

**Return of Organization Exempt From Income Tax**

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

▶ **Do not enter social security numbers on this form as it may be made public.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.****2017****Open to Public  
Inspection****A For the 2017 calendar year, or tax year beginning , 2017, 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 \$ 169,759,880.****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](http://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**

<b>Activities &amp; Governance</b>	<b>1</b>	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>				
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7		
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	828		
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1,000		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	3,652.		
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	1,494.			
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	97,647,384.	<b>Current Year</b>	140,696,542.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	13,015,427.	10,744,275.		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	695,442.	1,375,063.		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-135,884.	-338,066.		
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,222,369.	152,477,814.		
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,129,085.	17,170,490.		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)				
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,200,534.	56,943,697.		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	158,195.	513,511.		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,288,949.				
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,169,348.	49,685,570.		
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	110,657,162.	124,313,268.		
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	565,207.	28,164,546.			
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	83,179,454.	<b>End of Year</b>	114,897,778.
	<b>21</b>	Total liabilities (Part X, line 26)	11,408,594.	14,910,586.		
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	71,770,860.	99,987,192.		

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	Judith Hill		CFO/Treasurer		
<b>Paid Preparer Use Only</b>	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 address ▶ 44 Montgomery Street, Suite 1305 San Francisco, CA 94104	Firm's EIN ▶ 37-1420474	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 Accomplishments**Check 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 \$ 90,578,973. including grants of \$ 13,710,075.) (Revenue \$ 9,865,535.)Equity:Within our largest area of impact, Tides projects work multilaterally to create more equal opportunity and equitable treatment for all. Projects focus on ethnic and racial equity, economic opportunity, human rights policies, reproductive justice, refugee aid, and increased civic engagement. Several programs worked to end homelessness by providing transitional housing and social services. Others advocated for issues such as the social and economic empowerment of women and girls, access to quality health care, and criminal justice reform.**4b** (Code: ) (Expenses \$ 9,037,139. including grants of \$ 2,967,310.) (Revenue \$ 563,973.)Education:In 2017, 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 advocating against domestic violence, to supporting qualified candidates searching for careers in higher education, to exploring the intersection of the arts and social justice.**4c** (Code: ) (Expenses \$ 5,065,747. including grants of \$ 493,104.) (Revenue \$ 314,767.)Environment:In 2017, 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 to spearhead campaigns for the preservation of our natural environment and animal welfare. Tides projects advocated for a more just, clean, and sustainable world from a variety of perspectives, from reducing environmental mercury exposure to developing regional food systems and enhancing food security to supporting the Farm to School food movement.**4d** Other program services (Describe in Schedule O.) See Schedule O

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

**4e** Total program service expenses **▶** 104,681,859.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....	<b>4</b> X	
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11 a</b> X	
<b>b</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> .....	<b>11 b</b>	X
<b>c</b> 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> .....	<b>11 c</b>	X
<b>d</b> 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> .....	<b>11 d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	<b>11 e</b> X	
<b>f</b> 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> .....	<b>11 f</b> X	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....	<b>12 a</b>	X
<b>b</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> .....	<b>12 b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....	<b>13</b>	X
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14 a</b> X	
<b>b</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> .....	<b>14 b</b> X	
<b>15</b> 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> .....	<b>15</b> X	
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions). .....	<b>17</b> X	
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2017)

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

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1 a</b> 1,119		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1 c</b> X	X	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2 a</b> 828		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2 b</b> X	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3 a</b> X	X	
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <b>3 b</b> X	X	
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7 a</b> X	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>7 b</b> X	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year. <b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? <b>9 a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. <b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders. <b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). <b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand. <b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <b>14 b</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
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 7		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		X
<b>3</b> 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? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . See Schedule O <b>6</b>	X	
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7 a</b>	X	
<b>b</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 <b>7 b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8 b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . . <b>9</b>		X

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

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10 a</b>		X
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10 b</b>		
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11 a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . . <b>12 a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12 b</b>	X	
<b>c</b> 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 <b>12 c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official. See Schedule O. . . . . <b>15 a</b>	X	
<b>b</b> Other officers or key employees of the organization. See Schedule O. . . . . <b>15 b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16 a</b>		X
<b>b</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? . . . . . <b>16 b</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 Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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) Jason Wingard Director	2 0	X						0.	0.	0.
(4) Peter Mellen Director	2 0	X						0.	0.	0.
(5) Michael Fernandez Chair/Director	2 0	X		X				0.	0.	0.
(6) Suzanne Nossel Director	2 0	X						0.	0.	0.
(7) Edward Lloyd Director	2 0	X						0.	0.	0.
(8) Kriss Deiglmeier CEO	16 24			X				0.	463,304.	56,948.
(9) Amanda Keton Secretary	16 24			X				0.	254,872.	32,032.
(10) Judith Hill CFO/Treasurer	16 24			X				0.	311,791.	28,286.
(11) Alan Jenkins Proj President	40 0					X		225,757.	0.	46,106.
(12) Scott Cody Managing Dir	40 0					X		257,186.	0.	29,187.
(13) Kelly Fitzsimmons Founder/Manag Dir	40 0					X		291,443.	0.	29,587.
(14) Sanjay Kumar Pradhan Executive Director	40 0					X		322,344.	0.	9,713.

**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			
(15) British Robinson Proj Chief Exec	40 0					X	309,457.	0.	25,586.
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

**1 b Sub-total** 1,406,187. 1,029,967. 257,445.

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

**d Total (add lines 1b and 1c)** 1,406,187. 1,029,967. 257,445.

**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 **84**

**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.*

	Yes	No
<b>3</b>		X

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

	Yes	No
<b>4</b>	X	

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

	Yes	No
<b>5</b>		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	2,449,990.
Stichting Hivos 16 Benoordenhout, The Hague 2596 HL Netherlands	Consulting Services	784,853.
California Coverage and Health Initiatives 1107 9th Street, Suite 60	Consulting Services	550,160.
Seven International 660 4th Street #227 San Francisco, CA 94107	Consulting Services	344,494.
Context Partners 2009 NE Alberts Street Suite 201 Portland, OR 97211	Consulting Services	287,353.

