	000
Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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



<u>A I</u>	For th	e 2021 calendar year, or tax year beginning and	ending		
B	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name			94-32131	00
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	$P \cap P \cap Y 29907$		(415) 562	1-6300
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	516,639,119.
	Amen return	SAN FRANCISCO, CA 94129-0907		H(a) Is this a group re	
	Applie tion	F Name and address of principal officer: UANIECE EVANS-FAGE		for subordinates	? Yes 🔀 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🔀 501(c)(3) 501(c) () ┥ (insert no.) 4947(a)(1) d	or 527	lf "No," attach a	list. See instructions
		te: WWW.TIDES.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation Trust Association Other 🕨	L Year of	of formation: 1994 N	State of legal domicile: CA
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			
Activities & Governance		PACE OF SOCIAL CHANGE, WORKING WITH INNOV			
erné	2	Check this box I if the organization discontinued its operations or dispos	sed of more	1 1	
Š	3	Number of voting members of the governing body (Part VI, line 1a)			8
ය ග	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1097
iziti	6	Total number of volunteers (estimate if necessary)		6	2930
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
		5.4	2	Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		50,357,792. 16,152,763.	501,815,757. 14,391,645.
Revenue	9	Program service revenue (Part VIII, line 2g)		$\frac{10,152,763}{2,344,268}$	29,562.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-108,146.	336,880.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	······ 2	68,746,677.	516,573,844.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		60,377,711.	79,981,825.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		84,742,131.	91,429,314.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		29,578.	120,335.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 16, 997, 12	16	29,570.	120,333.
Ä				52,309,940.	61,631,779.
_	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97,459,360.	233,163,253.
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		71,287,317.	283,410,591.
OL		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
its o	20	Total assets (Part X, line 16)		40,098,427.	538,607,810.
Assets	20	Total liabilities (Part X, line 16)		17,286,894.	32,385,686.
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20	-	22,811,533.	506,222,124.
	art II	Signature Block	 2	22,011,051	

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

Sign Here	Signature of officer HOLDEN LEE, CFO/TREASURER Type or print name and title	Date
Paid Preparer	Print/Type preparer's name JESSICA KARANTONIS Firm's name DELOITTE TAX LLP	22 Check PTIN ^{ff} ^{gelf-employed} ₽00969387 Firm's EIN ► 86-1065772
Use Only	Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626	Phone no. (714) 736-7100
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0 S	-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CO	Form 990 (2021)

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Elle	wata awaliaatiaw	. fou o o la ustrum
File a sepa	rate application	n for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer	identification	n number (TIN)
print	TIDES CENTER				94-323	13100
File by the due date fo filing your		ee instruct	ions.		<u> </u>	
return. See instructions	structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94129-0907					
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation)	07				
Telep If the If this box 1 In th 2 If f	books are in the care of ► <u>1012 TORNEY AVE</u> hone No. ► <u>(415) 561-6300</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization the organization is for the organization the tax year beginning the tax year entered in line 1 is for less than 12 months, check the organization accounting period	in the Un Group Exe and atta NOVE1 anization's , an heck reaso	Fax No. ▶ ited States, check this box	f this is fo all membe	r the whole g ers the exten npt organizati	sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
es	timated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)

123841 01-12-22

Form	990 (2021) TIDES CENTER 94-3213100 Page 2
Pa	t 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:
	TIDES CENTER ACCELERATES THE PACE OF SOCIAL CHANGE, WORKING WITH
	INNOVATIVE PARTNERS TO SOLVE SOCIETY'S TOUGHEST PROBLEMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 99,723,745. including grants of \$ 41,302,177.) (Revenue \$ 11,117,443.
	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 \$ 89,789,997. including grants of \$ 37,187,957.) (Revenue \$ 10,010,005.
	EDUCATION: IN 2021, TIDES PROJECTS ENRICHED THE EDUCATION OF YOUTH AND
	ADULTS LIVING IN LOCAL, UNDER-SERVED COMMUNITIES, FOCUSING ON AREAS
	SUCH AS LEADERSHIP DEVELOPMENT, ARTS EDUCATION, HEALTH AND NUTRITION,
	FAMILY SELF-SUFFICIENCY, AND STEM. INTERNATIONALLY, TIDES PROJECTS
	PROVIDED TRAINING IN PUBLIC HEALTH PRACTICES FOR HEALTHCARE PROVIDERS
	AND IN EFFECTIVE CONDOM USAGE TO PREVENT THE SPREAD OF HIV/AIDS. OTHER
	TIDES PROJECTS INSTITUTED A VARIETY OF PROGRAMS THAT RANGED FROM
	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 \$ 3,601,674. including grants of \$ 1,491,691.) (Revenue \$ 401,523.
	ENVIRONMENT: IN 2021, TIDES PROJECTS WORKED IN THE AREAS OF
	ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE, AND SUSTAINABLE
	AGRICULTURE PRACTICES. PROGRAMS WORKED AT THE LOCAL LEVEL TO ADDRESS
	ENVIRONMENTAL ISSUES FACING LOW-INCOME, MARGINALIZED COMMUNITIES, AS
	WELL AS THE NATIONAL AND INTERNATIONAL LEVELS TO SPEARHEAD CAMPAIGNS
	FOR THE PRESERVATION OF OUR NATURAL ENVIRONMENT AND ANIMAL WELFARE.
	TIDES PROJECTS ADVOCATED FOR A MORE JUST, CLEAN, AND SUSTAINABLE WORLD
	FROM A VARIETY OF PERSPECTIVES, FROM REDUCING ENVIRONMENTAL MERCURY
	EXPOSURE TO DEVELOPING REGIONAL FOOD SYSTEMS AND ENHANCING FOOD
	SECURITY TO SUPPORTING THE FARM TO SCHOOL FOOD MOVEMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 193, 115, 416.
	Form 990 (2021
3200	2 12-09-21
	3
111	08 149058 94-3213100 2021 05000 TIDES CENTER 94-32

