD PLACE MIAMI, FL 33125	84-1958579	501(C)(3)	17,300.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
DAY WORKER CENTER OF MOUNTAIN VIEW 113 ESCUELA AVENUE MOUNTAIN VIEW, CA 94040	20-2874108	501(C)(3)	244,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
DEEP SOUTH CENTER FOR ENVIRONMENTAL JUSTICE - 9801 LAKE FOREST BOULEVARD - NEW ORLEANS, LA 70127	56-2466977	501(C)(3)	100,000.	0.			SUSTAINABLE ENVIRONMENT
DIGDEEP RIGHT TO WATER PROJECT 932 WILSON STREET, SUITE 2D LOS ANGELES, CA 90021	46-0686920	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
DOLORES STREET COMMUNITY SERVICES INC - 938 VALENCIA STREET - SAN FRANCISCO, CA 94110	94-2919302	501(C)(3)	278,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)(3)	12,500.	0.			SUSTAINABLE ENVIRONMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE 1717 K STREET NW SUITE 900 WASHINGTON, DC 20006	52-1601960	501(C)(3)	50,000.	0.			SUSTAINABLE ENVIRONMENT
EARTHWORKS 1612 K STREET NW WASHINGTON, DC 20006	52-1557765	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
EAST BAY ALLIANCE FOR A SUSTAINABLE ECONOMY - 360 14TH STREET, 4TH FLOOR - OAKLAND, CA 94612	94-3314108	501(C)(3)	595,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EL DORADO COUNTY COMMUNITY HEALTH C/O DIANA KANTOLA PLACERVILLE, CA 95667	42-1533531	501(C)(3)	100,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ELICA HEALTH CENTERS 1860 HOWE AVENUE SACRAMENTO, CA 95825	37-1424390	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
EMERALD CITIES COLLABORATIVE INC 1140 CONNECTICUT AVENUE, NW SUITE 9 WASHINGTON, DC 20036	27-0920269	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
EMERGENT WORKS INC 424 WEST 54TH STREET NEW YORK, NY 10019	85-1197743	501(C)(3)	1,250,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EMERGING PRACTITIONERS IN PHILANTHROPY INC - 201 N UNION STREET STE 110 - ALEXANDRIA, VA 22314	92-1261173	501(C)(3)	2,374,978.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ENGLISH LEARNERS SUCCESS FORUM 2105 VISTA OESTE ST NW ALBUQUERQUE, NM 87120	88-1543559	501(C)(3)	30,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVISION EDUCATION INC. W9 - 111 MYRTLE STREET, STE 203 OAKLAND, CA 94607	94-3394659	501(C)(3)	7,000.	0.			QUALITY EDUCATION
ESCONDIDO UNION HIGH SCHOOL DISTRICT - 302 NORTH MIDWAY DRIVE - ESCONDIDO, CA 92027	95-6001096	GOVERNMENT ENTIT	7,000.	0.			QUALITY EDUCATION
EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION - C/O HOSTOS COMMUNITY COLLEGE/CUNY - BRONX, NY 10451	13-3116643	501(C)(3)	7,500.	0.			QUALITY EDUCATION
EVANGELICAL ENVIRONMENTAL NETWORK 24 E FRANKLIN STREET WESTFIELD, IN 46074-0340	23-2827214	501(C)(3)	55,000.	0.			SUSTAINABLE ENVIRONMENT
EVHYBRIDNOIRE INC 3315 S. COBB DRIVE, SUITE 700-81311 SMYRNA, GA 30080	83-2138544	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FAMILIES TOGETHER OF ORANGE COUNTY 661 WEST FIRST STREET TUSTIN, CA 92780	20-0310654	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FAMILY HEALTH CENTERS OF SAN DIEGO INC - 823 GATEWAY CENTER WAY - SAN DIEGO, CA 92102	95-2833205	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FARMWORKER JUSTICE FUND INC 1126 16TH ST NW WASHINGTON, DC 20036	52-1196708	501(C)(3)	15,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FEDERACION DE MAESTROS DE PUERTO RICO - URBANIZACION EL CARIBE 1572 AVENUE - SAN JUAN, PR 00926	66-0267056		554,750.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIDEICOMISO DE LA TIERRA DEL CANO MARTIN PENA - PMB 1838 - SAN JUAN, PR 00917	32-6092938		60,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FIDEICOMISO PARA EL DESARROLLO DE RIO PIEDRAS - PO BOX 9300448 - SAN JUAN, PR 00928	66-6043399	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FIERCE ADVOCATES FAMILIES AND INDIVIDUALS EQUITABLY ROOTED IN CO - 312 9TH STREET - RICHMOND, CA 94801	87-2643898	501(C)(3)	995,747.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FILIPINO ADVOCATES FOR JUSTICE 310 8TH STREET SUITE 308 OAKLAND, CA 94607	94-2218907	501(C)(3)	338,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FILIPINO AMERICAN DEVELOPMENT FOUNDATION - 1010 MISSION STREET SUITE B - SAN FRANCISCO, CA 94103	94-3300090	501(C)(3)	288,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FILIPINO MIGRANT CENTER P.O. BOX 9086 LONG BEACH, CA 90810	32-0308477	501(C)(3)	225,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FILIPINO YOUTH LEADERSHIP PROGRAM ORGANIZATION - 123 W NYE LANE, SUITE 129 - CARSON CITY, NV 89706	47-3782661	501(C)(3)	24,285.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FILMES CASA URB LOS MAESTROS 789 CALLE GONZALO SAN JUAN, PR 00923	APPLIED FOR		20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FIRST FOCUS ON CHILDREN 1400 EYE STREET NW WASHINGTON, DC 20005	81-3185002	501(C)(3)	810,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLOODLIGHT INC 712 H STREET NE SUITE 1371 WASHINGTON, DC 20005-2001	86-1433162	501(C)(3)	30,000.	0.			SUSTAINABLE ENVIRONMENT
FLORIDA IMMIGRANT COALITION INC 2800 BISCAYNE BOULEVARD MIAMI, FL 33137	20-2123833	501(C)(3)	100,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FRACTURED ATLAS INC 228 PARK AVENUE SOUTH HARTSDALE, NY 10530-0055	11-3451703	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FRANKLIN SCHOOL DISTRICT 119 CENTRAL STREET FRANKLIN, NH 03235	APPLIED FOR	GOVERNMENT ENTIT	24,000.	0.			QUALITY EDUCATION
FRIENDS OF THE EARTH PO BOX 7010 MERRIFIELD, VA 22116-7010	23-7420660	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
FUTURE TIES NFP 6330 S KING DRIVE CHICAGO, IL 60637	27-5469921	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FUTURES WITHOUT VIOLENCE 100 MONTGOMERY STREET SAN FRANCISCO, CA 94129	94-3110973	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
GARMENT WORKER CENTER 1250 SOUTH LOS ANGELES STREET LOS ANGELES, CA 90015	81-0622327	501(C)(3)	466,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
GARY COMER YOUTH CENTER 7200 S. INGLESIDE AVE. CHICAGO, IL 60619	45-5399472	501(C)(3)	32,883.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENTE ORGANIZADA 2121 ARROYO DRIVE POMONA, CA 91768	27-2352500	501(C)(3)	160,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