**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 **37**



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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b> 1,464,452.					
	<b>d</b> Related organizations .....	<b>1 d</b> 3,915,221.					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 17,388,638.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 117928231.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	3,521,429.					
	<b>h Total.</b> Add lines 1a-1f .....		140696542.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>Program Revenues</u> .....		<b>Business Code</b>				
			900099	10,744,275.	10,740,623.	3,652.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		10,744,275.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....			1,273,700.		1,273,700.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		16773212.					
		<b>b</b> Less: cost or other basis and sales expenses .....	16671849.				
		<b>c</b> Gain or (loss) .....	101,363.				
	<b>d</b> Net gain or (loss) .....			101,363.		101,363.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,464,452. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	272,151.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	610,217.			
		<b>c</b> Net income or (loss) from fundraising events .....		-338,066.		-338,066.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
		<b>b</b> Less: cost of goods sold .....	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			152477814.	10,740,623.	3,652.	1,036,997.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	16,778,796.	16,778,796.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	21,025.	21,025.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	370,669.	370,669.		
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.	45,036,433.	33,642,935.	6,127,411.	5,266,087.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,562,000.	1,166,839.	212,517.	182,644.
9 Other employee benefits.	6,857,308.	5,122,519.	932,968.	801,821.
10 Payroll taxes.	3,487,956.	2,605,559.	474,552.	407,845.
11 Fees for services (non-employees):				
a Management.				
b Legal.	337,396.		337,396.	
c Accounting.	145,964.		145,964.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	513,511.			513,511.
f Investment management fees.	398.	398.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	24,950,495.	24,950,495.		
12 Advertising and promotion.	1,247,622.	1,247,622.		
13 Office expenses.	1,901,175.	1,901,175.		
14 Information technology.	658,392.	656,631.		1,761.
15 Royalties.				
16 Occupancy.	4,290,843.	4,290,843.		
17 Travel.	5,975,626.	5,933,429.		42,197.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,334,726.	3,334,726.		
20 Interest.	305.	305.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	638,359.	638,359.		
23 Insurance.	488,572.	488,572.		
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	4,111,652.		4,111,652.	
b Other Expenses	780,158.	780,158.		
c Other Project Expenses	750,804.	750,804.		
d Other Fundraising Expenses	73,083.			73,083.
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	124,313,268.	104,681,859.	12,342,460.	7,288,949.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash — non-interest-bearing .....	15,845.	<b>1</b>	16,162.
	<b>2</b> Savings and temporary cash investments .....	25,329,939.	<b>2</b>	21,861,492.
	<b>3</b> Pledges and grants receivable, net .....	13,766,454.	<b>3</b>	24,423,350.
	<b>4</b> Accounts receivable, net .....	128,364.	<b>4</b>	244,200.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	628,011.	<b>9</b>	307,378.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,159,370.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,092,207.		
		1,450,184.	<b>10c</b>	1,067,163.
	<b>11</b> Investments — publicly traded securities .....	41,252,415.	<b>11</b>	65,763,918.
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	608,242.	<b>15</b>	1,214,115.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	83,179,454.	<b>16</b>	114,897,778.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,909,929.	<b>17</b>	10,618,057.
	<b>18</b> Grants payable .....	1,679,099.	<b>18</b>	1,108,769.
	<b>19</b> Deferred revenue .....	706,431.	<b>19</b>	3,068,819.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	113,135.	<b>25</b>	114,941.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,408,594.	<b>26</b>	14,910,586.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets .....		39,573,271.	<b>27</b>	61,755,601.
<b>28</b> Temporarily restricted net assets .....		32,197,589.	<b>28</b>	38,231,591.
<b>29</b> Permanently restricted net assets .....			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b> Total net assets or fund balances .....		71,770,860.	<b>33</b>	99,987,192.
<b>34</b> Total liabilities and net assets/fund balances .....		83,179,454.	<b>34</b>	114,897,778.

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Form 990 (2017)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	152,477,814.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	124,313,268.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	28,164,546.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	71,770,860.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	51,786.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	99,987,192.

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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		
<b>c</b> 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.		
<b>3a</b> 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>b</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 (2017)

**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.

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

OMB No. 1545-0047

**2017**

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	82917247.	83229760.	90488342.	97647384.	140696542.	494979275.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	82917247.	83229760.	90488342.	97647384.	140696542.	494979275.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						25,753,556.
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						469225719.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	82917247.	83229760.	90488342.	97647384.	140696542.	494979275.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	443,382.	403,407.	593,590.	671,144.	1,273,700.	3,385,223.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .				12,046.	2,494.	14,540.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						498379038.
<b>12</b> Gross receipts from related activities, etc. (see instructions). . . . .					12	58,968,873.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	94.15 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14. . . . .	<b>15</b>	92.16 %
<b>16a 33-1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. ....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. ....						
<b>6 Total.</b> Add lines 1 through 5. ....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. ....						
<b>c</b> Add lines 7a and 7b. ....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. ....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. ....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
<b>c</b> Add lines 10a and 10b. ....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

**14 First 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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15.	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2017.** 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—2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>7</b> 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>b</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? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>c</b> 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? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI</b> 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.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**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 <b>Adjusted Net Income</b> (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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 <b>Minimum Asset Amount</b> (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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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Schedule A (Form 990 or 990-EZ) 2017

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

	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

**Section E – Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 .....			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 .....			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			

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Schedule A (Form 990 or 990-EZ) 2017

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**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.)

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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

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

OMB No. 1545-0047

**2017**

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) (2017)**

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		\$ 4,064,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,378,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,922,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,843,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,392,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 8,115,500.	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		\$ 3,084,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 8,371,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 4,258,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 8,891,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 9,762,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

94-3213100

## Part I

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>  13  </u>		\$ <u>      3,500,000      </u>	Person <input checked="" type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	(Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    </u>		\$ <u>                        </u>	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	(Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    </u>		\$ <u>                        </u>	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	(Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    </u>		\$ <u>                        </u>	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	(Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    </u>		\$ <u>                        </u>	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	(Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    </u>		\$ <u>                        </u>	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	(Complete Part II for noncash contributions.)		



Name of organization

Employer identification number

Tides Center

94-3213100

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

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

OMB No. 1545-0047

**2017**

**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) 2017**

**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.

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2 a</b> Lobbying nontaxable amount.....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).....					
<b>c</b> Total lobbying expenditures.....					
<b>d</b> Grassroots nontaxable amount.....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)).....					
<b>f</b> Grassroots lobbying expenditures.....					

BAA

Schedule C (Form 990 or 990-EZ) 2017

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?	X		3,263.
<b>d</b> Mailings to members, legislators, or the public?	X		8,942.
<b>e</b> Publications, or published or broadcast statements?	X		10,775.
<b>f</b> Grants to other organizations for lobbying purposes?	X		180,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		591,046.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		5,984.
<b>i</b> Other activities?	X		19,189.
<b>j</b> Total. Add lines 1c through 1i.			819,199.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912.			
<b>c</b> If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**Part II-B - 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.

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

OMB No. 1545-0047

**2017****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 .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		

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

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

**Part II Conservation Easements.**

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

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

<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 7/25/06, 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..... **3a(i)**

Yes	No
-----	----

(ii) related organizations..... **3a(ii)**

Yes	No
-----	----

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

Yes	No
-----	----

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....		2,341,753.	1,335,345.	1,006,408.
d Equipment.....		805,617.	756,862.	48,755.
e Other.....		12,000.		12,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				1,067,163.

BAA

Schedule D (Form 990) 2017

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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 .....	114,941.	
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	114,941.	

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.

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

**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.

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

**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.

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

OMB No. 1545-0047

**2017**

**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/Grants	Civic Engagement	100,237.
East Asia and the (2) Pacific			Program Services	Global Impact	264,130.
(3) Europe			Program Services/Grants	Civic Engagement	3,088,405.
Middle East and North (4) Africa			Program Services	Civic Engagement	1,201,154.
(5) North America			Program Services	Civic Engagement	1,129,319.
Russia and the Newly (6) Independent States			Program Services	Civic Engagement	290,102.
(7) South America			Program Services	Civic Engagement	1,318,111.
(8) South Asia			Program Services	Civic Engagement	633,906.
(9) Sub-Saharan Africa			Program Services/Grants	Civic Engagement	677,580.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Sub-total.....					8,702,944.
<b>b</b> Total from continuation sheets to Part I.....					
<b>c Totals</b> (add lines 3a and 3b)...	0	0			8,702,944.