12291108 149058 94-3213100

Form	990	(2021)
	000	

Form 990 (2021) TIDES CENTER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<u></u>
0		8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes, " complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u>_</u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		43	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
132003	3 12-09-21	Form		(2021)

12291108 149058 94-3213100

Form	990	(2021))

Form 990 (2021) TIDES CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
Ŭ	any tax-exempt bonds?	24c		
b	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1453 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
13000	(gambling) winnings to prize winners?	Eorm		(2021)
102004				(-0-1)

Form	990 (2021) TIDES CENTER	9	94-3213	100	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1097			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					
3a				3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			0.0		
14	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h	If "Yes," enter the name of the foreign country			10		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBA	B)			
50				5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-			5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
Ua				60		x
L				<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution of the statement that such contribution of the statement that such contribution of the statement of the			Ch		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		ta tha navan0	7.	Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
		·····		7b	~	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		_		v
_	to file Form 8282?	1 1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	NT /	X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		m 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
	Sponsoring organizations maintaining donor advised funds.		/-			
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12N/AN	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year M/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	N/A	17		
	If "Yes," complete Form 6069.			-		
132005	12-09-21 6			Form	990	(2021)
						· /

2021.05000 TIDES CENTER

TIDES CENTER

	990 (2021) TIDES CENTER 94-321		F	Page
Pai		a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			T
4.	Enter the number of veting members of the governing body at the and of the tax year	8	Yes	N
Id		벽		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	8		
-		의		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		37	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
C		12c	х	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
			X	
	Did the organization have a written document retention and destruction policy?	14	~	
5	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?			- v
	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
jec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, K	S,KY	, MA	<u>, M</u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
Part Section 1a Er b Er 2 Of 3 Of 4 Di 5 O 7 D b Er 3 Of 5 O 6 Di 7 D b Ai b Ea 9 O 6 Di a Th b C 00 Di a Th b O i1a Di b O i3 Di b O i4 Di b O i6a Di i7 Lin i8 Si i9 Di i13 Di i6a Th i7 <t< td=""><td>HOLDEN LEE - (415) 561-6300</td><td></td><td></td><td></td></t<>	HOLDEN LEE - (415) 561-6300			
	1012 TORNEY AVENUE, SAN FRANCISCO, CA 94129			
12004		Form	990	(2∩ ⁻
000		1 0111		1201
11	.08 149058 94-3213100 2021.05000 TIDES CENTER		94	1-3

