

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2016 calendar year, or tax year beginning , 2016, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Tides Center
 PO Box 29907
 San Francisco, CA 94129-0907

D Employer identification number

94-3213100

E Telephone number

(415) 561-6300

G Gross receipts \$ 137,834,407.**F** Name and address of principal officer: Kriss Deiglmeier

Same As C Above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.tides.org**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1994**M** State of legal domicile: CA**Part I Summary**

| | | | | | | |
|------------------------------------|------------|---|--|--------------------|---------------------|-------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>Tides Center accelerates the pace of social change, working with innovative partners to solve society's toughest problems.</u> | | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 | | |
| | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 842 | | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 1,000 | | |
| | | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 22,607. | |
| b | | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 11,046. | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | 90,488,342. | Current Year | 97,647,384. |
| | 9 | Program service revenue (Part VIII, line 2g) | 13,232,655. | 13,015,427. | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 456,082. | 695,442. | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -49,832. | -135,884. | | |
| | 12 | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 104,127,247. | 111,222,369. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13,966,046. | 18,129,085. | | |
| Expenses | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 45,233,202. | 50,200,534. | | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 114,292. | 158,195. | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>6,798,115.</u> | | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 39,373,310. | 42,169,348. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 98,686,850. | 110,657,162. | | |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 5,440,397. | 565,207. | | |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year | | |
| | 21 | Total liabilities (Part X, line 26) | 80,310,038. | 83,179,454. | | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 9,133,793. | 11,408,594. | | |
| | | | 71,176,245. | 71,770,860. | | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|----------------------------|---|---------------|---|--------------------------|
| Sign Here | Signature of officer | | Date | | |
| | Judith Hill | | CFO/Treasurer | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Carol Duffield | Carol Duffield | | | P01257136 |
| | Firm's name ▶ | Fontanello, Duffield & Otake, LLP | | | Firm's EIN ▶ |
| | Firm's address ▶ | 44 Montgomery Street, Suite 1305 San Francisco, CA 94104 | | | Phone no. (415) 983-0200 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:See Schedule O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 71,846,947. including grants of \$ 12,753,601.) (Revenue \$ 9,156,202.)
Equity:

Within our largest area of impact, Tides projects work multilaterally to create more equal opportunity and equitable treatment for all. Projects focus on ethnic & racial equity, LGBTQ rights, economic opportunity, human rights policies, reproductive justice, refugee aid, and increased civic engagement. Several programs worked to end homelessness by providing transitional housing and social services. Others advocated for issues such as the social and economic empowerment of women and girls, access to quality health care, criminal justice reform, and the replacement of our prison and detention systems for more practical local safety solutions.

4b (Code:) (Expenses \$ 16,891,184. including grants of \$ 3,689,057.) (Revenue \$ 2,648,488.)
Education:

In 2016, Tides projects enriched the education of youth and adults living in local, underserved communities, focusing on areas such as leadership development, arts education, health and nutrition, family self-sufficiency, and STEM. Internationally, Tides projects provided training in public health practices for healthcare providers and in effective condom usage to prevent the spread of HIV/AIDS. Other Tides projects instituted a variety of programs that ranged from educating men to advocate against domestic violence, to supporting qualified candidates searching for careers in higher education, to exploring the intersection of the arts and social justice, to training multimedia journalists.

4c (Code:) (Expenses \$ 4,903,536. including grants of \$ 1,686,427.) (Revenue \$ 1,210,737.)
Environment:

In 2016, 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 at the national and international levels in order to spearhead campaigns for responsible resource consumption and the preservation of our natural environment. Tides projects organized and supported the Farm to School food movement. 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 in order to enhance food security.

4d Other program services (Describe in Schedule O.) See Schedule O

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 93,641,667.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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 (see instructions).</i> | 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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 | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | X | |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 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> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

BAA

Form 990 (2016)

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

| | | Yes | No |
|---|------------------|-----|----|
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1 a 1,149 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1 b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |
| 2 a 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. | 2 a 842 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | X | |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. | 3 b | X | |
| 4 a 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)? | 4 a | | X |
| b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a 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? | 6 a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | X | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year. | 7 d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | X |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12. | 10 a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10 b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders. | 11 a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 b | | |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12 b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13 b | | |
| c Enter the amount of reserves on hand. | 13 c | | |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | 14 b | | |

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

| | Yes | No |
|---|-----|----|
| 10 a Did the organization have local chapters, branches, or affiliates? 10 a | | X |
| 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? 10 b | | |
| 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | | |
| 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O 12 c | X | |
| 13 Did the organization have a written whistleblower policy? 13 | X | |
| 14 Did the organization have a written document retention and destruction policy? 14 | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official. See Schedule O. 15 a | X | |
| b Other officers or key employees of the organization. See Schedule O. 15 b | X | |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a | | X |
| 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? 16 b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Melinda Leung PO Box 29907 San Francisco, CA 94129-0907 (415) 561-6300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Schedule O | | | | | | | | | | |
| (1) Deepak Puri Director | 2 0 | X | | | | | | 0. | 0. | 0. |
| (2) Tuti Scott Director | 2 0 | X | | | | | | 0. | 0. | 0. |
| (3) John A. Powell Director | 2 0 | X | | | | | | 0. | 0. | 0. |
| (4) Noa Emmett Aluli Director | 2 0 | X | | | | | | 0. | 0. | 0. |
| (5) Peter Mellen Director | 2 0 | X | | | | | | 0. | 0. | 0. |
| (6) Michael Fernandez Chair/Director | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (7) Suzanne Nossel Director | 2 0 | X | | | | | | 0. | 0. | 0. |
| (8) Edward Lloyd Director | 2 0 | X | | | | | | 0. | 0. | 0. |
| (9) Kriss Deiglmeier CEO | 16 24 | | | X | | | | 0. | 420,987. | 41,277. |
| (10) Amanda Keton Secretary | 16 24 | | | X | | | | 0. | 235,371. | 22,447. |
| (11) Judith Hill CFO/Treasurer | 16 24 | | | X | | | | 0. | 302,651. | 20,665. |
| (12) Alan Jenkins Proj President | 40 0 | | | | | X | | 214,798. | 0. | 41,191. |
| (13) Miriam W. Yeung Executive Director | 40 0 | | | | | X | | 196,287. | 0. | 5,163. |
| (14) Michelle A. Coffey Executive Director | 40 0 | | | | | X | | 200,258. | 0. | 16,849. |

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 dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) Sanjay Kumar Pradhan Executive Director | 40 0 | | | | | X | | 228,668. | 0. | 7,528. |
| (16) British Robinson Proj Chief Exec | 40 0 | | | | | X | | 235,012. | 0. | 12,216. |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |

1 b Sub-total 1,075,023. 959,009. 167,336.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 1,075,023. 959,009. 167,336.

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 ▶ 67

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual.* **4**

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.* **5**

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | 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 |
|--|--------------------------------|---------------------|
| Young Ctr for Immigrant Children's Rights 6020 S University Ave Chic | Consulting Services | 667,217. |
| Stichting Hivos 16 Benoordenhout, The Hague 2596 HL Netherlands | Consulting Services | 614,825. |
| Context Partners 2009 NE Alberta St #201 Portland, OR 97211 | Consulting Services | 588,007. |
| The Glover Park Group 1025 F Street NW, 9th Fl Washington, DC 20004 | Consulting Services | 356,346. |
| Women's Community 1833 Fillmore St., 3rd Fl San Francisco, CA 94115 | Consulting Services | 281,039. |

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 ▶ 18

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|---|--------------------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c 857,078. | | | | |
| | d Related organizations | 1 d 2,071,546. | | | | |
| | e Government grants (contributions) | 1 e 16,104,607. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 78,614,153. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 791,736. | | | | |
| | h Total. Add lines 1a-1f | | 97,647,384. | | | |
| Program Service Revenue | 2 a <u>Program Revenues</u> | | Business Code 900099 | 13,015,427. | 12,992,820. | 22,607. |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 13,015,427. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) | | 671,144. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| 5 Royalties | | | | | | |
| 6 a Gross rents | | (i) Real (ii) Personal | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities (ii) Other | 26293210. 781. | | | |
| b Less: cost or other basis and sales expenses | | | 26269693. | | | |
| c Gain or (loss) | | | 23,517. 781. | | | |
| d Net gain or (loss) | | | 24,298. | | | 24,298. |
| 8 a Gross income from fundraising events (not including \$ 857,078. of contributions reported on line 1c). See Part IV, line 18 | | a 206,461. | | | | |
| b Less: direct expenses | | b 342,345. | | | | |
| c Net income or (loss) from fundraising events | | | -135,884. | | | -135,884. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | a | | | | |
| b Less: direct expenses | | b | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | a | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 111222369. | 12,992,820. | 22,607. | 559,558. | |