GEORGIA LEADERSHIP INSTITUTE FOR SCHOOL IMPROVEMENT INC - 3237 SATELLITE BLVD SUITE 460 - DULUTH, GA 30096	45-5209297	501(C)(3)	12,500.	0.			QUALITY EDUCATION
GEOS INSTITUTE 84 FOURTH STREET ASHLAND, OR 97520	93-0880205	501(C)(3)	100,000.	0.			SUSTAINABLE ENVIRONMENT
GLOBAL CAMPAIGN FOR EDUCATION US INC - 1201 16TH STREET, NW - WASHINGTON, DC 20036	46-5308134	501(C)(3)	170,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	88,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
GRANTMAKERS IN THE ARTS 522 COURTLANDT AVENUE BRONX, NY 10451	36-3670955	501(C)(3)	7,160.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
GREAT LAKES STEWARDSHIP INITIATIVE 8325 TROUP ROAD HARBOR SPRINGS, MI 49740	82-3689165	501(C)(3)	15,000.	0.			QUALITY EDUCATION
GREATER ST JOHN BIBLE CHURCH 1256 N. WALLER AVENUE CHICAGO, IL 60651	36-3673619	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
GREEN AMERICA 1612 K STREET NW WASHINGTON, DC 20006	52-1660746	501(C)(3)	150,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENLATINOS 1919 14TH STREET BOULDER, CO 80302	26-3386082	501(C)(3)	100,000.	0.			SUSTAINABLE ENVIRONMENT
GUITARS OVER GUNS ORGANIZATION INC 1000 W 15TH STREET 329 CHICAGO, IL 60607	26-2644682	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
HAITIAN BRIDGE ALLIANCE 4265 FAIRMONT AVENUE SAN DIEGO, CA 92105	81-3558713	501(C)(3)	200,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
HARBOR COMMUNITY CLINIC INC 593 WEST 6TH STREET SAN PEDRO, CA 90731	23-7103245	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
HASER INC PO BOX 368035 SAN JUAN, PR 00936-8035	66-0861655	501(C)(3)	296,281.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
HEALING CHICAGO 4156 MILFORD LANE CHICAGO, IL 60504	85-3422821	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
HEENA KAPADIA 23330 BINGUM PASS DRIVE RICHMOND, TX 77469	APPLIED FOR		6,667.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
HOLYOKE PUBLIC SCHOOLS 57 SUFFOLK STREET HOLYOKE, MA 01040	APPLIED FOR	GOVERNMENT ENTIT	16,000.	0.			QUALITY EDUCATION
HOPE OF THE VALLEY RESCUE MISSION PO BOX 7609 MISSION HILLS, CA 91346	27-2053273	501(C)(3)	110,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE PROJECT LIBERIA P.O. BOX 1095 LEAVENWORTH, WA 98826	45-2621553	501(C)(3)	32,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
HURTT FAMILY HEALTH CLINIC INC ONE HOPE DRIVE TUSTIN, CA 92782	33-0906866	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
I AM A GENTLEMAN INC 3622 SOUTH STATE STREET, UNIT 413 CHICAGO, IL 60680-4667	81-1396059	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
INDIANA UNIVERSITY FOUNDATION 1500 N. STATE ROAD BLOOMINGTON, IN 47408	35-6018940	501(C)(3)	99,596.	0.			QUALITY EDUCATION
INDIGENOUS JUSTICE ATTN: BRANDON SALESBERRY SACRAMENTO, CA 95816	88-3721890	501(C)(3)	120,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
INICIATIVA DE ECODesarrollo DE BAHIA DE JOBOS - ANTIGUO CENTRO CIBERNETICO, CALLE 705 INTERIOR - ARROYO, PR 00714	66-0758170		120,000.	0.			SUSTAINABLE ENVIRONMENT
INLAND CONGREGATION UNITED FOR CHANGE SPONSORING COMMITTEE INC - 1441 NORTH D STREET - SAN BERNADINO, CA 92405	33-0480298	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
INLAND EMPIRE UNITED EDUCATION FUND - 515 FIGUEROA ST. STE 1110 - LOS ANGELES, CA 90071	88-3118296	501(C)(3)	57,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
INQUIRY SCHOOLS PO BOX 30377 PHILADELPHIA, PA 19103	46-2735104	501(C)(3)	14,990.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTO DE EDUCACION POPULAR DEL SUR DE CALIFORNIA - 1565 WEST 14TH STREET - LOS ANGELES, CA 90015	95-4431992	501(C)(3)	442,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
INSTITUTO PARA LA INVESTIGACION Y ACCION EN AGROECOLOGIA - 273 CALLE SIERRA MORENA - CAYEY, PR 00736	66-0910974		192,000.	0.			SUSTAINABLE ENVIRONMENT
IOWA ENVIRONMENTAL COUNCIL 505 FIFTH AVENUE DES MOINES, IA 50309	42-1436090	501(C)(3)	150,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
JUMA VENTURES 131 STEUART STREET SAN FRANCISCO, CA 94105	94-3203203	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
JUNTOS 600 WASHINGTON AVENUE PHILADELPHIA, PA 19147	01-0769538	501(C)(3)	80,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
JUSTFUNDUS 490 43RD STREET OAKLAND, CA 94609	85-3759949	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
JUSTICE ACTION CENTER P.O. BOX 27280 LOS ANGELES, CA 91104	83-3991239	501(C)(3)	47,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
KALEIDOSCOPE COMMUNITY ORGANIZATION - 307 S 8TH STREET - LANDING, MI 48912	83-3141324	501(C)(3)	16,720.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
KIDS OFF THE BLOCK INC 11623 S. MICHIGAN AVENUE CHICAGO, IL 60628	52-2413262	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KILOMETRO 0 INC 206 TETUN, SUITE 800 SAN JUAN, PR 00936-2289	66-0898712	501(C)(3)	40,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
KOREAN AMERICAN COMMUNITY FOUNDATION - 501 FIFTH AVE, 3RD FLOOR - NEW YORK, NY 10017	16-1643114	501(C)(3)	250,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
KOREAN COMMUNITY SERVICES INC 7212 ORANGETHORPE AVENUE, SUITE 9A ANAHEIM, CA 92805	95-3245254	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
KOREAN IMMIGRANT WORKERS ADVOCATES OF SOUTHERN CALIFORNIA - 941 S. VERMONT AVENUE - LOS ANGELES, CA 90006	95-4392004	501(C)(3)	384,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
LA MARANA 551 CALLE TRIGO SAN JUAN, PR 00918	66-0838654	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
LABORATORIA BORICUA DE VOGUE INC VILLA PALMERAS 365 CALLE FERRER APT SAN JUAN, PR 00915-2539	66-1037498	501(C)(3)	32,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
LABORS TRAINING AND COMMUNITY DEVELOPMENT ALLIANCE - 4265 FAIRMOUNT AVENUE - SAN DIEGO, CA 92105	95-6136389	501(C)(3)	231,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
LAMOILLE SOUTH UNIFIED UNION SCHOOL DISTRICT 90 - 46 COPLEY AVENUE - MORRISVILLE, VT 05661	APPLIED FOR	GOVERNMENT ENTIT	28,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAOTIAN AMERICAN NATIONAL ALLIANCE 1612 K STREET WASHINGTON, DC 20006	35-2260474	501(C)(3)	44,285.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