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

**Schedule F (Form 990) 2017**

**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)			Cent Am & Carib	Civic Engagement	6,000.	Wire			
(2)			East Asia & Pac	Civic Engagement	18,198.	Wire			
(3)			East Asia & Pac	Civic Engagement	26,000.	Wire			
(4)			East Asia & Pac	Civic Engagement	32,000.	Wire			
(5)			East Asia & Pac	Civic Engagement	5,680.	Wire			
(6)			East Asia & Pac	Civic Engagement	7,980.	Wire			
(7)			M East/N Africa	Civic Engagement	15,000.	Wire			
(8)			M East/N Africa	Civic Engagement	15,000.	Wire			
(9)			M East/N Africa	Civic Engagement	19,500.	Wire			
(10)			M East/N Africa	Civic Engagement	20,000.	Wire			
(11)			M East/N Africa	Civic Engagement	23,500.	Wire			
(12)			M East/N Africa	Civic Engagement	6,961.	Wire			
(13)			Russia & States	Civic Engagement	20,000.	Wire			
(14)			South America	Civic Engagement	20,000.	Wire			
(15)			South America	Civic Engagement	30,000.	Wire			
(16)			SubSahar Africa	Civic Engagement	15,040.	Wire			

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. . . . .

6

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

13

BAA

Schedule F (Form 990) 2017

**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) 2017

**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.

[illegible]

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.

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

OMB No. 1545-0047

2017

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

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? ☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Carolyn Bess 152 Walter Street Apt 2 Roslindale MA 02131	Consulting		X		48,000.	
2 Kate Fitzsimmons PO BOX 4297 San Rafael CA 94913	Consulting		X		27,739.	
3 Cecilie M Surasky 1622 1/2 Stuart Street Berkeley CA 94703	Consulting		X		13,125.	
4 Elizabeth Stollow 3663 Cardiff Avenue, #101 Los Angeles CA 90034	Consulting		X		7,000.	
5 Eliza Smith 708 58th Street Oakland CA 94609	Consulting		X		5,910.	
6						
7						
8						
9						
10						
Total.....▶					101,774.	0.

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

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



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

		(a) Event #1 <u>Shalom Bayit</u> (event type)	(b) Event #2 <u>NAMG</u> (event type)	(c) Other events <u>26</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts .....	337,193.	300,623.	1,098,787.	1,736,603.
	2 Less: Contributions .....	287,225.	270,723.	906,504.	1,464,452.
	3 Gross income (line 1 minus line 2) .....	49,968.	29,900.	192,283.	272,151.
DIRECT EXPENSES	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	71,489.	105,183.	12,413.	189,085.
	7 Food and beverages .....	118.		6,097.	6,215.
	8 Entertainment .....				
	9 Other direct expenses .....	26,696.	137,091.	251,130.	414,917.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				610,217.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-338,066.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add 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:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</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.

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

OMB No. 1545-0047

**2017**

**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			16,170,664.	106,500.	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 ▶ 257
- 3 Enter total number of other organizations listed in the line 1 table ▶ 6