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. | 17,978,897. | 17,978,897. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 66,206. | 66,206. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 83,982. | 83,982. | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 0. | 0. | 0. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages. | 39,644,691. | 29,614,607. | 4,815,643. | 5,214,441. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 813,352. | 607,164. | 99,208. | 106,980. |
| 9 Other employee benefits. | 6,565,606. | 4,901,199. | 800,837. | 863,570. |
| 10 Payroll taxes. | 3,176,885. | 2,371,532. | 387,499. | 417,854. |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 276,957. | | 272,956. | 4,001. |
| c Accounting. | 235,333. | | 235,333. | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | 158,195. | | | 158,195. |
| f Investment management fees. | 250. | 250. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 18,507,301. | 18,507,301. | | |
| 12 Advertising and promotion. | 1,018,958. | 1,017,894. | | 1,064. |
| 13 Office expenses. | 2,537,852. | 2,537,852. | | |
| 14 Information technology. | 923,930. | 921,050. | | 2,880. |
| 15 Royalties. | | | | |
| 16 Occupancy. | 4,386,010. | 4,386,010. | | |
| 17 Travel. | 5,973,878. | 5,960,962. | | 12,916. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 2,803,903. | 2,803,903. | | |
| 20 Interest. | 560. | 560. | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 212,751. | 212,751. | | |
| 23 Insurance. | 436,712. | 436,712. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Admin, IT, HR Costs | 3,605,904. | | 3,605,904. | |
| b Other Expenses | 844,003. | 844,003. | | |
| c Other Project Expenses | 388,832. | 388,832. | | |
| d Other Fundraising Expenses | 16,214. | | | 16,214. |
| e All other expenses. | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 110,657,162. | 93,641,667. | 10,217,380. | 6,798,115. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash — non-interest-bearing | 17,135. | 1 | 15,845. |
| | 2 Savings and temporary cash investments | 18,082,057. | 2 | 25,329,939. |
| | 3 Pledges and grants receivable, net | 18,757,600. | 3 | 13,766,454. |
| | 4 Accounts receivable, net | 108,007. | 4 | 128,364. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 835,367. | 9 | 628,011. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,995,832. | | |
| | b Less: accumulated depreciation | 10b 1,545,648. | | |
| | | 1,576,335. | 10c | 1,450,184. |
| | 11 Investments — publicly traded securities | 40,620,085. | 11 | 41,252,415. |
| | 12 Investments — other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments — program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 313,452. | 15 | 608,242. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 80,310,038. | 16 | 83,179,454. | |
| Liabilities | 17 Accounts payable and accrued expenses | 7,380,664. | 17 | 8,909,929. |
| | 18 Grants payable | 1,344,526. | 18 | 1,679,099. |
| | 19 Deferred revenue | 280,836. | 19 | 706,431. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 5,000. | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 122,767. | 25 | 113,135. |
| | 26 Total liabilities. Add lines 17 through 25 | 9,133,793. | 26 | 11,408,594. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 33,113,004. | 27 | 39,573,271. |
| | 28 Temporarily restricted net assets | 38,063,241. | 28 | 32,197,589. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 71,176,245. | 33 | 71,770,860. |
| | 34 Total liabilities and net assets/fund balances | 80,310,038. | 34 | 83,179,454. |

BAA

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 111,222,369. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 110,657,162. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 565,207. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 71,176,245. |
| 5 | Net unrealized gains (losses) on investments | 5 | 29,408. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 71,770,860. |

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | X | |

BAA

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Tides Center

Employer identification number

94-3213100

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | 77680911. | 82917247. | 83229760. | 90488342. | 97647384. | 431963644. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 77680911. | 82917247. | 83229760. | 90488342. | 97647384. | 431963644. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 31,379,465. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 400584179. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-------------|
| 7 Amounts from line 4. | 77680911. | 82917247. | 83229760. | 90488342. | 97647384. | 431963644. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 605,677. | 443,382. | 403,407. | 593,590. | 671,144. | 2,717,200. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10. | | | | | | 434680844. |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | 12 | 57,820,307. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). | 14 | 92.16 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14. | 15 | 91.78 % |
| 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ☐ ►**Section C. Computation of Public Support Percentage**

| | | |
|---|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2016. 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—2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i> | | |
| 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 |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI . | 11c | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

| Section C – Distributable Amount | | | Current Year |
|---|---|--|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

| | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

Section E – Distribution Allocations (see instructions)

| | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|--------------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2016

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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

2016

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Tides Center

Employer identification number

94-3213100

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ 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, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Tides Center

Employer identification number

94-3213100

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|-----------------------------------|-------------------------------|---|
| 1 | | \$ 2,071,545. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 2,365,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 4,185,661. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 3,703,659. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 3,645,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 3,124,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Tides Center

Employer identification number

94-3213100

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|-----------------------------------|-------------------------------|---|
| 7 | | \$ 5,532,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 2,231,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 6,631,911. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 3,486,816. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 2,748,338. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 2,235,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Tides Center

Employer identification number

94-3213100

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|-----------------------------------|-------------------------------|---|
| 13 | | \$ 3,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 2,802,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 2,260,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 2,219,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Employer identification number

94-3213100

Part II

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Tides Center

Employer identification number

94-3213100

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 information once. See instructions.) \$ _____ N/A

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 |
|---------------------------|---|--------------------|--|
| | N/A | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of organization

Tides Center

Employer identification number

94-3213100

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 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- |
|----------|-------------|---------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2016

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 | | | | | | | | | | | | |
|---|--|------------------------------------|--|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|--|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)..... | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)..... | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b)..... | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures..... | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d)..... | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns..... | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f)..... | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0-..... | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0-..... | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?..... | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2 a Lobbying nontaxable amount..... | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e))..... | | | | | |
| c Total lobbying expenditures..... | | | | | |
| d Grassroots nontaxable amount..... | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e))..... | | | | | |
| f Grassroots lobbying expenditures..... | | | | | |

BAA

Schedule C (Form 990 or 990-EZ) 2016

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

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

| | (a) | | (b) |
|---|-----|----|----------|
| | Yes | No | Amount |
| 1 See Part IV | | | |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | X | | 1,171. |
| d Mailings to members, legislators, or the public? | X | | 1,428. |
| e Publications, or published or broadcast statements? | X | | 356. |
| f Grants to other organizations for lobbying purposes? | X | | 1,658. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 199,490. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | 9. |
| i Other activities? | X | | 15,467. |
| j Total. Add lines 1c through 1i. | | | 219,579. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912. | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912. | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

Part IV Supplemental Information

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

Part II-B - Description of Lobbying Activity

Other activities include planning, strategy and administration

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

Tides Center

94-3213100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 1 | |
| 2 Aggregate value of contributions to (during year) | 80,000. | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | 26,896. | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

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

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2 a |
| b Total acreage restricted by conservation easements | 2 b |
| c Number of conservation easements on a certified historic structure included in (a) | 2 c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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.

1 a 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..... | 1 c |
| d Additions during the year..... | 1 d |
| e Distributions during the year..... | 1 e |
| f Ending balance..... | 1 f |

2 a 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 on 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance..... | | | | | |
| b Contributions..... | | | | | |
| c Net investment earnings, gains, and losses..... | | | | | |
| d Grants or scholarships..... | | | | | |
| e Other expenditures for facilities and programs..... | | | | | |
| f Administrative expenses..... | | | | | |
| g End of year balance..... | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations.....

(ii) related organizations.....

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land..... | | 1,237,218. | | 1,237,218. |
| b Buildings..... | | | | |
| c Leasehold improvements..... | | 779,586. | 741,943. | 37,643. |
| d Equipment..... | | 891,520. | 728,197. | 163,323. |
| e Other..... | | 87,508. | 75,508. | 12,000. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)..... | | | | 1,450,184. |

BAA

Schedule D (Form 990) 2016

Part VII Investments – Other Securities.

N/A

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) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶ | | |

Part VIII Investments – Program Related.

N/A

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) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶ | | |

Part IX Other Assets.

N/A

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) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶ | |

Part X Other Liabilities.

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

| (a) Description of liability | (b) Book value | |
|--|----------------|--|
| (1) Federal income taxes | | |
| (2) Security Deposits | 113,135. | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶ | 113,135. | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. See Part XIII. ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

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

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

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

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

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

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

Management evaluated the 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 financial statements. Therefore, no provision or liability for income taxes has been included in the 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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

Tides Center

Employer identification number

94-3213100

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **Part V**
- 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 & (1) Caribbean | | | Program Services | Civic Engagement | 46,487. |
| East Asia and the (2) Pacific | | | Program Services | Global Impact | 174,653. |
| (3) Europe | | | Program Services/Grants | Civic Engagement | 2,059,550. |
| Middle East and North (4) Africa | | | Program Services | Civic Engagement | 189,984. |
| (5) North America | | | Program Services | Civic Engagement | 522,199. |
| Russia and the Newly (6) Independent States | | | Program Services | Civic Engagement | 22,463. |
| (7) South America | | | Program Services | Civic Engagement | 577,887. |
| (8) South Asia | | | Program Services | Civic Engagement | 25,677. |
| (9) Sub-Saharan Africa | | | Program Services/Grants | Civic Engagement | 373,424. |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3 a Sub-total..... | | | | | 3,992,324. |
| b Total from continuation sheets to Part I..... | | | | | |
| c Totals (add lines 3a and 3b)... | 0 | 0 | | | 3,992,324. |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule F (Form 990) 2016**

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) |
|------|--------------------------|--|-------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Europe | Violence Wmn/Child | 7,482. | Wire | | | |
| (2) | | | Sub-Saharan | French Civil | | | | | |
| (3) | | | Af. | Society | 75,000. | Wire | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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

BAA

Schedule F (Form 990) 2016

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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

BAA

Schedule F (Form 990) 2016

Part IV Foreign Forms

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

Thorough due diligence is conducted in advance of funding to determine whether a group will be an appropriate grantee. We require groups to provide proof of tax status and/or registration documents and their organizational documents. All international grants are restricted to a clearly charitable purpose and must be used exclusively for activities conducted outside of the U.S. All grantees receive a written grant agreement, and by accepting payment the grantee agrees to the conditions of the award, which provides assurance that funds will not be used for any prohibited purpose.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

2a 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? [X] 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.