LATINA COALITION OF SILICON VALLEY 1346 THE ALAMEDA, SUITE 7-293 SAN JOSE, CA 95126	01-0799235	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
LOS ANGELES ALLIANCE FOR A NEW ECONOMY - 464 LUCAS AVENUE - LOS ANGELES, CA 90017	95-4459427	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
LOS ANGELES COUNTY UNIV OF SOUTHERN CA MEDICAL CENTER FOUNDATION - 1200 N. STATE STREET - LOS ANGELES, CA 90033	95-4192908	501(C)(3)	160,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
LOST BOYZ INC 1818 E. 71ST STREET CHICAGO, IL 60649	26-3317656	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
LOVE KNOWLEDGE INC 7814 AUSTIN STREET FOREST HILLS, NY 11375	47-1639140	501(C)(3)	421,900.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	37,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MAKING FISHERS OF MEN AND WOMEN INCORPORATED - 30 18TH ST - BUFFALO, NY 14213	26-1084352	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MALE MOGUL INITIATIVE IN NFP 5055 S. PRAIRIE AVENUE CHICAGO, IL 60615	81-4471462	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANCHESTER SCHOOL DISTRICT 45 N SCHOOL STREET MANCHESTER, CT 06042	06-6001633	GOVERNMENT ENTIT	16,000.	0.			QUALITY EDUCATION
MARCH ON MARYLAND INC 820 RITCHIE HWY SEVERNA PARK, MD 21146	82-0958114	501(C)(3)	125,000.	0.			SUSTAINABLE ENVIRONMENT
MASA MEXED INC 2770 THIRD AVENUE BRONX, NY 10455	11-3640210	501(C)(3)	25,000.	0.			QUALITY EDUCATION
MASSACHUSETTS BAIL FUND INC 2161 MASSACHUSETTS AVENUE DORCHESTER, MA 02122	82-4924766	501(C)(3)	50,160.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MEDICAL CAREERS EXPOSURE AND EMERGENCY PREPAREDNESS INITIATIVE - 910 W VAN BUREN ST, STE 100, UNIT 189 - CHICAGO, IL 60607	88-1845241	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MENTES PUERTORRIQUENAS EN ACCION INC - PO BOX 30518 - SAN JUAN, PR 00929	66-0728293	501(C)(3)	166,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATIONAL FUND - 634 SOUTH SPRING STREET - LOS ANGELES, CA 90014	74-1563270	501(C)(3)	35,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MICHIGAN ENVIRONMENTAL COUNCIL 602 W IONIA STREET LANSING, MI 48933	38-2517980	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
MILFORD PUBLIC SCHOOLS 31 WEST FOUNTAIN STREET MILFORD, MA 01757	APPLIED FOR	GOVERNMENT ENTIT	22,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILPA 339 MELODY LANE SALINAS, CA 93901	83-2137871	501(C)(3)	160,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MILWAUKEE FREEDOM FUND INCORPORATED - 6918 W. BROWN DEER ROAD - MILWAUKEE, WI 53223	88-2570189	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MINNEAPOLIS FOUNDATION 800 IDS CENTER MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	150,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MISSION GRADUATES 3040 16TH STREET SAN FRANCISCO, CA 94103	23-7172909	501(C)(3)	21,250.	0.			QUALITY EDUCATION
MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. 5TH STREET, SUITE F - OXNARD, CA 93030	30-0045901	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MONUMENT IMPACT 1760 CLAYTON ROAD CONCORD, CA 94520	94-3370919	501(C)(3)	625,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MOVEMENT ALLIANCE PROJECT 924 CHERRY STREET PHILADELPHIA, PA 19107	26-0307123	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MOVEMENT OF YOUTH INCORPORATED 411 W CHAPEL HILL STREET, C2 DURHAM, NC 27701	26-2399990	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MOVIMIENTO ANANSE INC CONDOMINIO ALEXIS PARK 1102 CAROLINA, PR 00983	66-1017656	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVIMIENTO CULTURAL DE LA UNION INDIGENA - P.O. BOX 13 - NAPA, CA 94558	46-1037804	501(C)(3)	120,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MUJERES DE ISLAS INC APARTADO 358 CULEBRA, PR 00775	66-0768054	501(C)(3)	40,000.	0.			SUSTAINABLE ENVIRONMENT
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET 23 SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	309,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MULTIPLIER 548 MARKET STREET SAN FRANCISCO, CA 94105	91-2166435	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
MYCELIUM IN ACTION FUND 548 WEST 142ND STREET NEW YORK, NY 10031	92-1807009	501(C)(4)	45,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NACA INSPIRED SCHOOLS NETWORK 2301 MOUNTAIN ROAD NE ALBUQUERQUE, NM 87102	47-2981893	501(C)(3)	100,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIONAL ASIAN AMERICAN PACIFIC ISLANDER MENTAL HEALTH ASSOCIATION - 565 S HIGH STREET - DENVER, CO 80209	84-1605911	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIONAL ASIAN PACIFIC AMERICAN FAMILIES AGAINST SUBSTANCE ABUSE - 1500 W ALHAMBRA RD, SUITE 4 - ALHAMBRA, CA 91801-8006	52-1577685	501(C)(3)	24,285.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIONAL ASIAN PACIFIC AMERICAN WOMENS FORUM - P.O. BOX 13255 - CHICAGO, IL 60613	36-4799986	501(C)(3)	20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL DAY LABORER ORGANIZING NETWORK - 1030 S ARROYO PARKWAY - PASADENA, CA 91105	20-8802586	501(C)(3)	235,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NATIONAL FEDERATION OF FILIPINO AMERICAN ASSOCIATIONS - 1322 18TH ST NW, - WASHINGTON, DC 20006	52-2063531	501(C)(3)	44,285.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIONAL IMMIGRATION PROJECT OF THE NATIONAL LAWYERS GUILD INC - 2201 WISCONSIN AVE. NW - WASHINGTON, DC 20007	95-2926663	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NATIONAL KOREAN AMERICAN SERVICE AND EDUCATION CONSORTIUM INC - 4300 NORTH CALIFORNIA AVENUE - CHICAGO, IL 60618	11-3303986	501(C)(3)	24,285.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIONAL PARTNERSHIP FOR NEW AMERICANS - 1805 SOUTH ASHLAND AVENUE - CHICAGO, IL 60608	45-3419142	501(C)(3)	75,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	23-7825575	501(C)(3)	1,000,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIONAL RELIGIOUS PARTNERSHIP FOR THE ENVIRONMENT INC TR - 110 MARYLAND AVENUE, NE, SUITE 203 - WASHINGTON, DC 20002	13-6996770	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