Name & address of organization/government	Address	City	State	Zip	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash grant	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
A New Way of Life Reentry Project	Attn: Susan Burton PO Box 875288	Los Angeles	California	90087-0388	95-4782503	501c3	2,500.00				Sponsorship
A New Way of Life Reentry Project	Attn: Susan Burton PO Box 875288	Los Angeles	California	90087-0388	95-4782503	501c3	1,800.00				CSSJ Conference
A New Way of Life Reentry Project	Attn: Susan Burton PO Box 875288	Los Angeles	California	90087-0388	95-4782503	501c3	2,500.00				1. Conduct a Second Chances Community Forum, 2. Host a Fire-side Chat, 3. Collect up to 250 Surveys, 4. Contribute One (1) Op-Ed, 5. Host one focus group, and 6. Collect Three(3) on-camera stories
A New Way of Life Reentry Project	Attn: Susan Burton PO Box 875288	Los Angeles	California	90087-0388	95-4782503	501c3	30,000.00				Hiring a P47 beneficiary to conduct outreach to help others access services needed to change their records.
A New Way of Life Reentry Project	Attn: Susan Burton PO Box 875288	Los Angeles	California	90087-0388	95-4782503	501c3	2,500.00				Sponsorship
Achieving the Dream Inc.	8403 Colesville Road, Suite 450	Silver Spring	Maryland	20910-6331	27-1635830	501c3	30,000.00				Amplify impact to 4 million students
Advocates for Children & Youth Inc.	21201	Baltimore	Maryland	21201	52-1555895	501c3	10,000.00				Supporting Paid Leave
Advocates for Children of New Jersey	35 Halsey Street, 2nd Floor	Newark	New Jersey	07102	22-1695034	501c3	1,000.00				NJVotes4Kids
Advocates for Children of New Jersey	35 Halsey Street, 2nd Floor	Newark	New Jersey	07102	22-1695034	501c3	9,000.00				NJVotes4Kids
Alabama Workforce Council	401 Adams Ave.	Montgomery	Alabama	36130	Government	Government	37,836.40				To support key needs in the development of a comprehensive statewide education attainment plan to meet future demand for a knowledgeable workforce and address attainment disparities
Alabama Workforce Council	401 Adams Ave.	Montgomery	Alabama	36130	Government	Government	12,163.60				To support key needs in the development of a comprehensive statewide education attainment plan to meet future demand for a knowledgeable workforce and address attainment disparities
Alaska Postsecondary Access & Completion Network	800 E Diamond Blvd Ste 200	Anchorage	Alaska	99515	81-2515899	Government	97,300.00				Attainment Challenge
Alliance to Stop Slavery and End Trafficking	9200 Sunset Blvd	Los Angeles	California	90069	26-4757861	501c3	12,500.00				Train survivors of violence
Alliance to Stop Slavery and End Trafficking	Attn: Ms. Gina Reiss 9200 Sunset Boulevard, ph22	Los Angeles	California	90069	56-2677020	501c3	12,500.00				Train survivors of violence
Arizona Community Foundation	2201 E. Camelback Road Suite 405B	Phoenix	Arizona	85016	86-0348306	501c3	100,000.00				Attainment Challenge
Bill & Melinda Gates Foundation	Accounting PO Box 23350	Seattle	WA	98102	56-2618866	501c3	28,634.84				Return of Grant Funds
California Budget & Policy Center	1107 9th street, Suite310	Sacramento	California	95814	68-0346784	501c3	7,500.00				Provide 50 hours guidance in state and local incarceration
Carnegie Institute	One Allegheny Avenue Fab Lab Carnegie Science Center	Pittsburgh	Pennsylvania	15212	25-0965280	501c3	7,500.00				MakerSphere
Center for Young Women's Development	Attn: Ophelia Williams 832 Folsom Street, Suite #700	San Francisco	California	94107	94-3227681	501c3	1,000.00				CSSJ Conference
Center for Young Women's Development	Attn: Ophelia Williams 832 Folsom Street, Suite #700	San Francisco	California	94107	94-3227681	501c3	10,000.00				Alleviating Poverty through Advancement of Job Quality
Center on Juvenile and Criminal Justice	40 Boardman Place	San Francisco	California	94103	94-3136811	501c3	55,000.00				Strategic research, analysis and support including PRA requests and county research briefs
Center on Juvenile and Criminal Justice	40 Boardman Place	San Francisco	California	94103	94-3136811	501c3	25,000.00				Strategic research, analysis and support including PRA requests and county research briefs
Center on Juvenile and Criminal Justice	40 Boardman Place	San Francisco	California	94103	94-3136811	501c3	25,000.00				Prop 47 Implementation
Center on Juvenile and Criminal Justice	40 Boardman Place	San Francisco	California	94103	94-3136811	501c3	10,000.00				Prop 47 Implementation
Center on Race, Poverty & Environment	1999 Harrison Street, Suite 650	Oakland	California	94612	05-0567231	501c3	73,142.00				Building a Sustainable San Joaquin Valley
Chapel Hill-Carboro Human Rights Center	PO Box 461	Carboro	North Carolina	27510-2078	26-3608741	501c3	24,250.00				Youth Programming, as well as a partnership with Transplanting Transitions
Charter Oak State College	Attn: Mr. Laurence Wilkinson Director Finance & Administration 85 Alumni Road	Newington	Connecticut	06111	06-1425662	Government	8,000.00				To support expenses associated with participating in the Completion College project
Charter Oak State College	Attn: Mr. Laurence Wilkinson Director Finance & Administration 85 Alumni Road	Newington	Connecticut	06111	06-1425662	Government	10,000.00				To support expenses associated with participating in the Completion College project
Children Now	Attn: Kathy Skrainar 1212 Broadway, 5th Floor	Oakland	California	94612	94-3059243	501c3	10,000.00				Closing the Alternative Education Loop-hole
Christian Coalition	8730 Northpark Blvd D1	Charleston	South Carolina	29406	52-1585899	501c3	100,000.00				Criminal justice reform
Cincinnati Museum Center	1301 Western Avenue	Cincinnati	Ohio	45203	31-1212634	501c3	7,000.00				MakerSphere
Citizens Alliance on Prisons & Public Spending	Attn: Laura M. Sage (CAPPS) 824 North Capitol Ave.	Lansing	Michigan	48906	38-3520445	501c3	4,200.00				Survivor Speaks Award
Citizens Alliance on Prisons & Public Spending	Attn: Laura M. Sage (CAPPS) 824 North Capitol Ave.	Lansing	Michigan	48906	38-3520445	501c3	180,000.00				Strategic 2017-18 legislative campaign to win significant new criminal justice reforms in Michigan, as per your proposal.
Colorado Children's Campaign	1550 Lincoln Street Suite 420	Denver	Colorado	80203	74-2374672	501c3	10,000.00				Equality for Early Childhood Discipline Policy
Community Development and Training Center, Inc.	PO Box 530903	Florida	Florida	33747	47-1432113	501c3	3,000.00				Support for Crime Survivor Training
Community Development and Training Center, Inc.	PO Box 530903	St. Petersburg	Florida	33747	47-1432113	501c3	500.00				Support for Crime Survivor Training
Community Development and Training Center, Inc.	PO Box 530903	St. Petersburg	Florida	33747	47-1432113	501c3	2,250.00				Support for Crime Survivor Training
Community Development and Training Center, Inc.	PO Box 530903	St. Petersburg	Florida	33747	47-1432113	501c3	500.00				Support for Crime Survivor Training
Community Foundation for Greater Atlanta, Inc.	191 Peachtree Street NE Suite 1000, 10th Floor	Atlanta	Georgia	30303	13-1446446	501c3	26,000.00				Technical Assistance
Community Guilds Inc.	501 Dancing Fox Road	Decatur	Georgia	30032	46-3220762	501c3	7,000.00				MakerSphere
Community Works West Inc.	110 Broadway	Oakland	California	94607	20-5278030	501c3	12,000.00				Community based healing of sexual harm
Community Works West Inc.	110 Broadway	Oakland	California	94607	20-5278030	501c3	37,500.00				Support for Crime Survivors
COMPASS Science Communication, Inc.	721 NW 9th Ave, Suite 235	Portland	Oregon	97209	81-1344772	501c3	69,765.20				General Support
COMPASS Science Communication, Inc.	721 NW 9th Ave, Suite 235	Portland	Oregon	97209	81-1344772	501c3	16,612.15				General Support
COMPASS Science Communication, Inc.	721 NW 9th Ave, Suite 235	Portland	Oregon	97209	81-1344772	501c3	8,375.28				General Support
COMPASS Science Communication, Inc.	721 NW 9th Ave, Suite 235	Portland	Oregon	97209	81-1344772	501c3	5,597.92				General Support
Competency-Based Education Network	1417 Hanson Drive	Franklin	Tennessee	37067	82-1307652	501c3	173,473.00				Build a competency-based education network to increase college graduation rates
Connecticut Association for Human Services, Inc.	237 Hamilton St, Suite 208	Hartford	Connecticut	06106	06-0653158	501c3	10,000.00				Campaign to Reopen CT Child Care Subsidy Program
County of Salt Lake	2001 S State St. N4100	Salt Lake City	Utah	84190	87-5000316	Government	50,000.00				This is a restricted purpose grant for the project
DC Action for Children Today	1432 K Street, NW, Suite #1050	Washington	District of Columbia	20005	52-1807264	501c3	10,000.00				'Evidence2Success Local Data Partner In Kearns, Utah'
Delgado Community College	615 City Park Avenue Building 22, Room 140, 141, 148	New Orleans	Louisiana	70119	72-6012995	Government	7,500.00				General Support
DePaul University	Attn: Mr. Dennis H. Holtschneider 14 E Jackson Street, Ste 508	Chicago	Illinois	60604	36-2167048	501c3	7,000.00				MakerSphere
DePaul University	Attn: Mr. Dennis H. Holtschneider 14 E Jackson Street, Ste 508	Chicago	Illinois	60604	36-2167048	501c3	250.00				Making Spaces program
DePaul University	Attn: Mr. Dennis H. Holtschneider 14 E Jackson Street, Ste 508	Chicago	Illinois	60604	36-2167048	501c3	250.00				Making Spaces program
Dream Corps	436 14th Street, Suite 920	Oakland	California	94612	26-1140201	501c3	50,000.00				For iCute50 to engage local leaders through a California listening tour, an online hub providing easy-to-digest information, and a policy action toolkit to show local leaders how they can address public safety issues without putting more people behind bars
Earth Island Institute, Inc.	2150 Alston Way, Suite 460	Berkeley	California	94704-1375	94-2889684	501c3	12,000.00				Mississippi Farm to School Network 2017-2019 Level 2 Core Partner
Excelsior College	Attn: Ms. Bethany de Barros Director of Grants Management 7 Columbia Circle	Albany	New York	12203-5159	16-1532850	501c3	4,000.00				To support expenses associated with participating in the Completion College project
Excelsior College	Attn: Ms. Bethany de Barros Director of Grants Management 7 Columbia Circle	Albany	New York	12203-5159	16-1532850	501c3	4,000.00				To support expenses associated with participating in the Completion College project
Fab Foundation	50 Milk Street, 16th Floor	Boston	Massachusetts	02109	26-4836002	501c3	7,500.00				MakerSphere
Father & Families of San Joaquin	Attn: Samuel Nunez 338 E. Market St.	Stockton	California	95202	32-0171398	501c3	10,000.00				Stockton Trauma Recovery Center
Father & Families of San Joaquin	Attn: Samuel Nunez 338 E. Market St.	Stockton	California	95202	32-0171398	501c3	1,800.00				CSSJ Conference
Father & Families of San Joaquin	Attn: Samuel Nunez 338 E. Market St.	Stockton	California	95202	32-0171398	501c3	1,500.00				Cinco de Mayo Event
Fathers & Families of San Joaquin	Attn: Samuel Nunez 338 E. Market St.	Stockton	California	95202	32-0171398	501c3	18,750.00				Midtown/Magnolia project
Florida Center for Fiscal and Economic Policy Inc.	579 E Call Street #B	Tallahassee	Florida	32301	51-0549880	501c3	10,000.00				Support for Crime Survivor Training
Florida College System Foundation Inc.	PO Box 10503	Tallahassee	Florida	32302	65-0530384	501c3	100,000.00				Attainment Challenge
Floridians For A Fair Democracy, Inc.	3000 Gulf to Bay Blvd, Ste 503	Clearwater	Florida	33759	47-2089046	501c3	23,318.00				To conduct polling to determine the feasibility of a grassroots effort to pass the Voting Restoration Amendment.
Friends of the Chapel Hill Parks & Recreation Department	179 E. Franklin Street	Chapel Hill	North Carolina	27514	56-1683211	501c3	10,000.00				Youth Investment
Fund for the City of New York, Inc.	520 8th Avenue, 18th Floor	New York	New York	10018	13-2612524	501c3	175,000.00				Fair and Just Prosecution work
Fund for the City of New York, Inc.	121 6th Ave, #6 Floor	New York	New York	10013	13-2612524	501c3	225,000.00				Fair and Just Prosecution work
Fund for the City of New York, Inc.	520 8th Avenue, 18th Floor	New York	New York	10018	13-2612524	501c3	200,000.00				Fair and Just Prosecution work
Gender Justice	Attn: Ms. Lisa Stratton Co-Founder & Executive Director 550 Rice Street, Suite 105	St. Paul	MN	55103	80-0603630	501c3	8,000.00				Close wage gap
Girls for Gender Equity	39 3rd Ave, ste 104	Brooklyn	NY	11217	04-3697166	501c3	40,000.00				Online organizing site
Got Green	PO Box 18794	Seattle	Washington	98118	51-1656676	501c3	8,000.00				Fighting the Expansion and Impact of Detention
Governors State University Foundation	Attn: Mr. William Davis 1 University Parkway	University Park	Illinois	60484	23-7039376	501c3	8,000.00				To support expenses associated with participating in the Completion College project
Governors State University Foundation	Attn: Mr. William Davis 1 University Parkway	University Park	Illinois	60484	23-7039376	501c3	10,000.00				To support expenses associated with participating in the Completion College project