Table with 6 columns: (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 column (i), (vi) Amount paid to (or retained by) organization. Rows include Raising Change Inc., Prtnr in Effctv Phlnthry, Anderson Consults, Katie Braude, Patty Debenham EMSC, Stacey L. Weston, Rebecca Lendl, and a Total row.

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 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.

| REVENUE | | (a) Event #1 <u>Shalom Bayit</u> (event type) | (b) Event #2 <u>ACTM</u> (event type) | (c) Other events <u>41</u> (total number) | (d) Total events (add column (a) through column (c)) | |
|--------------------|--|---|---|---|--|------------|
| | 1 | Gross receipts..... | 189,824. | 143,630. | 730,085. | 1,063,539. |
| | 2 | Less: Contributions | 156,177. | 113,971. | 586,930. | 857,078. |
| | 3 | Gross income (line 1 minus line 2)..... | 33,647. | 29,659. | 143,155. | 206,461. |
| | | | | | | |
| DIRECT EXPENSES | 4 | Cash prizes | | | 1,704. | 1,704. |
| | 5 | Noncash prizes | | | 267. | 267. |
| | 6 | Rent/facility costs..... | 36,541. | | 23,376. | 59,917. |
| | 7 | Food and beverages | 301. | 8,262. | 7,338. | 15,901. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses..... | 16,305. | 99,632. | 148,619. | 264,556. |
| | | | | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d).....▶ | | | | 342,345. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d).....▶ | | | | -135,884. | |

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 column (a) through column (c)) |
|-----------------|---|--|---|---|---|
| | | | | | |
| REVENUE | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| DIRECT EXPENSES | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | |

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

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

b If 'No,' explain: _____

10 a 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 | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** 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 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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**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. See Part IV

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Attached Statement PO Box 29907 San Francisco, CA 94129 | | | 16,104,770. | 1,688,184. | FMV | See Attached Statement | Various - See Attached Statement |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 122
- 3 Enter total number of other organizations listed in the line 1 table 3