NATIVE AMERICAN COMMUNITY ACADEMY FOUNDATION - 1000 INDIAN SCHOOL ROAD NW - ALBUQUERQUE, NM 87104	27-2193660	501(C)(3)	21,000.	0.			QUALITY EDUCATION
NATIVE AMERICANS IN PHILANTHROPY 1140 3RD STREET NE, 2ND FLOOR WASHINGTON, DC 20002	56-1849598	501(C)(3)	175,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 92025	95-2796316	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NETWORK FOR STRONG COMMUNITIES INC 80 MAYSON AVENUE NE ATLANTA, GA 30307	85-2889531	501(C)(3)	160,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NEW HAMPSHIRE LEARNING INITIATIVE INC - ONE LIBERTY LANE EAST - HAMPTON, NH 03842	47-4290504	501(C)(3)	15,000.	0.			QUALITY EDUCATION
NEW LIFE CENTERS OF CHICAGOLAND NFP - 4101 W 51ST STREET - CHICAGO, IL 60632-4287	20-2380358	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NORCAL RESIST 2121 BROADWAY SACRAMENTO, CA 95818-8331	83-1003248	501(C)(3)	105,720.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NORTH LAWDALE EAGLES YOUTH PROGRAMS - 1548 S HOMAN - CHICAGO, IL 60623	82-0946578	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NORTHEAST VALLEY HEALTH CORPORATION - 1172 NORTH MACLAY AVENUE - SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
OAK FOUNDATION 511 CONGRESS STREET, SUITE 800 PORTLAND, ME 04101	13-3321196	501(C)(3)	600,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
OAKLAND UNIFIED SCHOOL DISTRICT ATTN: ACCOUNT RECEIVABLE OAKLAND, CA 94607	94-6000385	GOVERNMENT ENTIT	88,703.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE FAIR WAGE INC 45 MT. AUBURN STREET CAMBRIDGE, MA 02138	85-0692228	501(C)(3)	20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ONE TREE FOUNDATION 5828 FOXVIEW DRIVE MALIBU, CA 90265	47-5646697	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ONEVILLAGE PARTNERS PO BOX 26055 MINNEAPOLIS, MN 55426	27-3473943	501(C)(3)	32,883.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
OPEN BUFFALO INC 1327 JEFFERSON AVENUE UPPER BUFFALO, NY 14208	47-5317696	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
OPEN POSSIBILITIES 1410 FRANKLIN ST. 135 SAN FRANCISCO, CA 94109	85-3989363	501(C)(3)	6,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ORANGE COUNTY COMMUNITIES ORGANIZED FOR RESPONSIBLE DEVELOPMENT - 1505 E. 17TH STREET, SUITE 122 - SANTA ANA, CA 92705	43-2092827	501(C)(3)	354,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ORGANIZATION OF CHINESE AMERICANS INC - 900 19TH STREET NORTHWEST - WASHINGTON, DC 20006	23-7250499	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ORGANIZED COMMUNITIES AGAINST DEPORTATIONS - W9 -4811 N CENTRAL PARK AVE - CHICAGO, IL 60625	82-0840451	501(C)(3)	80,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
OUR MOST VALUABLE PEOPLE FOUNDATION - 900 N LAKE SHORE DR. APT 2108 - CHICAGO, IL 60611	36-4407941	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P5 STRATEGIES 3102 PENDLETON COURT SAINT CHARLES, IL 60175	85-3808370	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
PARCELERAS AFORCARIBENAS POR LA FORMACION BARRIAL INC - PO BOX 1321 - SAINT JUST, PR 00978-1321	66-0924847	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
PARTNERSHIP FOR RESEARCH AND EDUCATION - 1523 MOUNTAIN ROAD NW - ALBUQUERQUE, NM 87104	82-3753009	501(C)(3)	75,000.	0.			QUALITY EDUCATION
PARTNERSHIP FOR THE ADVANCEMENT OF NEW AMERICANS - 4089 FAIRMOUNT AVENUE - SAN DIEGO, CA 92105	47-5299457	501(C)(3)	160,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PARTNERSHIP PROJECT INC PO BOX 65826 WASHINGTON, DC 20035	52-2192070	501(C)(3)	75,000.	0.			SUSTAINABLE ENVIRONMENT
PEACE DEVELOPMENT FUND INC PO BOX 1280 AMHERST, MA 01004-1280	04-2738794	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
PEOPLE UNITED FOR SUSTAINABLE HOUSING INCORPORATED - 429 PLYMOUTH AVENUE - BUFFALO, NY 14213	20-3558447	501(C)(3)	15,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PEOPLES SOLAR ENERGY FUND 296 NONOTUCK STREET SUITE 4 FLORENCE, MA 01062	84-3011433	501(C)(3)	75,000.	0.			SUSTAINABLE ENVIRONMENT
PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 94612	94-3136771	501(C)(3)	32,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHYSICIANS SCIENTISTS AND ENGINEERS FOR SUSTAINABLE AND HEALTHY ENERGY - 1440 BROADWAY - OAKLAND, CA 94612	27-4364320	501(C)(3)	175,000.	0.			SUSTAINABLE ENVIRONMENT
PICO CALIFORNIA PO BOX 33334 LOS ANGELES, CA 90033	87-2249221	501(C)(3)	47,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PILIPINO WORKERS CENTER OF SOUTHERN - ATTN: MALOU VILLACISNEROS - LOS ANGELES, CA 90026	77-0439301	501(C)(3)	784,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PINONES APRENDE Y EMPRENDE CORP HC 2 BOX 7553 LOIZA, PR 00772	66-0955190	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
PORTLAND PUBLIC SCHOOLS 353 CUMBERLAND AVE PORTLAND, ME 04101	APPLIED FOR	GOVERNMENT ENTIT	8,950.	0.			QUALITY EDUCATION
PRIME PRODUCE LIMITED C/O AROPA CONSULTING NEW HAVEN, CT 06510	26-1188925	501(C)(3)	900,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PRODEV USA FOUNDATION INC 315 NORTHEAST 98TH STREET MIAMI, FL 33138	30-0690934	501(C)(3)	25,909.	0.			QUALITY EDUCATION
PROJECT EVIDENT INC 501 BOYLSTON STREET BOSTON, MA 02116	88-3216649	501(C)(3)	1,206,134.	0.			QUALITY EDUCATION
PROJECT HOPE AND FAIRNESS 1298 WARREN ROAD CAMBRIA, CA 93428	20-3269307	501(C)(3)	32,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT I AM NFP 7923 S. PAXTON AVENUE CHICAGO, IL 60617	81-3275725	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PROJECT LEARN INC 58 PRESCOTT STREET, SUITE C1 LOWELL, MA 01863	46-4885366	501(C)(3)	31,250.	0.			QUALITY EDUCATION
PROJECT ON ORGANIZING DEVELOPMENT EDUCATION AND RESEARCH LTD - PO BOX 2086 - NEW YORK, NY 10013-0875	27-1732776	501(C)(3)	13,267.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PROJECT REDWOOD 1178 IDYLBERRY ROAD SAN RAFAEL, CA 94903	88-3021934	501(C)(3)	198,034.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PUBLIC POLICY AND EDUCATION FUND OF NEW YORK INC - C/O NEXUS MANAGEMENT - ALBANY, NY 12206	13-3364209	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