Name & address of organization/government	Address	City	State	Zip	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash grant	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
Granite State College	25 Hall Street	Concord	New Hampshire	03301	02-6000937	501c3	8,000.00				To support expenses associated with participating in the Completion College project
Granite State College	25 Hall Street	Concord	New Hampshire	03301	02-6000937	501c3	10,000.00				To support expenses associated with participating in the Completion College project
Grass Valley Elementary	4720 Dunkirk Ave	Oakland	California	94605	94-6000345	Government	16,000.00				Maker VISTA
Green Commuter, Inc.	525 S Hewitt Street	Los Angeles	California	90013	47-1211258	Corporation	30,000.00				Van and Vienen
Hardin Public Schools	401 Park Road	Hardin	Montana	59034-2505	81-6000032	Government	5,900.00				Promote farm to school activities
Hornes Unidos, Inc.	1625 W. Olympic Blvd. Suite #706	Los Angeles	California	90015	95-4740768	501c3	1,600.00				CSSJ Conference
Hornes Unidos, Inc.	1625 W. Olympic Blvd. Suite #706	Los Angeles	California	90015	95-4740768	501c3	1,000.00				Sponsorship
Hornes Unidos, Inc.	1625 W. Olympic Blvd. Suite #706	Los Angeles	California	90015	95-4740768	501c3	12,500.00				Base building, advocacy, healing
Hydaburg City School District	PO Box 109	Hydaburg	Alaska	99922	92-6000703	Government	5,900.00				Promote farm to school activities
Idealware Inc.	PO Box 19451	Minneapolis	Minnesota	55419	20-3819456	501c3	5,000.00				Online technology training
Idealware Inc.	PO Box 19451	Minneapolis	Minnesota	55419	20-3819456	501c3	5,000.00				General Support
Immigrant Legal Resource Center	c/o Gristel Ruiz 1663 Mission Street, Suite 602	San Francisco	California	94103	94-2939540	501c3	50,000.00				Prop 47 Implementation
Indian Township Passamaquoddy School Committee	39A Union Street	Catawa	Maine	04819	01-6922197	Government	5,900.00				Promote farm to school activities
Institute for American Values	420 Lexington Avenue, Room 1706	New York	NY	10170	13-3400377	501c3	14,406.00				General Support
Jannus, Inc.	1607 West Jefferson Street	Boise	Idaho	83702	81-6035382	501c3	10,000.00				Protecting Affordable Care Act in Idaho
Jefferson County School District 509-J	445 SE Buff Street	Madras	Oregon	97741	93-6000537	Government	5,900.00				Promote farm to school activities
Johnson C Smith University	Attn: Dr. Antonio Henley 100 Beatties Ford Road	Charlotte	North Carolina	28216	25-0983069	501c3	10,300.00				Connection Fund
Kansas Board of Regents	1000 SE Jackson St, Suite 520	Topeka	Kansas	66612	Government	Government	50,000.00				To create and implement a comprehensive communications plan and a public service campaign that "is effective and targeted in a manner that resonates with those adults in a state without a post secondary credential" as recommended by the SHEEO adult promise program template.
Kentucky Youth Advocates	11001 Bluegrass Parkway Suite 100	Jeffersonton	Kentucky	40299	61-0929390	501c3	10,000.00				Ensuring a Strong Charter School
Lowell College	Attn: Karen Lischinsky 1844 Commonwealth Avenue	Newton	Massachusetts	02466	04-2103585	501c3	37,500.00				Transformational Prison Project's general support
Law Enforcement Action Partnership, Inc.	121 Mystic Ave., Suite 9	Medford	Massachusetts	02155	16-1645758	501c3	75,000.00				Support for Public Safety rollout
Life After Uncivil Ruthless Acts Inc	Attn: Adela Barajas P.O. Box 11681	Los Angeles	California	90011	90-0852292	501c3	3,500.00				CSSJ Conference
Life After Uncivil Ruthless Acts Inc	Attn: Adela Barajas P.O. Box 11681	Los Angeles	California	90011	90-0852292	501c3	3,800.00				10th Annual Peace Walk
Life After Uncivil Ruthless Acts Inc	Attn: Adela Barajas P.O. Box 11681	Los Angeles	California	90011	90-0852292	501c3	12,500.00				Train 200 crime survivor advocates
Life After Uncivil Ruthless Acts Inc	Attn: Adela Barajas P.O. Box 11681	Los Angeles	California	90011	90-0852292	501c3	150.00				Colnot with LAURA at LA Police Station
Lumina Foundation	30 S. Meridian St., Suite 700	Indianapolis	Indiana	46204	35-1813228	501c3	1,463,000.00				Return of Grant Funds
Mama Keri	PO Box 1414	Kawaila	Hawaii	96754	20-537468	501c3	5,900.00				Promote farm to school activities
Marcus A Foster Educational Institute	1203 Preservation Park Way Suite 303	Oakland	California	94612	23-7357906	501c3	229,000.00				Further the purposes of College Bound Brotherhood
Marcus A Foster Educational Institute	1203 Preservation Park Way Suite 303	Oakland	California	94612	23-7357906	501c3	100,000.00				FY 2017-2018 College Bound Brotherhood Scholarship - MFEFG
Massachusetts Budget and Policy Center Inc.	15 Court Square, Suite 700	Boston	Massachusetts	2108	04-2967575	501c3	10,000.00				General Support
McGaw YMCA	1000 Grove Street	Evanston	Illinois	60201	36-2169194	501c3	7,000.00				MakerSphere
Miami Workers Center, Inc.	745 NW 54 Street	Miami	Florida	33127	65-0942224	501c3	2,500.00				Support for Survivors of Crime Conference
Miami Workers Center, Inc.	745 NW 54 Street	Miami	Florida	33127	65-0942224	501c3	3,000.00				Support for Crime Survivor Training
Minnesota Office of Higher Education (State of Minnesota)	1450 Energy Park Drive Suite 350	St. Paul	Minnesota	55108	41-6007162	Government	35,000.00				Convening
Morehouse College	830 Westview Drive SW	Atlanta	Georgia	30314	58-0566205	501c3	5,100.00				Connection Fund
Morningside Center for Teaching Social Responsibility, Inc.	475 Riverside Drive Suite 550	New York	NY	10115	13-3185340	501c3	12,057.00				General Support
Mothers for Peace	5114 S. Elizabeth Street	Chicago	Illinois	60609	80-4218807	501c3	80,000.00				General Support for Violent Crime Survivors
Mothers In Charge, Inc.	Attn:Dorothy Johnson-Speight 5956 South Citrus Ave	Los Angeles	California	90043	30-0185280	501c3	2,400.00				General Support for Violent Crime Survivors
Mothers In Charge, Inc.	Attn:Dorothy Johnson-Speight 5956 South Citrus Ave	Los Angeles	California	90043	30-0185280	501c3	1,200.00				CSSJ Conference
Mothers In Charge, Inc.	Attn:Dorothy Johnson-Speight 5956 South Citrus Ave	Los Angeles	California	90043	30-0185280	501c3	45,000.00				To work with the Alliance for Safety and Justice to implement a Pennsylvania Crime Survivors for Safety and Justice Chapter.
Museum of Discovery	500 President Clinton Avenue Suite 150	Little Rock	Arkansas	72201	71-0391707	501c3	7,000.00				MakerSphere
Narrative 4	45 West 73rd Street, #5	New York	New York	10023	81-3268195	501c3	17,000.00	50,000.00		Grant out of receivable	General Support