| Name | Address | City | State | Zip Code | EIN | Tax-Exempt Status | Cash Amount | Non Cash Amount | Purpose |
|--|--|-------------------|----------------------|------------|-------------|-------------------|-------------|-----------------|--|
| Carnegie Science Center | 1 Allegheny Ave, Pittsburgh, PA 15212 | Pittsburgh | PA | 15212 | 25-0965280 | Non Profit | 7,500 | | Maker Corps |
| Children's Museum | 10 Children's Way | Pittsburgh | Pennsylvania | 15212 | 25-1379704 | 501(c)3 | 7,000 | | Maker Corps |
| North Dakota University | 10 Floor, State Capitol 600 E. Blvd Ave. Dept. 215 | Bismarck | North Dakota | 58505 | 45-0425274 | 501(c)3 | 8,050 | | Post-secondary education support and consulting |
| Iowa Department | 1000 E Grand Ave. | Des Moines | Iowa | 50319 | Government | Government | 100,000 | | Post-secondary education support and consulting |
| National College | 1001 Connecticut Ave. NW Ste. 632 | Washington | District of Columbia | 20036 | 31-1793562 | Government | 132,300 | | Federal Financial Aid Advocacy Fund |
| Indiana Commission | 101 West Ohio Street, Suite 300 | Indianapolis | Indiana | 46204-4206 | Government | Government | 975 | | Post-secondary education support and consulting |
| Indiana Commission | 101 West Ohio Street, Suite 300 | Indianapolis | Indiana | 46204-4206 | Government | Government | 25,000 | | Post-secondary education support and consulting |
| Digital Harbor Found | 1045 Light Street | Baltimore | Maryland | 21230 | 45-2536579 | 501(c)3 | 7,000 | | Maker Corps |
| Digital Harbor Found | 1045 Light Street | Baltimore | Maryland | 21230 | 45-2536579 | 501(c)3 | 5,000 | | Open Portfolio |
| Empowerment, Inc. | 109 N. Graham Street, Suite 200 | Chapel Hill | North Carolina | 27516 | 56-1965772 | 501(c)3 | 20,000 | | Bridging the Gap Initiative |
| Families Against Mandantory Min. Foundation | 1100 H Street NW, Suite#1000 | Washington | District of Columbia | 20005 | 52-1750246 | 501(c)3 | 25,000 | | Voices for Progress Education Fund (VPEF)-General Operations |
| California Coverage | 1107 9th Street, Suite 601 | Sacramento | California | 95814 | 47-4034471 | 501(c)3 | 30,000 | | California Coverage & Health Initiatives-General Operations |
| California Coverage | 1107 9th Street, Suite 601 | Sacramento | California | 95814 | 47-4034471 | 501(c)3 | 63,600 | | California Coverage & Health Initiatives-General Operations |
| California Coverage | 1107 9th Street, Suite 601 | Sacramento | California | 95814 | 47-4034471 | 501(c)3 | 17,903 | | California Coverage & Health Initiatives-General Operations |
| California Coverage | 1107 9th Street, Suite 601 | Sacramento | California | 95814 | 47-4034471 | 501(c)3 | 28,622 | | California Coverage & Health Initiatives-General Operations |
| California Coverage | 1107 9th Street, Suite 601 | Sacramento | California | 95814 | 47-4034471 | 501(c)3 | 10,933 | | Covered California Enrollments |
| California Coverage | 1107 9th Street, Suite 601 | Sacramento | California | 95814 | 47-4034471 | 501(c)3 | 79,852 | | California Coverage & Health Initiatives-General Operations |
| Orange County Partner for Young Children | 120 Providence Road, Suite 101 | Chapel Hill | North Carolina | 27514 | 56-1844192 | 501(c)3 | 10,000 | | Bridging the Gap Initiative |
| College for All Texas | 1200 East Anderson Lane | Austin | Texas | 78752 | 74-3017895 | 501(c)3 | 48,336 | | Post-secondary education support and consulting |
| Delaware State Univ. | 1200 North Dupont Highway | Dover | Delaware | 19901 | 51-0305893 | 501(c)3 | 8,900 | | Post-secondary education support and consulting |
| Fund for the City of | 121 Ave of the Americas, 6th Flr | New York | New York | 10013 | 13-2612524 | 501(c)3 | 64,101 | | Increase student achievement - break cycle of poverty |
| Fund for the City of | 121 Ave of the Americas, 6th Flr | New York | New York | 10013 | 13-2612524 | 501(c)3 | 6,957 | | Increase student achievement - break cycle of poverty |
| Fund for the City of | 121 Ave of the Americas, 6th Flr | New York | New York | 10013 | 13-2612524 | 501(c)3 | 6,412 | | Increase student achievement - break cycle of poverty |
| Law Enforcement | 121 Mystic Avenue, Suite 9 | Medford | Massachusetts | 02155 | 16-1645758 | 501(c)3 | 50,000 | | Alliance for Safety and Justice-General Operations |
| Colorado Criminal Justice | 1212 Mariposa St, #6 | Denver | Colorado | 80204 | 84-1449882 | 501(c)3 | 25,000 | | VOCA - Equality and Human Rights |
| Colorado Criminal Justice | 1212 Mariposa St, #6 | Denver | Colorado | 80204 | 84-1449882 | 501(c)3 | 37,000 | | Alliance for Safety and Justice-General Operations |
| The University | 12424 Research Parkway, Suite 300 | Orlando | Florida | 32826-3249 | 59-2924021 | School | 3,781 | | Pedro Zamora Young Leaders Scholarships |
| The University | 12424 Research Parkway, Suite 300 | Orlando | Florida | 32826-3249 | 59-2924021 | School | 2,100 | | Post-secondary education support and consulting |
| The University | 12424 Research Parkway, Suite 300 | Orlando | Florida | 32826-3249 | 59-2924021 | School | 3,220 | | Post-secondary education support and consulting |
| The University | 12424 Research Parkway, Suite 300 | Orlando | Florida | 32826-3249 | 59-2924021 | School | 2,050 | | Post-secondary education support and consulting |
| Community Growth Education | 1330 Braddock Pl Ste 300 | Alexandria | Virginia | 22314 | 23-7204514 | 501(c)3 | 75,000 | | Alliance for Safety and Justice-General Operations |
| Center for American | 1333 H Street, NW 10th Floor | Washington | District of Columbia | 20005 | 30-0126510 | 501(c)3 | 100,000 | | Federal Financial Aid Advocacy Fund |
| West Contra Costa Family Justice Center | 256 24th St | Richmond, CA 9480 | California | 94804 | 68-0208980 | 501(c)3 | 40,000 | | Family Violence Prevention |
| The Children's Partnership | 1351 Third Street Promenade Suite 206 | Santa Monica | California | 90401 | 46-4106389 | 501(c)3 | 9,264 | | Children's Partnership-General Operations |
| The Children's Partnership | 1351 Third Street Promenade Suite 206 | Santa Monica | California | 90401 | 46-4106389 | 501(c)3 | 18,011 | | Children's Partnership-General Operations |
| The Children's Partnership | 1351 Third Street Promenade Suite 206 | Santa Monica | California | 90401 | 46-4106389 | 501(c)3 | 35,628 | | Children's Partnership-General Operations |
| Jackson State University | 1400 J R Lynch St. PO Box 17250 | Jackson | Mississippi | 39217 | 64-6000507 | Government | 9,275 | | Post-secondary education support and consulting |
| Southwest Women's Law Center | 1410 Coal Avenue, SW | Albuquerque | New Mexico | 87104 | 20-2884027 | 501(c)3 | 10,000 | | Equal Pay Today - General Operations |
| Southwest Women's Law Center | 1410 Coal Avenue, SW | Albuquerque | New Mexico | 87104 | 20-2884027 | 501(c)3 | 8,000 | | Equal Pay Today - General Operations |
| Young Invincibles | 1411 K Street NW Suite 400 | Washington | District of Columbia | 20005 | 46-2214021 | 501(c)3 | 75,000 | | Federal Financial Aid Advocacy Fund |
| Massachusetts Budget | 15 Court Square, Suite 700 | Boston | Massachusetts | 02108 | 04-2967537 | 501(c)3 | 14,000 | | Massachusetts Budget and Policy Center |
| Art 120 | 1511 Williams Street | Chattanooga | Tennessee | 37408 | 27-3257167 | 501(c)3 | 7,000 | | Maker Corps |
| The Advancement Project | 1541 Wilshire Blvd., Suite 508 | Los Angeles | California | 90017 | 95-4835230 | 501(c)3 | 19,025 | | Local Safety Solutions |
| Jannus, Inc. | 1607 West Jefferson Street | Boise | Idaho | 83702 | 81-6035382 | 501(c)3 | 6,750 | | Idaho SPP(Mountain States Group) |
| Homes Unidos, Inc. | 1625 W. Olympic Blvd. Suite #706 | Los Angeles | California | 90015 | 95-4740768 | 501(c)3 | 12,500 | | Californians for Safety and Justice-General Operations |
| National Skills Coal | 1730 Rhode Island Avenue NW Suite 712 | Washington | District of Columbia | 20036 | 30-0075580 | 501(c)3 | 104,770 | | Federal Financial Aid Advocacy Fund |
| Brookings Institution | 1775 Massachusetts Ave, NW | Washington | District of Columbia | 20036 | 53-0196577 | 501(c)3 | 75,000 | | Learning & Impact-Consultants-Country Case Studies |
| Pacifica Resource Center | 1809 Palmetto Avenue | Pacifica | California | 94044 | 81-149689 | 501(c)3 | 205,000 | | Pacifica Resource Center-General Operations |
| Pacifica Resource Center | 1809 Palmetto Avenue | Pacifica | California | 94044 | 81-149689 | 501(c)3 | 198,000 | | Pacifica Resource Center-General Operations |
| Pacifica Resource Center | 1809 Palmetto Avenue | Pacifica | California | 94044 | 81-149689 | 501(c)3 | 229,670 | | Pacifica Resource Center-General Operations |
| Institute for Higher | 1825 K Street, NW Suite 720 | Washington | District of Columbia | 20006 | 52-1818907 | 501(c)3 | 125,000 | | Federal Financial Aid Advocacy Fund |
| Embrey Family Founda | 1919 McKinney Ave | Dallas | Texas | 75201 | 79-42954622 | 501(c)3 | 50,000 | | Economic Development |
| Embrey Family Founda | 1919 McKinney Ave | Dallas | Texas | 75201 | 79-42954622 | 501(c)3 | 50,000 | | Economic Development |
| Reverence Project | 1976 E 103rd Street | Los Angeles | California | 90002 | 47-3427148 | 501(c)3 | 12,500 | | Californians for Safety and Justice-General Operations |
| Center on Race, Pove | 1999 Harrison Street, Suite 650 | Oakland | California | 94612 | 05-0557231 | 501(c)3 | 73,142 | | Leadership Counsel for Justice & Accountability-General Oper |
| The Opportunity Inst | 2001 Center Street, 5th Floor | Berkeley | California | 94704 | 47-3888926 | 501(c)3 | 32,295 | | Post-secondary education support and consulting |
| Winrock Internationa | 2101 Riverfront Drive | Little Rock | Arkansas | 72202 | 71-0603560 | 501(c)3 | 8,946 | | Farm to Cafeteria Conference |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 1,836 | | Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 1,836 | | Equality and Human Rights |
| California Community | 221 S. Figueroa St Suite 100 | Los Angeles | California | 90012 | 95-3510055 | 501(c)3 | 50,000 | | Economic Development |
| California Community | 221 S. Figueroa St Suite 100 | Los Angeles | California | 90012 | 95-3510055 | 501(c)3 | 50,000 | | Economic Development |
| Social and Environme | 22231 Mulholland Hwy., Ste. 209 | Calabasas | California | 91302 | 95-4116679 | Non Profit | 7,000 | | Maker Corps |
| Social and Environme | 22231 Mulholland Hwy., Ste. 209 | Calabasas | California | 91302 | 95-4116679 | Non Profit | 1,000 | | Neighborhood Planning |
| Serving California | 22917 Pacific Coast Highway Ste 350 | Malibu | California | 90265 | 46-0743399 | 501(c)3 | 25,000 | | Crime Survivors for Safety and Justice |
| University System of | 270 Washington Street SW, Suite 7025 | Atlanta | Georgia | 30334 | 58-6333106 | 501(c)3 | 75,916 | | Post-secondary education support and consulting |
| Orange County Congre | 310 West Broadway | Anaheim | California | 92805-3838 | 95-3196836 | 501(c)3 | 50,000 | | Orange County Civic Participation Initiative |
| Association of Black | 333 Seventh Avenue, 14th Floor | New York | New York | 10001 | 23-7156531 | 501(c)3 | 93,240 | | Joint Affinity Groups Fund |
| Los Angeles Area Cha | 350 S. Bixel Street | Los Angeles | California | 90017 | 95-2597392 | 501(c)3 | 60,000 | | Californians for Safety and Justice-General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 55,000 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 3,300 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 53,000 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 106,000 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 106,000 | | Pop-Up Care Villages |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 106,000 | | South Bay Expansion Project - San Jose |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 106,000 | | Lava Mae Los Angeles |
| Chef Ann Foundation | 3550 Frontier Avenue, AZ | Boulder | Colorado | 80301 | 26-2496810 | 501(c)3 | 12,500 | | Farm to Cafeteria Conference |
| Georgetown Universit | 3700 O St. NW | Washington | District of Columbia | 20057 | 53-0196603 | 501(c)3 | 22,500 | | Funds educational work in elementary schools |
| Center on Juvenile a | 40 Boardman Place | San Francisco | California | 94103 | 94-3136811 | 501(c)3 | 12,000 | | Californians for Safety and Justice-General Operations |
| Science Center of Io | 401 W Martin Luther King Jr Pkwy | Des Moines | Iowa | 50309 | 42-6097912 | 501(c)3 | 7,000 | | Maker Corps |
| Institute for Colleg | 405 14th Street, Suite 1100 | Oakland | California | 94612 | 20-1368860 | 501(c)3 | 76,762 | | Federal Financial Aid Advocacy Fund |
| Civic IP Studios, LL | 4096 Piedmont Ave, #705 | Oakland | California | 94611 | 47-2371118 | LLC | 5,500 | | Economic Development |