PUBLIC RIGHTS PROJECT 490 43RD STREET OAKLAND, CA 94609	88-4139028	501(C)(3)	1,184,468.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PUEBLO CRITICO INC MANSIONES DE RIO PIEDRAS 1786 BEGON SAN JUAN, PR 00926	66-0882626	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
PUERTO RICO COMMUNITY FOUNDATION INC - PO BOX 70362 - SAN JUAN, PR 00936-8362	66-0413230	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
READ 718 420 ATLANTIC AVE BROOKLYN, NY 11217	46-4080472	501(C)(3)	32,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED CLOUD INDIAN SCHOOL 100 MISSION DRIVE PINE RIDGE, SD 57770	46-0275071	501(C)(3)	15,000.	0.			QUALITY EDUCATION
REINVENT STOCKTON FOUNDATION 100 N SAN JOAQUIN STREET STOCKTON, CA 95202-2400	82-1005719	501(C)(3)	68,750.	0.			QUALITY EDUCATION
RESTORE THE DELTA 515 E MAIN STREET STOCKTON, CA 95202	27-4179166	501(C)(3)	85,000.	0.			SUSTAINABLE ENVIRONMENT
RGISC INC 1 WEST END WASHINGTON STREET LAREDO, TX 78040	74-2742037	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
RING OF HOPE 7445 SOUTH CHICAGO AVE CHICAGO, IL 60619	27-5020542	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ROAD LESS TRAVELED PRODUCTIONS LTD P.O BOX 542 BUFFALO, NY 14205	65-1226927	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ROBOTICS EDUCATION AND COMPETITION FOUNDATION INC - 1519 I-30 WEST - GREENVILLE, TX 75402	35-2212630	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ROCKEFELLER PHILANTHROPY ADVISORS INC - 6 WEST 48TH STREET - NEW YORK, NY 10271	13-3615533	501(C)(3)	450,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ROOT2FRUIT YOUTH FOUNDATION 5719 W. OHIO STREET CHICAGO, IL 60644	27-1292911	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROXBURY ARTS GROUP INC 5025 VEGA MOUNTAIN ROAD P.O. BOX 93 ROXBURY, NY 12474	14-1605368	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SALINAS VALLEY MEMORIAL HOSPITAL FOUNDATION INC - PO BOX 4760 - SALINAS, CA 93912	94-2641137	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SALVA 1224 E. AVENUE S PALMDALE, CA 93550	83-0579527	501(C)(3)	256,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SAN DIEGO LESBIAN GAY BISEXUAL AND TRANSGENDER COMMUNITY CENTER - PO BOX 3357 - SAN DIEGO, CA 92163	23-7332048	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SAN DIEGO UNIFIED SCHOOL DISTRICT EUGENE BRUCKER EDUCATION CENTER SAN DIEGO, CA 92103	APPLIED FOR	GOVERNMENT ENTIT	16,200.	0.			QUALITY EDUCATION
SAN FRANCISCO SENIOR AND DISABILITY ACTION - P.O. BOX 423388 - SAN FRANCISCO, CA 94142-3388	94-3213120	501(C)(3)	96,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
SAN FRANCISCO WOMEN S CENTERS 3543 18TH STREET 8 SAN FRANCISCO, CA 94110	94-1730620	501(C)(3)	5,675.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
SAVANNAH RIVERKEEPER INCORPORATED P.O. BOX 60 AUGUSTA, GA 30903	58-2630660	501(C)(3)	15,000.	0.			SUSTAINABLE ENVIRONMENT
SEARCH FOR COMMON GROUND 1730 RHODE ISLAND AVE NW SUITE 1101 WASHINGTON, DC 20036	52-1257425	501(C)(3)	120,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEBRANDO SENTIDO INC PO BOX 9023191 SAN JUAN, PR 00902	66-0919539	501(C)(3)	40,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
SEMILLERO DE LAS ARTES CALLE MARIANO ABRIL 101A, BO. BUENA MAYAGUEZ, PR 00680	66-0874286		65,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SHELTERWOOD COLLECTIVE PO BOX 493 CAZADERO, CA 95421	85-3979419	501(C)(3)	9,598,594.	0.			SUSTAINABLE ENVIRONMENT
SHOOT FOR THE STARS INC 101 BROOKSIDE DRIVE GLENDALE HEIGHTS, IL 60139	87-1584096	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SKYLINE HIGH SCHOOL 12250 SKYLINE BLVD. OAKLAND, CA 94619	APPLIED FOR	GOVERNMENT ENTIT	9,000.	0.			QUALITY EDUCATION
SMARTMEME INC PO BOX 71928 OAKLAND, CA 94612	20-1897585	501(C)(3)	100,000.	0.			SUSTAINABLE ENVIRONMENT
SMITHSONIAN INSTITUTION OFFICE OF SPONSORED PROJECTS WASHINGTON, DC 20013	53-0206027	501(C)(3)	74,325.	0.			QUALITY EDUCATION
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS INC - 23564 CALABASAS ROAD - CALABASAS, CA 91302	95-4116679	501(C)(3)	30,000.	0.			SUSTAINABLE ENVIRONMENT
SOCIAL GOOD FUND INC P.O. BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	586,935.	0.			SUSTAINABLE ENVIRONMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL IMPACT FUND 750 W. 7TH STREET, BOX 811026 LOS ANGELES, CA 90081	46-1820448	501(C)(3)	100,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOMO PROJECT 92 MORNINGSIDE AVENUE 7E NEW YORK, NY 10027	46-4140758	501(C)(3)	32,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
SONOMA COUNTY INDIAN HEALTH PROJECT INC - 144 STONY POINT ROAD - SANTA ROSA, CA 95401	94-1741896	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOUTHERN ALLIANCE FOR CLEAN ENERGY PO BOX 1842 KNOXVILLE, TN 37901	58-1620669	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
SOUTHERN APPALACHIAN MOUNTAIN STEWARDS SAMS - PO BOX 445 - BIG STONE GAP, VA 24219	86-1692721	501(C)(3)	100,000.	0.			SUSTAINABLE ENVIRONMENT
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT - PO BOX 339 - SHEFFIELD, MA 01257	APPLIED FOR	GOVERNMENT ENTIT	12,000.	0.			QUALITY EDUCATION
SOUTHERN TIER AIDS PROGRAM 22 RIVERSIDE DRIVE BINGHAMTON, NY 13905	16-1290951	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE, NM 87102	36-4090773	501(C)(3)	105,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
SPRINGFIELD PUBLIC SCHOOLS 1550 MAIN STREET SPRINGFIELD, MA 01103	85-0368743	501(C)(3)	24,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP FORWARD FOUNDATION PO BOX 123 MORGAN HILL, CA 95038	37-1833463	501(C)(3)	62,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
STREET LEVEL HEALTH PROJECT 3125 EAST 15TH STREET OAKLAND, CA 94601	20-8172439	501(C)(3)	220,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 EAST GINTER ROAD TUCSON, AZ 85706	33-1049070	501(C)(3)	31,000.	0.			QUALITY EDUCATION
TEXAS FREEDOM NETWORK EDUCATION FUND - P.O. BOX 1624 - AUSTIN, TX 78767	11-3735206	501(C)(3)	150,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE AURORA INSTITUTE 1100 N. GLEBE ROAD ARLINGTON, VA 22201	13-3630066	501(C)(3)	9,000.	0.			QUALITY EDUCATION