Narrative 4	45 West 73rd Street, #5	New York	New York	10023	81-3268195	501c3	1,020.00				General Support
Narrative 4	45 West 73rd Street, #5	New York	New York	10023	81-3268195	501c3	1,020.00				General Support
Narrative 4	45 West 73rd Street, #5	New York	New York	10023	81-3268195	501c3	14,252.51				General Support
Narrative 4	45 West 73rd Street, #5	New York	New York	10023	81-3268195	501c3	855.15				General Support
National Day Laborer Organizing Network	675 S. Park View Street, Suite B	Los Angeles	California	90057	20-8802586	501c3	500.00				Fundraising Design Lab
National Day Laborer Organizing Network	675 S. Park View Street, Suite B	Los Angeles	California	90057	20-8802586	501c3	5,000.00				Fighting the Expansion and Impact of Detention
NEO Philanthropy, Inc.	FCPP c/o NEO Philanthropy Attn: Janice Shapiro 45 W. 36th Street, 6th Floor	New York	New York	10018	13-3191113	501c3	13,500.00				2017 Convening
NEO Philanthropy, Inc.	FCPP c/o NEO Philanthropy Attn: Janice Shapiro 45 W. 36th Street, 6th Floor	New York	New York	10018	13-3191113	501c3	742.00				General Support
NEO Philanthropy, Inc.	FCPP c/o NEO Philanthropy Attn: Janice Shapiro 45 W. 36th Street, 6th Floor	New York	New York	10018	13-3191113	501c3	40,758.96				General Support
NEO Philanthropy, Inc.	FCPP c/o NEO Philanthropy Attn: Janice Shapiro 45 W. 36th Street, 6th Floor	New York	New York	10018	13-3191113	501c3	2,918.31				General Support
New England Board of Higher Education	45 Temple Place	Boston	Massachusetts	02111	04-2207418	Government	30,000.00				Technical Assistance
New Jersey Policy Perspective, Inc.	Attn: Elizabeth Ruebman 137 W. Hanover St.	Trenton	New Jersey	08618	22-3492715	501c3	2,400.00				Survivor Speaks Award
New Jersey Policy Perspective, Inc.	Attn: Elizabeth Ruebman 137 W. Hanover St.	Trenton	New Jersey	08618	22-3492715	501c3	4,000.00				2016 Survivor Speaks Crime Award - ASJ
New York Hall of Science	Attn: Margaret Honey 47-01 11th Street	Corona	NY	11368	11-2104059	501c3	6,315.38				participation in the Ed Forum at the 2016 NY Maker Faire
Orange County Asian and Pacific Islander Community Alliance	12900 Garden Grove Blvd. Suite 214A	Garden Grove	California	92843	91-2047245	501c3	333,896.58				Orange County Civic Engagement Table
Orange County Asian and Pacific Islander Community Alliance	12900 Garden Grove Blvd. Suite 214A	Garden Grove	California	92843	91-2047245	501c3	145,230.00				Orange County Civic Engagement Table
Orange County Asian and Pacific Islander Community Alliance	12900 Garden Grove Blvd. Suite 214A	Garden Grove	California	92843	91-2047245	501c3	25,000.00				Orange County Civic Participation Initiative
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3		2,000.00		Grant out of receivable	General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3		3,000.00		Grant out of receivable	General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3		1,500.00		Grant out of receivable	General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3					General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3					General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3					General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3					General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3					General Support
Peripheral Vision International Inc.	55 Meadow Street Unit 205	Brooklyn	New York	11206	81-2870996	501c3					General Support
Poverty & Race Research Action Council	1200 18th Street NW #200	Washington	District of Columbia	20036	52-1705073	501(c)(3)	37,600.00				To support development and dissemination of a research report on the relative quality of schools available to families in federally-assisted housing (including both HUD housing programs and the Low Income Housing Tax Credit) as per the Scope of Work (attached for the grant files).
Prichard Committee for Academic Excellence	Attn: Ms. Brigitte Blom Ramsey Security Trust Building 271 West Short Street, Ste 202	Lexington	Kentucky	40507	61-1026214	501c3	8,500.00				To support a Postsecondary Affordability Workshop aimed at building shared understanding of affordability among diverse stakeholders
Pupusas 4 Education	1114 North Drive Street	Durham	North Carolina	27701	81-3347437	501c3	24,250.00				Pupusas 4 Education Internship Program, as well as funds for planning the program
ReCreate	8417 Washington Blvd. #135	Roseville	California	95678	26-2581623	501c3	7,000.00				MakerSphere
Regents of the University of Idaho	875 Perimeter Drive MS 4244	Moscow	Idaho	83844-4244	82-6000945	Government	4,000.00				Promote farm to school activities
Regents of the University of Idaho	875 Perimeter Drive MS 4244	Moscow	Idaho	83844-4244	82-6000945	Government	4,000.00				Promote farm to school activities
Religious Institute Inc.	135 Clarence St. Suite 206	Bridgeport	Connecticut	06608	90-0802328	501c3	14,999.00				Development of the Clergy Consultation Project
Religious Institute Inc.	135 Clarence St. Suite 206	Bridgeport	Connecticut	06608	90-0802328	501c3	5,000.00				Development of the Clergy Consultation Project
Religious Institute Inc.	135 Clarence St. Suite 206	Bridgeport	Connecticut	06608	90-0802328	501c3	5,000.00				Development of the Clergy Consultation Project
Resource Equity	4903 51st Ave. S	Washington	Washington	98118	81-2141200	501c3	38,723.44				Midtown/Magnolia project
RESTORE	1107 N. San Joaquin Street	Stockton	California	95202	45-3010479	501c3	18,750.00				Support for Violent Crime Survivors
San Francisco General Hospital Foundation	2789 25th St #2028	San Francisco	California	94110	94-3189424	501c3	178,614.00				Improving Use of Foster & Kinship Family Services
Schuyler Center for Analysis and Advocacy Inc.	540 Broadway	Albany	New York	12207	13-5562357	501c3	10,000.00				MakerSphere
Science Museum of Minnesota	120 West Kellogg Boulevard	St. Paul	Minnesota	55102	41-0706172	501c3	7,000.00				MakerSphere
Science Museum of Minnesota	120 West Kellogg Boulevard	St. Paul	Minnesota	55102	41-0706172	501c3	300.00				Making Spaces program
Social and Environmental Entrepreneurs (SEE)	22231 Muholland Hwy. Ste. 209	Calabasas	California	91302	95-4116679	501c3	7,000.00				MakerSphere
South Dakota Board of Regents	306 E Capitol Avenue, Suite 200	Pierre	South Dakota	57501-2545	46-6000364	Government	100,000.00				Attainment Challenge
St. Francis County 4-H Robotics	1 West Liberty Ste. 101	Farmington	Missouri	63640	32-0352291	Government	7,000.00				MakerSphere
State of Nebraska	PO Box 94664	Lincoln	Nebraska	68509-4664	47-0491233	Government	4,000.00				Promote farm to school activities