| Name | Address | City | State | Zip Code | EIN | Tax-Exempt Status | Cash Amount | Non Cash Amount | Purpose |
|-----------------------------|--|-----------------|----------------------|------------|---------------|-------------------|-------------|-----------------|--|
| West Harlem Developm | 423 West 127th St, 1st Floor | New York | New York | 10027 | 45-0722514 | Non Profit | 52,735 | | West Harlem Local Development Corporation-General Operations |
| Mary Magdalene Commu | 440 North El Dorado Street | Stockton | California | 95202 | 68-0462814 | 501(c)3 | 25,000 | | Prop 47 Implementation |
| Chicken & Egg Pictures | 45 Main Street, Suite 506 | Brooklyn | New York | 11201 | 47-4712007 | 501(c)3 | 50,000 | | Economic Development |
| Chicken & Egg Pictures | 45 Main Street, Suite 506 | Brooklyn | New York | 11201 | 47-4712007 | 501(c)3 | 65,000 | | Economic Development |
| Chicken & Egg Pictures | 45 Main Street, Suite 506 | Brooklyn | New York | 11201 | 47-4712007 | 501(c)3 | 28,938 | | Economic Development |
| Chicken & Egg Pictures | 45 Main Street, Suite 506 | Brooklyn | New York | 11201 | 47-4712007 | 501(c)3 | 56,879 | | Economic Development |
| Chicken & Egg Pictures | 45 Main Street, Suite 506 | Brooklyn | New York | 11201 | 47-4712007 | 501(c)3 | 10,313 | | Economic Development |
| Kentucky Chamber Foundation | 464 Chenault Road | Frankfort | Kentucky | 40601 | 61-1284992 | 501(c)3 | 7,070 | | Post-secondary education support and consulting |
| Massachusetts Education | 484 Main Street, Suite 500 | Worcester | Massachusetts | 01608 | 23-7055676 | 501(c)3 | 5,623 | | Post-secondary education support and consulting |
| The Newark Museum | 49 Washington Street | Newark | New Jersey | 07102 | 22-1487275 | 501(c)3 | 7,000 | | Maker Corps |
| Resource Equity | 4903 51st Ave. S | Seattle | Washington | 98118 | 81-2141200 | 501(c)3 | 40,000 | | The Center for Gender & Resource Equity-General Operations |
| Resource Equity | 4903 51st Ave. S | Seattle | Washington | 98118 | 81-2141200 | 501(c)3 | 50,000 | | The Center for Gender & Resource Equity-General Operations |
| Fab Foundation | 50 Milk Street, 16th Floor | Boston | Massachusetts | 02109 | 26-4836002 | 501(c)3 | 7,500 | | Maker Corps |
| Workers Center | 500 East 61st Street, Unit B | Chicago | Illinois | 60637 | 45-4461270 | 501(c)3 | 50,000 | | Alliance for Safety and Justice-General Operations |
| Museum of Discovery | 500 President Clinton Avenue Suite 150 | Little Rock | Arkansas | 72201 | 71-0391707 | 501(c)3 | 7,000 | | Maker Corps |
| Public Policy Inst | 500 Washington Street, Suite 600 | San Francisco | California | 94111 | 94-3207299 | 501(c)3 | 9,288 | | Post-secondary education support and consulting |
| Assemble Inc. | 5125 Penn Ave. | Pittsburgh | Pennsylvania | 15224 | 45-1582644 | 501(c)3 | 7,000 | | Maker Corps |
| Forum for the Future | 540 President St, Ste. 1D | Brooklyn | New York | 11215 | 47-4667055 | Non Profit | 33,000 | | Sustainable Environment |
| Forum for the Future | 540 President St, Ste. 1D | Brooklyn | New York | 11215 | 47-4667055 | Non Profit | 90,000 | | Sustainable Environment |
| Forum for the Future | 540 President St, Ste. 1D | Brooklyn | New York | 11215 | 47-4667055 | Non Profit | 57,359 | | Sustainable Environment |
| West Contra Costa | 5625 Sutter Ave. | Richmond | California | 94804 | 68-0000495 | School | 7,500 | | Maker Corps |
| Great Lakes Museum | 601 Erieside Avenue | Cleveland | Ohio | 44114 | 31-1258416 | 501(c)3 | 7,000 | | Maker Corps |
| The Young Center for | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 25,500 | | Immigrant Child Advocacy Center-General Operations |
| The Young Center for | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 40,000 | | Immigrant Child Advocacy Center-General Operations |
| The Young Center for | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 20,912 | | Immigrant Child Advocacy Center-General Operations |
| The Young Center for | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 13,170 | | Immigrant Child Advocacy Center-General Operations |
| The Young Center for | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 18,000 | | Immigrant Child Advocacy Center-General Operations |
| The Young Center for | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 76,100 | | Immigrant Child Advocacy Center-General Operations |
| The Young Center for | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | 5,654 | | Immigrant Child Advocacy Center-General Operations |
| Women Employed | 65 E. Wacker Place, Suite 1500 | Chicago | Illinois | 60601 | 36-2969526 | 501(c)3 | 10,000 | | Equal Pay Today - General Operations |
| Women Employed | 65 E. Wacker Place, Suite 1500 | Chicago | Illinois | 60601 | 36-2969526 | 501(c)3 | 8,000 | | Equal Pay Today - General Operations |
| Campaign for College | 714 W Olympic Blvd Ste 745 | Los Angeles | California | 90015 | 20-0427622 | 501(c)3 | 180,000 | | Federal Financial Aid Advocacy Fund |
| COMPASS Science Comm | 721 NW 9th Ave, Suite 235 | Portland | Oregon | 97209 | 81-1344772 | 501(c)3 | 1,978 | | Expense/Revenues for reimbursement |
| COMPASS Science Comm | 721 NW 9th Ave, Suite 235 | Portland | Oregon | 97209 | 81-1344772 | 501(c)3 | 190,235 | | Expense/Revenues for reimbursement |
| COMPASS Science Comm | 721 NW 9th Ave, Suite 235 | Portland | Oregon | 97209 | 81-1344772 | 501(c)3 | 137,787 | | Expense/Revenues for reimbursement |
| COMPASS Science Comm | 721 NW 9th Ave, Suite 235 | Portland | Oregon | 97209 | 81-1344772 | 501(c)3 | 140,000 | | Expense/Revenues for reimbursement |
| Reclaim | 771 Raymond Avenue | St. Paul | Minnesota | 55114 | 80-0829665 | 501(c)3 | 5,040 | | Safe Spaces Project - General Operations |
| ReCreate | 8417 Washington Blvd. #135 | Roseville | California | 95678 | 26-2581623 | 501(c)3 | 7,000 | | Maker Corps |
| Korean Resource Cent | 900 Crenshaw Blvd. | Los Angeles | California | 90019 | 95-3879699 | Non Profit | 50,000 | | Orange County Civic Participation Initiative |
| Thurgood Marshall Co | 901 F. St. NW, Suite 300 | Washington | District of Columbia | 20004 | 41-1750692 | 501(c)3 | 180,000 | | Federal Financial Aid Advocacy Fund |
| Legal Voice | 907 Pine Street, Suite 500 | Seattle | Washington | 98101 | 91-1047900 | 501(c)3 | 10,000 | | Equal Pay Today - General Operations |
| Legal Voice | 907 Pine Street, Suite 500 | Seattle | Washington | 98101 | 91-1047900 | 501(c)3 | 8,000 | | Equal Pay Today - General Operations |
| Clafflin University | Academic Success Center 400 Magnolia Street | Orangeburg | South Carolina | 29115 | 57-0314374 | Non Profit | 7,500 | | Post-secondary education support and consulting |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 660 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 19,154 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 10,581 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 24,871 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 151,482 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 260,912 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 87,217 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 87,838 | | ESCRNet-General Operations |
| ESCR-Net-International | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | 10,320 | | ESCRNet-General Operations |
| Albemarle County Pub | Att: Chad Ratliff 401 McIntire Road | Charlottesville | Virginia | 22902 | Public School | School | 5,000 | | Open Portfolio |
| Albemarle County Pub | Att: Chad Ratliff 401 McIntire Road | Charlottesville | Virginia | 22902 | Public School | School | 500 | | Convening and Workshops |
| Equal Rights Advocate | Atten: Arcelia Hurtado 180 Howard Street, Suite 300 | San Francisco | California | 94105 | 23-7217027 | Non Profit | 10,000 | | Equal Pay Today - General Operations |
| Equal Rights Advocate | Atten: Arcelia Hurtado 180 Howard Street, Suite 300 | San Francisco | California | 94105 | 23-7217027 | Non Profit | 8,000 | | Equal Pay Today - General Operations |
| American Institutes | Attn: Accounts Receivable 1000 Thomas Jefferson Street, N | Washington | District of Columbia | 20007 | 25-0965219 | Non Profit | 43,428 | | Probation and Evaluation |
| Life After Uncivil | Attn: Adela Barajas P.O. Box 11681 | Los Angeles | California | 90011 | 90-0852292 | 501(c)3 | 12,500 | | Californians for Safety and Justice-General Operations |
| Johnson C Smith Univ. | Attn: Dr. Antonio Henley 100 Beatties Ford Road | Charlotte | North Carolina | 28216 | 25-0983069 | 501(c)3 | 7,500 | | Post-secondary education support and consulting |
| Johnson C Smith Univ. | Attn: Dr. Antonio Henley 100 Beatties Ford Road | Charlotte | North Carolina | 28216 | 25-0983069 | 501(c)3 | 3,900 | | Post-secondary education support and consulting |
| Institute of the Bla | Attn: Dr. Ron Daniels 31-35 95th Street | East Elmhurst | New York | 11369 | 30-0186895 | 501(c)3 | 20,000 | | Alliance for Safety and Justice-General Operations |
| New Jersey Policy | Attn: Elizabeth Ruebman 137 W. Hanover St. | Trenton | New Jersey | 08618 | 22-3492715 | Non Profit | 25,000 | | VOCA - Equality and Human Rights |
| New Jersey Policy | Attn: Elizabeth Ruebman 137 W. Hanover St. | Trenton | New Jersey | 08618 | 22-3492715 | Non Profit | 25,000 | | VOCA - Equality and Human Rights |
| Citizens Alliance | Attn: Laura M. Sage (CAPPs) 824 North Capitol Ave. | Lansing | Michigan | 48906 | 38-3520445 | 501(c)3 | 25,000 | | VOCA - Equality and Human Rights |
| Florida Chamber | Attn: Mr. Tony Carvajal PO Box 11309 | Tallahassee | Florida | 32302 | 59-6209605 | 501(c)3 | 26,250 | | Post-secondary education support and consulting |
| Prichard Committee | Attn: Ms. Brigitte Blom Ramsey Security Trust Building 271 Lexington | Kentucky | Kentucky | 40507 | 61-1026214 | 501(c)3 | 8,500 | | Post-secondary education support and consulting |
| Arkansas Community | Attn: Ms. Collin Callaway Chief Operations Officer 815 Main Little Rock | Arkansas | Arkansas | 72201 | 71-0795889 | 501(c)3 | 46,217 | | Funds capacity building in philanthropy |
| Gender Justice | Attn: Ms. Lisa Stratton Co-Founder & Executive Director 55 St. Paul | Minnesota | Minnesota | 55103 | 80-0603630 | 501(c)3 | 10,000 | | Equal Pay Today - General Operations |
| Tinkerverse | Attn: Rob van Nood 4238 North Willis Blvd. | Portland | Oregon | 97203 | 47-2445663 | 501(c)3 | 7,000 | | Maker Corps |
| Board of Regents of | Attn: Robert Gratzl 21 N. Park Street Suite 6401 | Madison | Wisconsin | 53715 | 37-1625460 | 501(c)1 | 15,000 | | National Farm to School Network-General Operations |
| Board of Regents of | Attn: Robert Gratzl 21 N. Park Street Suite 6401 | Madison | Wisconsin | 53715 | 37-1625460 | 501(c)1 | 5,000 | | National Farm to School Network-General Operations |
| Board of Regents of | Attn: Robert Gratzl 21 N. Park Street Suite 6401 | Madison | Wisconsin | 53715 | 37-1625460 | 501(c)1 | 7,700 | | Post-secondary education support and consulting |
| Board of Regents of | Attn: Robert Gratzl 21 N. Park Street Suite 6401 | Madison | Wisconsin | 53715 | 37-1625460 | 501(c)1 | 2,021 | | Post-secondary education support and consulting |
| A New Way of Life | Attn: Susan Burton PO Box 875288 | Los Angeles | California | 90087-0388 | 95-4782503 | 501(c)3 | 30,000 | | Prop 47 Implementation |
| Fayetteville State Univ | Attn: Teresa Thompson-Pinckney Helen T Chick Building Ror Fayetteville | North Carolina | North Carolina | 28301 | 56-1238736 | Non Profit | 7,704 | | Post-secondary education support and consulting |
| Community Initiative | Attn: Theresa Bay Fustillos Community Initiatives/RJOY 354 San Francisco | California | California | 94104 | 94-3255070 | 501(c)3 | 10,000 | | Leadership Development |
| Community Initiative | Attn: Theresa Bay Fustillos Community Initiatives/RJOY 354 San Francisco | California | California | 94104 | 94-3255070 | 501(c)3 | 10,000 | | Leadership Development |
| Community Initiative | Attn: Theresa Bay Fustillos Community Initiatives/RJOY 354 San Francisco | California | California | 94104 | 94-3255070 | 501(c)3 | 25,392 | | Leadership Development |
| Community Initiative | Attn: Theresa Bay Fustillos Community Initiatives/RJOY 354 San Francisco | California | California | 94104 | 94-3255070 | 501(c)3 | 3,626 | | Leadership Development |
| Community Initiative | Anonymous | Anonymous | Anonymous | Anonymous | Anonymous | 501(c)3 | 5,000 | | Anonymous |
| Urban Institute | Attn: Tim Ware 2100 M St NW | Washington | District of Columbia | 20037 | 52-0880375 | 501(c)3 | 70,500 | | Integrated Data Systems |