THE BASE GARFIELD PARK NFP 230 N. KOLMAR AVE. CHICAGO, IL 60624	20-0310109	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE CALIFORNIA ENDOWMENT 1414 "K" STREET, SUITE 500 SACRAMENTO, CA 95814	27-4976890	501(C)(3)	63,745.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE CRENUATED COMPANY LTD 1512 TOWNSEND AVENUE BRONX, NY 10452	16-0989756	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE IMANI GROUP INC P. O. BOX 1666 AIKEN, SC 29802	86-2104143	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE KRESGE FOUNDATION 3215 WEST BIG BEAVER ROAD TROY, MI 48007	38-1359217	501(C)(3)	25,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
THE MALIBU COMMUNITY LABOR EXCHANGE - MAILING - P.O. BOX 2273 - MALIBU, CA 90265	57-1122166	501(C)(3)	54,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE NAPABA LAW FOUNDATION P.O. BOX 65081 WASHINGTON, DC 20006	95-4428885	501(C)(3)	20,000.	0.			QUALITY EDUCATION
THE OAKLAND PUBLIC EDUCATION FUND PO BOX 71005 OAKLAND, CA 94612	36-4014003	501(C)(3)	270,000.	0.			QUALITY EDUCATION
THE PRAXIS PROJECT INC PO BOX 72590 OAKLAND, CA 94601	43-2014630	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
THE UNIVERSITY OF ARIZONA FOUNDATION - OFFICE OF GIFT PLANNING - TUCSON, AZ 85721-0109	13-5598093	501(C)(3)	100,000.	0.			QUALITY EDUCATION
THE US CLIMATE ACTION NETWORK ATTN: OPERATIONS DIRECTOR WASHINGTON, DC 20001	86-6050388	501(C)(3)	75,000.	0.			SUSTAINABLE ENVIRONMENT
THE W O W PROJECT INC 26 MOTT STREET NEW YORK, NY 10013	20-4597308	501(C)(3)	173,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
THINK OUTSIDE DA BLOCK PO BOX 368221 CHICAGO, IL 60636	85-3155239	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES ADVOCACY P.O. BOX 889381 SAN FRANCISCO, CA 94129	81-3812257	501(C)(4)	343,753.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088-9389	94-3213100	501(C)(3)	5,634,644.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
TIKKUN OLAM PRODUCTIONS INCORPORATED - 27 WILTON STREET - SOMERVILLE, MA 02145	51-0198509	501(C)(3)	150,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TOGETHER FOR GIRLS INC C/O UNAIDS WASHINGTON, DC 20006	83-0681681	501(C)(3)	170,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TOMORROW S LEADERS NYC P.O. BOX 242 BROOKLYN, NY 11208	45-4664343	501(C)(3)	32,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TRANS GOOFY GAMES INC ALAMEDA TOWER II SAN JUAN, PR 00921	22-3090439		20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TRANSGENDER LEGAL DEFENSE AND EDUCATION FUND INC - 520 8TH AVENUE - NEW YORK, NY 10018	11-2922264	501(C)(3)	57,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TRUE SELF FOUNDATION INC WQ-8 CALLE DELFIN SAN JUAN, PR 00919-0095	14-1503655	501(C)(3)	76,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	66-0881019	501(C)(3)	52,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED TERRITORIES OF PACIFIC ISLANDERS WASHINGTON UTOPIA WA - 841 CENTRAL AVENUE N C-106 - KENT, WA 98032	13-1760110	501(C)(3)	20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
UNIVERSIDAD DE PUERTO RICO RECINTO DE RIO PIEDRAS - 14 AVENIDA UNIVERSIDAD SUITE 1401 - SAN JUAN, PR 00926	61-1668192	501(C)(3)	20,000.	0.			QUALITY EDUCATION
UNIVERSITY AT ALBANY FOUNDATION UNIVERSITY ADMINISTRATION BUILDING ALBANY, NY 12222	66-0433760	501(C)(3)	14,993.	0.			QUALITY EDUCATION
UNIVERSITY OF ARKANSAS 210 ADMINISTRATION BUILDING FAYETTEVILLE, AR 72701	14-1503972	GOVERNMENT ENTIT	5,500.	0.			QUALITY EDUCATION
UNIVERSITY OF MASSACHUSETTS AMHERST COLLEGE OF EDUCATION - OFFICE OF RESEARCH ENGAGEMENT - AMHERST, MA 01003-9308	71-6003252	GOVERNMENT ENTIT	15,000.	0.			QUALITY EDUCATION
URBAN INSTITUTE 500 LENFANT PLAZA SW WASHINGTON, DC 20024	47-2894356	501(C)(3)	359,354.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
URBAN MALE NETWORK 2245 W. JACKSON BLVD CHICAGO, IL 60612	52-0880375	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
USBIG INC 921 DESIRE ST. NEW ORLEANS, LA 70117	47-4830984	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
VALLEY VOICES 1303 AMELIA AVENUE HANFORD, CA 93230	81-4713110	501(C)(3)	160,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOTE SOLAR 360 22ND ST, 730 OAKLAND, CA 94612	54-1674992	501(C)(3)	40,000.	0.			SUSTAINABLE ENVIRONMENT
WAREHOUSE WORKER RESOURCE CENTER 521 N EUCLID AVE ONTARIO, CA 91762	46-4396728	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WBU LABOR OF LOVE, LLC 401 STATE STREET BROOKLYN, NY 11217	45-2287926	501(C)(3)	127,784.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WE THE PEOPLE OF DETROIT P.O. BOX 7033 DETROIT, MI 48207	87-1413975	501(C)(3)	120,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460	46-5318393	501(C)(3)	49,994.	0.			SUSTAINABLE ENVIRONMENT
WITNESS TO INNOCENCE 1501 CHERRY STREET PHILADELPHIA, PA 19102	03-6000783	501(C)(3)	150,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WOMEN BUILDING UP INC 401 STATE STREET BROOKLYN, NY 11217	20-2394229	501(C)(3)	15,840,627.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WOMEN INITIATING SUCCESS ENVISIONED INC - 1448 SOUTH 40TH STREET - SAN DIEGO, CA 92113	87-1413975	501(C)(3)	27,883.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WORCESTER PUBLIC SCHOOLS DURKIN ADMINISTRATION BUILDING WORCESTER, MA 01609	11-2435565	GOVERNMENT ENTIT	9,260.	0.			QUALITY EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKING PARTNERSHIPS USA 2302 ZANKER ROAD SAN JOSE, CA 95131	61-1706974	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WORLD VISION INC P.O. BOX 9716 FEDERAL WAY, WA 98063-9716	77-0387535	501(C)(3)	120,024.	0.			QUALITY EDUCATION
YOUNG MENS CHRISTIAN ASSOCIATION OF THE EAST BAY - 2111 MARTIN LUTHER KING JR WAY - BERKELEY, CA 94704	81-0535303	501(C)(3)	400,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
YOUNG MENS EDUCATIONAL NETWORK 1241 S. PULASKI ROAD CHICAGO, IL 60623	94-1156635	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
YOUTH ACTIVISM PROJECT 4701 SANGAMORE ROAD BETHESDA, MD 20816	36-4124098	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
YOUTH DESIGN CENTER INC 47 BELMONT AVE. BROOKLYN, NY 11207	75-3163810	501(C)(3)	20,000.	0.			QUALITY EDUCATION
YUROK TRIBE 190 KLAMATH BOULEVARD KLAMATH, CA 95548	81-0693987	NATIVE TRIBE	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPEND/SUPPORT/SCHOLARSHIP	16	34,050.	0.		