## TIDES CENTER

Name & address of organization/government	Address	City	State	Zip	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash grant	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
State of Nebraska	PO Box 94664	Lincoln	Nebraska	68509-4664	47-0491233	Government	4,000.00				Promote farm to school activities
State of Nebraska	PO Box 94664	Lincoln	Nebraska	68509-4664	47-0491233	Government	4,000.00				Promote farm to school activities
State of Nebraska	PO Box 94664	Lincoln	Nebraska	68509-4664	47-0491233	Government	4,000.00				Promote farm to school activities
State of Rhode Island and Providence Plantations	Attn: Art Nevins, Room 128 82 Smith St.	Providence	Rhode Island	02903	05-6005522	Government	45,000.00				To design an action plan to ensure the state is committed to equity in its strategic plan to close state attainment gaps (previously approved grant to Rhode Island Governor's Office)
Steinberg Institute	Attn: Margaret Merritt 1130 K St., Suite LL 50	Sacramento	California	95814	81-4361691	501c3		25,000.00		Grant out of receivable	General Support
Steinberg Institute	Attn: Margaret Merritt 1130 K St., Suite LL 50	Sacramento	California	95814	81-4361691	501c3		25,000.00		Grant out of receivable	General Support
Steinberg Institute	Attn: Margaret Merritt 1130 K St., Suite LL 50	Sacramento	California	95814	81-4361691	501c3	2,374.40				General Support
Steinberg Institute	Attn: Margaret Merritt 1130 K St., Suite LL 50	Sacramento	California	95814	81-4361691	501c3	11,000.00				General Support
Steinberg Institute	Attn: Margaret Merritt 1130 K St., Suite LL 50	Sacramento	California	95814	81-4361691	501c3	660.00				General Support
Stem Alliance of Larchmont-Mamaroneck	PO Box 529	New York	New York	10538	46-0973552	501c3	7,000.00				MakerSphere
Stocktonians Taking Action to Neutralize Drugs	1209 E 8th Street	Stockton	California	95206	94-3179778	501c3	37,500.00				Southeast Stockton project
Thanksgiving Point Institute, Inc.	3003 N Thanksgiving Way	Lehi	Utah	84043	84-1416158	501c3	7,000.00				MakerSphere
The Advocacy Fund	1014 Torney Ave	San Francisco	California	94129	94-3153687	501c4	50,000.00				Democracy in Senate
The Advocacy Fund	1014 Torney Ave	San Francisco	California	94129	94-3153687	501c4	100,000.00				Power of influential citizens to work for the public interest
The Advocacy Fund	1014 Torney Ave	San Francisco	California	94129	94-3153687	501c4	100,000.00				Power of influential citizens to work for the public interest
The Advocacy Fund	1014 Torney Ave	San Francisco	California	94129	94-3153687	501c4	10,000.00				The Florida Rights Restoration Coalition to hire a consultant for its State Convening
The Advocacy Fund	1014 Torney Ave	San Francisco	California	94129	94-3153687	501c4	100,000.00				Voices for Progress' educational activities
The Bakken Museum	3537 Zenith Avenue S.	Minneapolis	Minnesota	55416	51-0175508	501c3	7,000.00				MakerSphere
The George Washington University	Office of Continuing Education in the Health Professions 2600 Virginia Avenue, NW, Room 337	Washington	District of Columbia	20037	53-0196584	501c3	49,820.00				To support 2020 Census Complete Count advocacy as outlined in the Scope of Work submitted by Andrew Reamer, GW Institute of Public Policy.
The Ohio Organizing Collaborative	25 E Boardman St, Suite 428	Youngstown	Ohio	44503	26-1601472	501c3	125,000.00				Criminal justice reform
The Ohio Organizing Collaborative	25 E Boardman St, Suite 428	Youngstown	Ohio	44503	26-1601472	501c3	4,000.00				Promote farm to school activities
The Ohio Organizing Collaborative	25 E Boardman St, Suite 428	Youngstown	Ohio	44503	26-1601472	501c3	125,000.00				Criminal justice reform
The Ohio State University	Kirwan Institute 433 Mendenhall Laboratory 125 S Oval Mall	Columbus	Ohio	43210	31-6025986	Government	8,500.00				Local Host and Field Trip Coordinator at the 9th National Farm to Cafeteria Conference
The Reverence Project	1976 E 103rd Street	Los Angeles	California	90002	47-3427148	501c3	12,500.00				Outreach and Educational Services to South LA/Watts
The Studio Museum in Harlem, Inc.	144 West 125th Street	New York	New York	10027	13-2590805	501c3	10,000.00				Community Engagement
The Young Center for Immigrant Children's Rights	6020 South University Avenue	Chicago	Illinois	60637	26-1839249	501c3	217,925.40				General Support
The Young Center for Immigrant Children's Rights	6020 South University Avenue	Chicago	Illinois	60637	26-1839249	501c3	52,764.23				General Support
The Young Center for Immigrant Children's Rights	6020 South University Avenue	Chicago	Illinois	60637	26-1839249	501c3	32,482.76				General Support
Thomas Edison State University	Attn: Mr. Chris Stringer Vice President of Admin & Fin 111 W State Street	Trenton	New Jersey	08608	22-2942727	501c3	8,000.00				To support expenses associated with participating in the Completion College project
Thomas Edison State University	Attn: Mr. Chris Stringer Vice President of Admin & Fin 111 W State Street	Trenton	New Jersey	08608	22-2942727	501c3	10,000.00				To support expenses associated with participating in the Completion College project
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	46,000.00				Addiction Treatment
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	464.65				Addiction Treatment
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	50.00				Addiction Treatment
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	5,500,000.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	500,000.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	70,000.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	100,000.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	1,010.10				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	300.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	15,900.00				PHASE Support Team
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	151.52				PHASE Support Team
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	50.00				PHASE Support Team
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	75,159.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	59,524.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	26,341.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	41,233.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	66,766.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	73,440.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	55,636.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	73,695.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	35,119.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	30,789.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	2,682.00				Support for ITPC
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	2,365.85				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	330,000.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	3,333.33				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	150.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	333,483.33				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	96,259.60				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	10,000.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	79,957.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	36,200.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	41,375.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	44,816.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	29,637.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	48,895.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	22,453.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	29,211.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	14,366.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	10,220.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	8,256.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	110,000.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	1,111.11				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	50.00				General Support
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	52,496.00				International Treatment Preparedness Coalition Fund's global work
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	111,940.00				International Treatment Preparedness Coalition Fund's global work
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	6,369.00				International Treatment Preparedness Coalition Fund's global work
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	78,528.00				International Treatment Preparedness Coalition Fund's work in Argentina
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	116,396.00				International Treatment Preparedness Coalition Fund's work in Argentina
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	20,985.00				International Treatment Preparedness Coalition Fund's work in Argentina
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	52,637.00				International Treatment Preparedness Coalition Fund's work in Brazil
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	22,221.00				International Treatment Preparedness Coalition Fund's work in Brazil
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	65,382.00				International Treatment Preparedness Coalition Fund's work in Thailand
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	38,115.00				International Treatment Preparedness Coalition Fund's work in Thailand