| Name | Address | City | State | Zip Code | EIN | Tax-Exempt Status | Cash Amount | Non Cash Amount | Purpose |
|---|--|---------------|----------------|------------|------------|-------------------|-------------|-----------------|--|
| Fort Worth Museum | Attn: Troy Nini 1600 Gendy St. | Fort Worth | Texas | 76107 | 75-0755335 | 501(c)3 | 7,000 | | Maker Corps |
| Baitulmal America | Attn: Wayne E Rawlins 317 West Ave. A | Belle Glade | Florida | 33430 | 47-5486909 | 501(c)3 | 25,000 | | Alliance for Safety and Justice-General Operations |
| Chapel Hill Carrboro | Blue Ribbon Youth Leadership Institute 750 South Merritt | Chapel Hill | North Carolina | 27516 | 56-1421977 | 501(c)3 | 5,000 | | Chapel Hill-Carrboro Youth Forward-General Operations |
| Chapel Hill Carrboro | Blue Ribbon Youth Leadership Institute 750 South Merritt | Chapel Hill | North Carolina | 27516 | 56-1421977 | 501(c)3 | 200 | | Chapel Hill-Carrboro Youth Forward-General Operations |
| Women's Law Project | c/o Kathy Eisenberg 125 S. 9th Street, Suite 300 | Philadelphia | Pennsylvania | 19107 | 23-7354667 | 501(c)3 | 10,000 | | Equal Pay Today - General Operations |
| Women's Law Project | c/o Kathy Eisenberg 125 S. 9th Street, Suite 300 | Philadelphia | Pennsylvania | 19107 | 23-7354667 | 501(c)3 | 8,000 | | Equal Pay Today - General Operations |
| Colorado State University | Colorado Sate University Office of Sponsored Programs 200 | Fort Collins | Colorado | 80523-2002 | 84-6000545 | Government | 30,000 | | National Farm to School Network-General Operations |
| Orange County Commun | Development 13252 Garden Grove Blvd. Suite 204 | Garden Grove | California | 92843 | 43-2092827 | 501(c)3 | 50,000 | | Orange County Civic Participation Initiative |
| University of Iowa | Office of the Provost 111 Jessup Hall | Iowa City | Iowa | 52242 | 42-6004813 | School | 5,000 | | New HERC Startup Grants |
| University of Iowa | Office of the Provost 111 Jessup Hall | Iowa City | Iowa | 52242 | 42-6004813 | School | 1,000 | | HERC-General Operations |
| Tennessee Board | Office of Academic Affairs 1415 Murfreesboro Pike Suite 32 | Nashville | Tennessee | 37217 | 62-0877782 | School | 1,130 | | Post-secondary education support and consulting |
| Tennessee Board | Office of Academic Affairs 1415 Murfreesboro Pike Suite 32 | Nashville | Tennessee | 37217 | 62-0877782 | School | 7,700 | | Post-secondary education support and consulting |
| City of Madison/Mono | One John Nolen Dr | Madison | Wisconsin | 53703 | 39-6005507 | Government | 7,000 | | Maker Corps |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 4,631 | | The Bamboo Project |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 133,200 | | General Film Grants Holding Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 200 | | Partnership Programming |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 40,000 | | Partnership Programming |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 10,000 | | General Film Grants Holding Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 28,334 | | I-MAK - Operating Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 42,500 | | I-MAK - Staff Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 19,375 | | I-MAK - Common Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 12,000 | | General Film Grants Holding Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 150 | | Center for Care Innovations-General Operations |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 150,000 | | Reimagined Care Challenge Grant Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 1,515 | | Reimagined Care Challenge Grant Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 4,240 | | Argentina - Common Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 21,941 | | Argentina - Operating Cost |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 38,100 | | Argentina - Staff Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 200,000 | | Lambent Grantmaking Activities |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 100,000 | | Lambent Grantmaking Activities |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 50,000 | | General Film Grants Holding Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 100,000 | | Western Clean Energy Campaign - General Operations |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 5,000,000 | | Lambent Grantmaking Activities |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 50,000 | | General Film Grants Holding Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 1,500 | | Innovations Challenge |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 2,600 | | Innovations Challenge |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 1,080,000 | | Innovation Ctr for the Safety Net |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 10,909 | | Innovation Ctr for the Safety Net |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 2,750 | | Innovation Ctr for the Safety Net |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 230,000 | | Safety Net Analytics Program Management |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 2,323 | | Safety Net Analytics Program Management |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 550 | | Safety Net Analytics Program Management |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 85,000 | | General Film Grants Holding Program |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 7,700 | | Argentina - Common Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 50,000 | | Brazil - Operating Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 50,000 | | Brazil - Staff Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 25,000 | | Brazil - Common Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 105,000 | | Ukraine - Operating Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 19,000 | | Ukraine - Staff Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 7,500 | | Ukraine - Common Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 70,000 | | I-MAK - Operating Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 80,000 | | I-MAK - Staff Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 40,000 | | I-MAK - Common Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 42,500 | | Argentina - Operating Cost |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 40,000 | | Argentina - Staff Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 50,000 | | Thailand - Operating Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 54,000 | | Thailand - Staff Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 20,000 | | Thailand - Common Costs |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 120,000 | | Addiction Treatment-PCare-Safety Net Prog Integration |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 1,212 | | Addiction Treatment-PCare-Safety Net Prog Integration |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 1,200 | | Addiction Treatment-PCare-Safety Net Prog Integration |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 5,000 | | Addiction Treatment-PCare-Safety Net Prog Integration |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 51 | | Addiction Treatment-PCare-Safety Net Prog Integration |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 50 | | Addiction Treatment-PCare-Safety Net Prog Integration |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 60,000 | | New Jersey Safety Net Innovation |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 606 | | New Jersey Safety Net Innovation |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 300 | | New Jersey Safety Net Innovation |
| Tides Foundation | P. O. Box 29903 | San Francisco | California | 94129 | 51-0198509 | 501(c)3 | 40,490 | | Partnership Programming |
| Kheprw Institute | P.O. Box 88856 | Indianapolis | Indiana | 46208 | 20-0820589 | 501(c)3 | 7,000 | | Maker Corps |
| Voice of the Ex-Offe | PO Box 13622 | New Orleans | Louisiana | 70185 | 16-1695266 | 501(c)3 | 100,000 | | Alliance for Safety and Justice-General Operations |
| Texas Criminal Justice | ProTex: A Network for Progressive Texas 1714 Fortview Roa | Austin | Texas | 78704 | 74-2969471 | 501(c)3 | 150,000 | | Alliance for Safety and Justice-General Operations |
| West Harlem Development Corporation | 423 West 127th Street Suite A | New York | New York | 10027 | 45-0722514 | Non Profit | 11,446 | | West Harlem Local Development Corporation-General Operations |
| West Harlem Development Corporation | 423 West 127th Street Suite A | New York | New York | 10027 | 45-0722514 | Non Profit | 14,968 | | West Harlem Local Development Corporation-General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 15,137 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 25,450 | | Pop-Up Care Villages |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 1,000 | | Healthy Individuals & Communities/Homeless Services |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 100,000 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 14,522 | | Pop-Up Care Villages |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 33,886 | | South Bay Expansion Project - San Jose |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 23,410 | | Lava Mae Los Angeles |
| 1395 accrue 2016 Spin/Close Grant Out expense | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 200,000 | | Lava Mae Los Angeles |