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

**PART I, LINE 2:**

TIDES CONDUCTS THOROUGH DUE DILIGENCE IN ADVANCE OF FUNDING, INCLUDING REVIEW OF THE GROUP'S TAX-EXEMPT STATUS AND WHETHER THE GRANT WOULD ADVANCE TIDES' MISSION. GRANTEES RECEIVE A WRITTEN GRANT AWARD NOTIFICATION. BY ACCEPTING PAYMENT, THE GRANTEE AGREES TO USE THE FUNDS EXCLUSIVELY FOR PURPOSES CONSISTENT WITH TIDES' EXEMPT STATUS UNDER IRC SECTION 501(C)(3). IF A GRANT IS RESTRICTED FOR A SPECIFIC PROGRAM OR SPECIFIC ACTIVITIES, GRANTEES FURTHER AGREE THAT ANY PORTION OF THE GRANT NOT USED FOR THE STATED PURPOSE MUST BE REPAYED AND ANY CHANGE OF THE PURPOSES MUST BE

**Part IV** Supplemental Information

APPROVED BY TIDES IN ADVANCE IN WRITING. GRANT AWARD NOTIFICATIONS FOR GRANTS THAT ARE RESTRICTED TO A NON-LOBBYING PURPOSE ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN LOBBYING ACTIVITY. NO GRANT FUNDS MAY BE USED TO ENGAGE IN PROHIBITED CAMPAIGN INTERVENTION. 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.

IN LIMITED SITUATIONS, TIDES CENTER PROVIDES PAYMENTS TO INDIVIDUALS (HONORARIUMS, STIPENDS, SCHOLARSHIPS, ETC.) IN FURTHERANCE OF ITS MISSION. SUCH INDIVIDUALS UNDERGO THE SAME DUE DILIGENCE PROCESS AS OTHER GRANTEES. EACH INDIVIDUAL GRANTEE WHO MEETS THE REPORTING REQUIREMENT THRESHOLD IS ISSUED A FORM 1099 AT THE END OF THE YEAR.

PART II:

TIDES CENTER RECOGNIZES GRANT DISBURSEMENTS ON AN ACCRUAL BASIS CONSISTENT WITH GAAP AND OUR AUDITED FINANCIALS, INCLUDING ADJUSTMENTS TO ACCURATELY REFLECT TOTAL GRANT DISBURSEMENTS TO EACH GRANTEE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

**Part I Questions Regarding Compensation**

**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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANIECE EVANS-PAGE CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	578,566.	187,140.	2,063.	0.	28,192.	795,961.	0.
(2) TOMIQUIA MOSS FOUNDER/CHIEF EXEC - ALL HOME	(i)	403,335.	0.	469.	9,900.	25,087.	438,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK SMOLINSKI DIR. GLOBAL HEALTH THREATS - ENDING	(i)	379,259.	4,200.	1,980.	15,013.	14,607.	415,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUNEELA JAIN SEC./CHIEF LEGAL & COMPL. OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	315,101.	49,260.	313.	15,279.	32,186.	412,139.	0.
(5) JAMES LUM TREASURER, CFO (FROM 5/2023)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	295,969.	25,675.	968.	13,667.	25,037.	361,316.	0.
(6) MELISSA JONES EXEC DIR BAY AREA REGL HLTH INEQUITI	(i)	328,988.	1,800.	271.	13,421.	14,522.	359,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMY LESNICK CHIEF EXEC AND PRESIDENT - PLEDGE 1%	(i)	279,633.	38,066.	1,306.	12,534.	26,972.	358,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TALIA MILGROM-ELCOTT EXEC. DIR. - THE STARFISH INSTITUTE	(i)	292,140.	14,964.	467.	14,964.	21,146.	343,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HOLDEN LEE TREASURER/CFO (THRU 5/2023)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	180,120.	43,015.	46,012.	11,485.	12,403.	293,035.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**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, TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION OF THE CEO'S TOTAL COMPENSATION. TIDES NETWORK UTILIZES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION FOR THE CEO: INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND REVIEW AND APPROVAL BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE AND THE BOARD OF DIRECTORS.

**PART I, LINE 4B:**

SUNEELA JAIN AND MARK SMOLINSKI PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	X		106,165.	COST OR SELLING PRIC
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	31	6,088,288.	COST OR SELLING PRIC
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 ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 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? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023



**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.

SCHEDULE M, PART I, COLUMN (B):

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

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

FACILITATES SOLUTIONS THAT COME DIRECTLY FROM COMMUNITIES HISTORICALLY  
DENIED POWER BY OFFERING COMPREHENSIVE FISCAL SPONSORSHIP, MANAGEMENT,  
CONSULTING, AND GRANTMAKING SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 RESTORE SOCIAL, POLITICAL, AND ECONOMIC  
POWER TO COMMUNITIES HISTORICALLY DENIED IT.