Schedule I

Part II  
Grants and Other Assistance to Domestic Orgs and Domestic Governments

Name & address of organization/government	Address	City	State	Zip	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash grant	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	11,618.00				International Treatment Preparedness Coalition Fund's work in Thailand
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	22,000.00				International Treatment Preparedness Coalition Fund's work in the United States
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	48,001.00				International Treatment Preparedness Coalition Fund's work in Ukraine
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	38,950.00				International Treatment Preparedness Coalition Fund's work in Ukraine
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	2,418.00				International Treatment Preparedness Coalition Fund's work in Ukraine
Tides Foundation	P. O. Box 29903	San Francisco	California	94129	51-0198509	501c3	135,000.00				General Support
University of Delaware	83 E. Main Street, 3rd Floor	Newark	Delaware	19716	51-6000297	501c3	10,000.00				To support convenings to plan for a statewide "returning adults" initiative to re-engage Hawaii's adults with "some college, no degree" to attain their educational goals
University of Hawaii Foundation	Attn: Tammi Chun, Academic Program Officer 2444 Dole Street	Honolulu	Hawaii	96822	99-0085260	501c3	15,000.00				Reducing Disparities & Improving Outcomes for Utah Juvenile Justice System
Utah Children	Voices for Utah Children 747 E. South Temple, Suite 100	Salt Lake	Utah	84102	87-0428873	501c3	10,000.00				White paper on safety solutions for Illinois - data to support criminal justice reforms
Veritatis Institute Nlp	Attn: John Millner 2700 International Drive #100	West Chicago	Illinois	60185	47-3454526	501c3	25,000.00				FAFSA Program Planning
Virginia Foundation for Community College Education	300 Arboretum Place, Suite 200	Richmond	Virginia	23236	23-7004354	501c3	20,000.00				Criminal justice reform
Voice of the Ex-Offender	PO Box 13622	New Orleans	Louisiana	70185	16-1695266	501c3	30,000.00				Support for Incarcerated Parents and Their Children in Nebraska
Voices for Children in Nebraska	7521 Main Street, Suite 103	Ralston	Nebraska	68127	36-3528940	501c3	10,000.00				Advancing Paid Sick Leave and Family Medical Leave
Voices for Illinois Children Inc.	208 S LaSalle St, Suite 1490	Chicago	Illinois	60604	36-3480909	501c3	10,000.00				Systems Collaboration Literature Review
WestEd	730 Harrison Street	San Francisco	California	94107	94-3233542	Government	16,253.54				Engaging Wisconsin's Religious Community to Fight Poverty
Wisconsin Council on Children and Families, Inc.	555 West Washington Ave, Suite 200	Madison	Wisconsin	53703	39-0806301	501c3	10,000.00				General Support
Women's Community Clinic	Attn: Sheryl Squires, Dir. Finance & Admin 1833 Fillmore St., 3rd Floor	San Francisco	California	94115	45-5447335	501c3	20,025.08				
<b>Total</b>							<b>16,170,664.29</b>	<b>106,500.00</b>			

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Stipend/Support/Scholarship	10	21,025.		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

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/form990](http://www.irs.gov/form990) for instructions and the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Tides Center

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

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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 on 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

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ 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) 2017**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 463,304.	0.	0.	0.	56,948.	520,252.	0.
2	Amanda Keton Secretary	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 254,872.	0.	0.	0.	32,032.	286,904.	0.
3	Judith Hill CFO/Treasurer	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 311,791.	0.	0.	0.	28,286.	340,077.	0.
4	Alan Jenkins Proj President	(i) 225,757.	(ii) 0.	(iii) 0.	0.	46,106.	271,863.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	Scott Cody Managing Dir	(i) 257,186.	(ii) 0.	(iii) 0.	0.	29,187.	286,373.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	Kelly Fitzsimmons Founder/Manag Dir	(i) 291,443.	(ii) 0.	(iii) 0.	0.	29,587.	321,030.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	Sanjay Kumar Pradhan Executive Director	(i) 322,344.	(ii) 0.	(iii) 0.	0.	9,713.	332,057.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	British Robinson Proj Chief Exec	(i) 309,457.	(ii) 0.	(iii) 0.	0.	25,586.	335,043.	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**

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

- **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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	37	3,096,240.	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	16	425,189.	
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) (2017)**

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**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.

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**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.

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

OMB No. 1545-0047

**2017**

**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 150 projects with more than 800 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 other officers' and key employees' 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 FL GA HI IL KS KY MA MD MI MN MS NC NH NJ NM NY OK OR PA RI SC TN UT VA  
WI WV

**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

Employer identification number

Tides Center

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	259,217.	259,217.		
California Coverage and Health	550,160.	550,160.		
Civitas Public Affairs Group,	240,000.	240,000.		
Context Partners	287,353.	287,353.		
David Binder Research Inc.	236,400.	236,400.		
DreamUp, PBC	247,500.	247,500.		
ICF Incorporated, LLC	255,706.	255,706.		
Other Fees for Service	19,294,822.	19,294,822.		
Seven International	344,494.	344,494.		
Stichting Hivos	784,853.	784,853.		
The Young Center for Immigrant	2,449,990.	2,449,990.		
Total	<u>\$24,950,495.</u>	<u>\$24,950,495.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Name of the organization

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Tides Center

Employer identification number

94-3213100

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1 b</b> X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1 c</b> X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1 e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1 f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1 g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1 h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1 j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1 k</b> X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1 l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1 m</b> X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1 n</b> X	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1 o</b> X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1 p</b> X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1 q</b> X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1 r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1 s</b>	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.	a	26,400.	FMV
(2) Tides Two Rivers Fund	k	169,468.	FMV
(3) Tides Foundation	b	8,851,742.	FMV
(4) Tides Foundation	c	3,803,129.	FMV
(5) Tides Foundation	q	84,914.	FMV
(6) Tides Network	a	800.	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.

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[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](http://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](http://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**

<b>Type or print</b>  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 18 \_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 17 or

► ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_.

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

☐ Change in accounting period

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

**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)