| Name | Address | City | State | Zip Code | EIN | Tax-Exempt Status | Cash Amount | Non Cash Amount | Purpose |
|---|--|---------------|------------|----------|------------|-------------------|-------------|-----------------|--|
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94129 | 47-4712007 | 501(c)3 | | 6,921 | Economic Development |
| Colorado Department | 1560 Broadway, Suite 1600 | Denver | Colorado | 80202 | 84-0644739 | School | 8,000 | | Post-secondary education support and consulting |
| Colorado Department | 1560 Broadway, Suite 1600 | Denver | Colorado | 80202 | 84-0644739 | School | | 1,264 | Post-secondary education support and consulting |
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94129 | 47-4712007 | 501(c)3 | | | 58 Economic Development |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 435 Equality and Human Rights |
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94129 | 47-4712007 | 501(c)3 | | | 658 Economic Development |
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94129 | 47-4712007 | 501(c)3 | | | 151 Economic Development |
| Community Initiative | Attn: Theresa Bay Fustillos Community Initiatives/RJOY 354 | San Francisco | California | 94104 | 94-3255070 | 501(c)3 | | | 2,004 Leadership Development |
| Compass | 721 NW 9th Ave, Suite 200 | Chicago | Illinois | 60637 | 81-1344772 | 501(c)3 | | | 1,350 Sustainable Environment |
| Compass | 721 NW 9th Ave, Suite 200 | Chicago | Illinois | 60637 | 81-1344772 | 501(c)3 | | | 150 Sustainable Environment |
| Compass | 721 NW 9th Ave, Suite 200 | Chicago | Illinois | 60637 | 81-1344772 | 501(c)3 | | | 1,781 Sustainable Environment |
| Compass | 721 NW 9th Ave, Suite 200 | New York | New York | 10017 | 81-1344772 | 501(c)3 | | | 25,000 Expense/Revenues for reimbursement |
| ESCR-Net - International Network for Economic | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | | | 47 Equality and Human Rights |
| Compass | 721 NW 9th Ave, Suite 200 | Chicago | Illinois | 60637 | 81-1344772 | 501(c)3 | | | (25,000) Expense/Revenues for reimbursement |
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94129 | 47-4712007 | 501(c)3 | | | 50,000 Economic Development |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 1,975 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 1,975 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 7,922 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 123,000 Equality and Human Rights |
| Mother for Peace | 5114 S. Elizabeth Street | Chicago | Illinois | 60609 | | | | 40,000 | Alliance for Safety and Justice-General Operations |
| Community Initiative | Attn: Theresa Bay Fustillos Community Initiatives/RJOY 354 | San Francisco | California | 94104 | 94-3255070 | 501(c)3 | | | 730 Leadership Development |
| Orange County Asian | 13252 Garden Grove Boulevard Suite 204 | Garden Grove | California | 92843 | 91-2047245 | 501(c)3 | | 50,000 | Orange County Civic Participation Initiative |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 1,550 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 1,550 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 978 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 489 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 111 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 7 Equality and Human Rights |
| Compass | 721 NW 9th Ave, Suite 200 | Chicago | Illinois | 60637 | 81-1344772 | 501(c)3 | | | 25,000 Sustainable Environment |
| Pacific Resource Center | 1809 Palmetto Avenue | Pacific | California | | 81-1496989 | 501(c)3 | | | 4,375 Healthy Individuals and Communities |
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94044 | 47-4712007 | 501(c)3 | | | 1,600 Economic Development |
| San Francisco Parks | | San Francisco | California | 94103 | 23-7311784 | 501(c)3 | | 5,121 | Tower Theater Project |
| ESCR-Net - International Network for Economic | 370 Lexington Ave #700 | New York | New York | 10017 | 36-4818453 | 501(c)3 | | | 130,450 Equality and Human Rights |
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94129 | 47-4712007 | 501(c)3 | | | 15,000 Economic Development |
| Chicken & Egg Pictures | 39 Mesa St # 209 | San Francisco | California | 94129 | 47-4712007 | 501(c)3 | | | 15,000 Economic Development |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 465 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 465 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 3,203 Immigrant Child Advocacy Center-General Operations |
| Texas Public Policy | 901 Congress Ave. | Austin | Texas | 78701 | 74-2524057 | 501(c)3 | | 75,000 | Alliance for Safety and Justice-General Operations |
| The Advocacy Fund / | 1014 Torney Ave | San Francisco | California | 94129 | 94-3153687 | 501(c)4 | 250,000 | | Voices for Progress Education Fund (VPEF)-General Operations |
| The Advocacy Fund / | 1014 Torney Ave | San Francisco | California | 94129 | 94-3153687 | 501(c)4 | 150,000 | | Voices for Progress Education Fund (VPEF)-General Operations |
| The Advocacy Fund / | 1014 Torney Ave | San Francisco | California | 94129 | 94-3153687 | 501(c)4 | 100,000 | | Voices for Progress Education Fund (VPEF)-General Operations |
| The Advocacy Fund / | 1014 Torney Ave | San Francisco | California | 94129 | 94-3153687 | 501(c)4 | 80,000 | | Voices for Progress Education Fund (VPEF)-General Operations |
| The Bakken | 3537 Zenith Avenue S. | Minneapolis | Minnesota | 55416 | 51-0175508 | 501(c)3 | 7,000 | | Maker Corps |
| The Ford Foundation | 320 East 43rd Street | New York | New York | 10017 | 13-1684331 | 501(c)3 | | | 46,000 ESCRNet-General Operations |
| The Ford Foundation | 320 East 43rd Street | New York | New York | 10017 | 13-1684331 | 501(c)3 | | | 500,000 ESCRNet-General Operations |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 2,460 Immigrant Child Advocacy Center-General Operations |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 1,770 Equality and Human Rights |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 4,191 Equality and Human Rights |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 4,230 Equality and Human Rights |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 2,460 Equality and Human Rights |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 4,230 Equality and Human Rights |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 4,643 Equality and Human Rights |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 4,643 Equality and Human Rights |
| University of Chicago | 1111 East 60th Street, Rm A208 | Chicago | Illinois | 60637 | 36-2177139 | School | | | 6,413 Equality and Human Rights |
| University of North | 125 West Main Street Suite 100 PTA Thrift Shop | Carrboro | NC | 27510 | 36-2177139 | 501(c)3 | | 19,981 | Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 9,650 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 4,375 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 3,375 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 3,375 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 3,103 Equality and Human Rights |
| Young Center for Immigrant Children's Rights | 6020 S University Ave. | Chicago | Illinois | 60637 | 26-1839249 | 501(c)3 | | | 375 Equality and Human Rights |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 147,493 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 94-3289283 | 501(c)3 | 965 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 83,793 | | Lava Mae - General Operations |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 40,919 | | Pop-Up Care Villages |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 57,501 | | South Bay Expansion Project - San Jose |
| Lava Mae | 3543 18th Street #24 | San Francisco | California | 94110 | 81-0832318 | 501(c)3 | 40,336 | | Lava Mae Los Angeles |
| | | | | | | | 16,104,770 | 1,688,184 | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Stipends, Scholarships | 21 | 66,206. | | N/A | N/A |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

Thorough due diligence is conducted in advance of funding to determine the group's tax-exempt status and whether the group is appropriate from a mission perspective. All grantees receive a written grant agreement which indicates whether lobbying is permissible and by accepting payment, the grantee agrees to the conditions of the award, which provide assurance that funds will not be used for any prohibited purpose.