EXPENSES \$ 478,439. INCLUDING GRANTS OF \$ 290,549. REVENUE \$ 133,995.

FORM 990, PART VI, SECTION A, LINE 2:

MARC DIAZ, SHELBY CHESTNUT, REGINA JACKSON, ED LLOYD, DYLAN ORR, TIM WANG,  
CHERYL ALSTON, JEFFERY WALLACE, AND ANTOINETTE KLATZKY ARE ALSO MEMBERS OF  
THE TIDES NETWORK BOARD OF DIRECTORS, A RELATED ORGANIZATION TO TIDES  
CENTER. IN ADDITION, JANIECE EVANS-PAGE, SUNEELA JAIN, HOLDEN LEE, AND  
JAMES LUM WERE OFFICERS OF TIDES NETWORK, AS WELL AS EMPLOYEES OF TIDES  
NETWORK.

FORM 990, PART VI, SECTION A, LINE 6:

TIDES CENTER HAS ONE SOLE MEMBER, TIDES NETWORK, A SECTION 501(C)3  
ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH OF THE DIRECTORS OF TIDES CENTER ARE APPOINTED BY THE ORGANIZATION'S

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

Schedule O (Form 990) 2023

Name of the organization TIDES CENTER	Employer identification number 94-3213100
--	--

SOLE MEMBER, TIDES NETWORK.

FORM 990, PART VI, SECTION A, LINE 7B:

ACTION BY THE BOARD OF DIRECTORS OF TIDES CENTER ON THE FOLLOWING MATTERS IS EFFECTIVE ONLY WITH THE CONSENT OF THE BOARD OF DIRECTORS OF TIDES NETWORK: (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 TIDES CENTER 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 THE CORPORATION WITHOUT CAUSE; AND (VIII) AMENDMENT, REPEAL OR ADOPTION OF THE ARTICLES OF INCORPORATION OR BYLAWS. TIDES NETWORK, AS THE SOLE MEMBER OF TIDES CENTER HAS THE SOLE POWER TO: (I) VOTE ON ANY AMENDMENT TO ARTICLE 4 (SOLE MEMBER) OF THESE BYLAWS, (II) THE DISSOLUTION OF TIDES CENTER, PROVIDED TIDES NETWORK SHALL FIRST SOLICIT THE OPINION OF THE BOARD OF DIRECTORS OF TIDES CENTER, AND (III) THE SELECTION OF CHIEF EXECUTIVE OFFICER OF TIDES CENTER, AND (IV) THE NUMBER OF AUTHORIZED DIRECTORS AND THE APPOINTMENT OF DIRECTORS.

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, AND COMPLIANCE REVIEW A DRAFT OF THE FORM 990; ADJUSTMENTS ARE MADE AS NECESSARY. THE FORM 990 IS THEN SENT TO THE AUDIT RISK COMMITTEE FOR REVIEW PRIOR TO FILING. A COMPLETE COPY OF THE FORM 990 IS THEN PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

FILING WITH THE INTERNAL REVENUE SERVICE.

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

UNDER THE TERMS OF THE CONFLICT OF INTEREST POLICY, 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,

Name of the organization TIDES CENTER	Employer identification number 94-3213100
--	--

COMPLIANCE AND RISK DEPARTMENT FOR REVIEW AND RESOLUTION CONSISTENT WITH THE POLICY. IN THE EVENT OF A DELAY IN COLLECTION OF DISCLOSURE STATEMENTS, THE ORGANIZATION TAKES STEPS TO ADDRESS SO THAT THE FORMS ARE BROUGHT UP TO DATE.

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. AS SUCH, FORM 990, PART VI, SECTION B, LINES 15A AND 15B HAVE BEEN MARKED "NO", AS PROVIDED BY THE FORM 990 INSTRUCTIONS. PLEASE REFERENCE THE DISCLOSURE IN SCHEDULE O OF THE TIDES NETWORK FORM 990 FOR A DISCUSSION REGARDING HOW COMPENSATION IS DETERMINED FOR THESE INDIVIDUALS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI, SC  
TN, UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE PROVIDED ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT GENERALLY PROVIDED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS AND CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES 65,919,386.

MANAGEMENT AND GENERAL EXPENSES 0.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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
TIDES CENTER SOCIAL PURPOSE REAL ESTATE HOLDINGS LLC, 1012 TORNEY AVENUE, SAN FRANCISCO, CA 94129	REAL ESTATE	CALIFORNIA	0.	0.	TIDES CENTER
401 STATE STREET WBU LLC 55 EXCHANGE PLACE, SUITE 402 NEW YORK, NY 10005	REAL ESTATE	NEW YORK	357,328.	26,095.	TIDES CENTER

**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
TIDES, INC. - 57-1138099 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	DEVELOP/OPERATE FACILITIES MGMT AND MULTI-TENANT NONPROFIT CENTERS	CALIFORNIA	501(C)(3)	10	TIDES NETWORK	<input checked="" type="checkbox"/>	
TIDES TWO RIVERS FUND - 20-1588459 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	DEVELOP/OPERATE FACILITIES MGMT AND MULTI-TENANT NONPROFIT CENTERS	CALIFORNIA	501(C)(3)	12A, I	TIDES NETWORK	<input checked="" type="checkbox"/>	
HARDING ROCK FUND - 20-1430532 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	HOLD AND MANAGE INVESTMENT ON BEHALF OF TIDES FOUNDATION	CALIFORNIA	501(C)(3)	12A, I	TIDES FOUNDATION	<input checked="" type="checkbox"/>	
TIDES FOUNDATION - 51-0198509 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	GRANTMAKING	CALIFORNIA	501(C)(3)	7	TIDES NETWORK	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) 2023

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
TIDES NETWORK - 20-3395198 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	CHARITABLE GOVERNANCE AND OPERATIONS	CALIFORNIA	501(C)(3)	12B, II	N/A		X
BEAUCHAMP CHARITIES - 33-0956671 2454 ALTON PARKWAY IRVINE, CA 92606	GRANTMAKING AND SUPPORT OF TIDES FOUNDATION	CALIFORNIA	501(C)(3)	12A, I	TIDES FOUNDATION	X	



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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 NETWORK	C	50,708.	BOOK VALUE
(2) TIDES FOUNDATION	C	4,625,429.	BOOK VALUE
(3) TIDES TWO RIVERS FUND	K	203,428.	BOOK VALUE
(4) TIDES FOUNDATION	B	5,634,644.	BOOK VALUE
(5) TIDES NETWORK	M	26,096,548.	BOOK VALUE
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---