If a grant is restricted to a particular non-lobbying purpose, organizations further agree that (i) any portion of the grant not used for the stated purpose must be repaid, (ii) any change of purpose must be requested and approved in advance, in

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

writing and (iii) not to use any portion of the grant to carry on propaganda or to attempt to influence specific legislation either by direct or grassroots lobbying.

Based on a risk assessment, a progress report may be required for certain grants nine months after the grant award. The grantee is asked to submit a two page narrative describing the use of the funds and activities undertaken as a result of the grant (including lobbying activity, if permitted), along with a financial report.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Tides Center

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

94-3213100

Part I Questions Regarding Compensation

1 a 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.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☒ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ 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.

1 b

X

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 in line 1a?

2

X

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☒ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ 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?

4 a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4 b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4 c

X

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?

5 a

X

b Any related organization?

5 b

X

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?

6 a

X

b Any related organization?

6 b

X

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.

7

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

8

X

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

9

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | Kriss Deiglmeier CEO | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | | (ii) 420,987. | 0. | 0. | 0. | 41,277. | 462,264. | 0. |
| 2 | Amanda Keton Secretary | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | | (ii) 235,371. | 0. | 0. | 0. | 22,447. | 257,818. | 0. |
| 3 | Judith Hill CFO/Treasurer | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | | (ii) 302,651. | 0. | 0. | 0. | 20,665. | 323,316. | 0. |
| 4 | Alan Jenkins Proj President | (i) 214,798. | 0. | 0. | 0. | 41,191. | 255,989. | 0. |
| | | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | Miriam W. Yeung Executive Director | (i) 196,287. | 0. | 0. | 0. | 5,163. | 201,450. | 0. |
| | | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | Michelle A. Coffey Executive Director | (i) 200,258. | 0. | 0. | 0. | 16,849. | 217,107. | 0. |
| | | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | Sanjay Kumar Pradhan Executive Director | (i) 228,668. | 0. | 0. | 0. | 7,528. | 236,196. | 0. |
| | | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | British Robinson Proj Chief Exec | (i) 235,012. | 0. | 0. | 0. | 12,216. | 247,228. | 0. |
| | | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 10 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 11 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 12 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 13 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 14 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 15 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 16 | | (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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**
► **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Tides Center

Employer identification number

94-3213100

Part I **Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|---|--|
| 1 Art — Works of art | | | | |
| 2 Art — Historical treasures | | | | |
| 3 Art — Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities — Publicly traded | X | 18 | 747,094. | FMV |
| 10 Securities — Closely held stock | | | | |
| 11 Securities — Partnership, LLC, or trust interests | | | | |
| 12 Securities — Miscellaneous | | | | |
| 13 Qualified conservation contribution — Historic structures | | | | |
| 14 Qualified conservation contribution — Other | | | | |
| 15 Real estate — Residential | | | | |
| 16 Real estate — Commercial | | | | |
| 17 Real estate — Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (Goods In-Kind) | X | 44 | 44,642. | FMV |
| 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 IV, 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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 |
| 33 | | |

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

Schedule M (Form 990) (2016)

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Tides Center

Employer identification number

94-3213100

Form 990, Part III, Line 1 - Organization Mission

Our Vision

A world of shared prosperity & social justice founded on:

- Equality & human rights
- Sustainable environment
- Quality education
- Healthy individuals & communities

Our Mission

Tides accelerates the pace of social change, working with innovative partners to
solve society's toughest problems.

Our Approach

- We cross boundaries and link sectors, communities and cultures
- We act with empathy and respect
- We engage with those whose lives are affected
- We embrace risk
- We prioritize ideas that can scale

Form 990, Part III, Line 4d - Other Program Services Description

Tides Center works with approximately 160 projects with more than 500 employees and
hundreds of grants to provide its program and services.

For a full listing of Tides Center Projects:

<https://www.tides.org/impact-partners/explore-our-partners/>

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Tides Network is the sole member.

Name of the organization

Employer identification number

Tides Center

94-3213100

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Certain decisions of the Tides Center are subject to the approval power of Tides Network.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is made available to the full Board, and the Audit Committee and Legal Counsel for review prior to submission.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On an annual basis, the directors, officers and key employees are required to complete a conflict of interest disclosure survey.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Tides Network Board of Directors personnel committee is tasked with reviewing the CEO performance and compensation annually. Compensation studies are used for top management and other officers and employees.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Tides Network Board of Directors personnel committee is tasked with reviewing the CEO performance and compensation annually. Compensation studies are used for top management and other officers and employees.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

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

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization's federal exemption application, each year's Form 990 and 990-T as well as audited financial statements are available to the public upon request.

Form 990, Part VII - Compensation Explanation**Kriss Deiglmeier**

Compensation is based on 40 hrs. /wk paid by Tides Network. Included is approximately 16 hours/wk devoted to Tides Center work.

Name of the organization

Tides Center

Employer identification number

94-3213100

Form 990, Part VII - Compensation Explanation (continued)**Amanda Keton**

Compensation is based on 40 hrs. /wk paid by Tides Network. Included is approximately 16 hours/wk devoted to Tides Center work.

Judith Hill

Compensation is based on 40 hrs. /wk paid by Tides Network. Included is approximately 16 hours/wk devoted to Tides Center work.

**Form 990, Part IX, Line 11g
Other Fees For Services**

| | (A) Total | (B) Program Services | (C) Management & General | (D) Fund- raising |
|--------------------------------|----------------------|----------------------------|--------------------------------|-------------------------|
| Baoba Fund for Racial Equity | 182,945. | 182,945. | | |
| Click to Play Media | 224,950. | 224,950. | | |
| Context Partners | 588,007. | 588,007. | | |
| DreamUp, PBC | 277,500. | 277,500. | | |
| ICF Incorporated | 217,891. | 217,891. | | |
| Other | 14,869,214. | 14,869,214. | | |
| Stichting Hivos | 614,825. | 614,825. | | |
| The Glover Park Group | 356,346. | 356,346. | | |
| The Raben Group | 227,367. | 227,367. | | |
| The Young Center for Immigrant | 667,217. | 667,217. | | |
| Women's Community | 281,039. | 281,039. | | |
| Total | <u>\$18,507,301.</u> | <u>\$18,507,301.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Tides Center

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.
- Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ----- ----- ----- | | | | | |
| (2) ----- ----- ----- | | | | | |
| (3) ----- ----- ----- | | | | | |

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) Sec 512(b)(13) controlled entity? | |
|--|---|--|----------------------------|---|--------------------------------------|--|----|
| | | | | | | Yes | No |
| (1) Tides Inc. PO Box 29907 San Francisco, CA 94129 57-1138099 | Exec/Adm Svc Related Orgs & Fac Mgt &Ops | CA | 7 | 501(c)(3) | N/A | | X |
| (2) Tides Two Rivers Fund PO Box 29198 San Francisco, CA 94129 20-1588459 | Dev & Operate Multi-Tenant Non Profit Centers | CA | 11, Type I | 501(c)(3) | Tides Foundation/Ti des Center | | X |
| (3) Tides Foundation PO Box 29903 San Francisco, CA 94129 51-0198509 | Grantmaking | CA | 7 | 501(c)(3) | N/A | | X |
| (4) Tides Network PO Box 29198 San Francisco, CA 94129 20-3395198 | Support Tides Foundation, Tides Center, and Tides, Inc | CA | 11, Type II | 501(c)(3) | N/A | | 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) Dispropor- tionate 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 | |
| (1) ----- ----- ----- | | | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | | | |

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) Sec 512(b)(13) controlled entity? | |
|---|-------------------------|--|--|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) ----- ----- ----- | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | |

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s 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 Inc. | k | 10,800. | FMV |
| (2) Tides Two Rivers Fund | k | 169,509. | FMV |
| (3) Tides Two Rivers Fund | p | 350. | FMV |
| (4) Tides Foundation | b | 8,311,427. | FMV |
| (5) Tides Foundation | c | 2,071,546. | FMV |
| (6) Tides Foundation | q | 306,723. | FMV |

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, unre- lated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate 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 | | Yes | No | |
| (1) ----- ----- ----- | | | | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | | | | |
| (4) ----- ----- ----- | | | | | | | | | | | | | |
| (5) ----- ----- ----- | | | | | | | | | | | | | |
| (6) ----- ----- ----- | | | | | | | | | | | | | |
| (7) ----- ----- ----- | | | | | | | | | | | | | |
| (8) ----- ----- ----- | | | | | | | | | | | | | |

Part VII Supplemental Information.

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

[illegible]

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Enter filer's identifying number, see instructions

| | | | |
|--|--|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | | Employer identification number (EIN) or |
| | Tides Center | | 94-3213100 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | | Social security number (SSN) |
| | PO Box 29907 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| | San Francisco, CA 94129-0907 | | |

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 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ► Melinda Leung _____

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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15 ____, 20 17 __, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 16 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

| | | | |
|--|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | 0. |
| 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 | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 0. |

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2017)