Form 990		94-3213100	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Compl	ete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per weak iteration organization between metabolic bodies and iteration gain bodies and iteration gain promotion and related organization metabolic doganization from related organization from related organizati	(A)	(B)			(0	C)			(D)	(E)	(F)
Hours per week (ist any hours per view of an out of compensation) week (ist any hours for view of an out of compensation (ist and the compensation) weight of the compensation) weight of the compensation (ist and the compensation) weight of t	Name and title	Average	(do			Reportable	Reportable	Estimated			
Week (ist ary builts for ingentiations (ist ary builts for ingentiations (ist ary builts for ingentiations (ingentiations) (ingentiations (ingentiations) (ingentiations (ingentiations) (hours per	box	box, unless person is both an		compensation	compensation	amount of			
(1) JUDITH HILL 15.00 X 0. 520,249. 56,109. ASST.TREAGURER/CFO HRU 0/2021 39.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 340,228. 0. 78,121. (4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOTIOLA MOSS 40.00 X 364,933. 0. 19,784. (5) SUNBELA JAIN 45.00 X 364,933. 0. 19,784. (6) SUNBELA JAIN 40.00 X 286,687. 0. 44,245. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALE MULAROM ELEDAT 15.00 X 0. 299,601. 10,023. (10) HOLEN LEE 15.00 X 0. 111,325. 20,821. <t< td=""><td></td><td></td><td></td><td>cer an</td><td>aau</td><td>recio</td><td>r/trus</td><td>lee)</td><td></td><td></td><td></td></t<>				cer an	aau	recio	r/trus	lee)			
(1) JUDITH HILL 15.00 X 0. 520,249. 56,109. ASST.TREAGURER/CFO HRU 0/2021 39.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 340,228. 0. 78,121. (4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOTIOLA MOSS 40.00 X 364,933. 0. 19,784. (5) SUNBELA JAIN 45.00 X 364,933. 0. 19,784. (6) SUNBELA JAIN 40.00 X 286,687. 0. 44,245. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALE MULAROM ELEDAT 15.00 X 0. 299,601. 10,023. (10) HOLEN LEE 15.00 X 0. 111,325. 20,821. <t< td=""><td></td><td></td><td>irecto</td><td></td><td></td><td></td><td></td><td></td><td></td><td>v</td><td></td></t<>			irecto							v	
(1) JUDITH HILL 15.00 X 0. 520,249. 56,109. ASST.TREAGURER/CFO HRU 0/2021 39.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 340,228. 0. 78,121. (4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOTIOLA MOSS 40.00 X 364,933. 0. 19,784. (5) SUNBELA JAIN 45.00 X 364,933. 0. 19,784. (6) SUNBELA JAIN 40.00 X 286,687. 0. 44,245. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALE MULAROM ELEDAT 15.00 X 0. 299,601. 10,023. (10) HOLEN LEE 15.00 X 0. 111,325. 20,821. <t< td=""><td></td><td></td><td>e or d</td><td>tee</td><td></td><td></td><td>sated</td><td></td><td></td><td>`</td><td></td></t<>			e or d	tee			sated			`	
(1) JUDITH HILL 15.00 X 0. 520,249. 56,109. ASST.TREAGURER/CFO HRU 0/2021 39.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 340,228. 0. 78,121. (4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOTIOLA MOSS 40.00 X 364,933. 0. 19,784. (5) SUNBELA JAIN 45.00 X 364,933. 0. 19,784. (6) SUNBELA JAIN 40.00 X 286,687. 0. 44,245. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALE MULAROM ELEDAT 15.00 X 0. 299,601. 10,023. (10) HOLEN LEE 15.00 X 0. 111,325. 20,821. <t< td=""><td></td><td></td><td>ruste</td><td>ll trus</td><td></td><td>/ee</td><td>m pe n</td><td></td><td></td><td>1033-1120)</td><td>, v</td></t<>			ruste	ll trus		/ee	m pe n			1033-1120)	, v
(1) JUDITH HILL 15.00 X 0. 520,249. 56,109. ASST.TREAGURER/CFO HRU 0/2021 39.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 340,228. 0. 78,121. (4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOTIOLA MOSS 40.00 X 364,933. 0. 19,784. (5) SUNBELA JAIN 45.00 X 364,933. 0. 19,784. (6) SUNBELA JAIN 40.00 X 286,687. 0. 44,245. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALE MULAROM ELEDAT 15.00 X 0. 299,601. 10,023. (10) HOLEN LEE 15.00 X 0. 111,325. 20,821. <t< td=""><td></td><td></td><td>dual t</td><td>utiona</td><td>-</td><td>mplo</td><td>st col</td><td>ii.</td><td></td><td></td><td></td></t<>			dual t	utiona	-	mplo	st col	ii.			
(1) JUDITH HILL 15.00 X 0. 520,249. 56,109. ASST. TREASURER/CPO - THRU 8/2021 39.00 X 0. 461,365. 23,929. (2) JANECE EVANS-PAGE 15.00 0. 461,365. 23,929. (3) MARK SMOLINSKI 40.00 X 340,228. 0. 78,121. (4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOMIQUIA MOSS 40.00 X 364,933. 0. 19,784. (5) TOMIQUIA MOSS 155.00 X 0. 283,138. 65,291. (7) AMY LESNICK 155.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MILGROM ELCOTT 40.00 X 281,147. 0. 44,245. (9) TUTI SCOTT 0.00 X 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNER MARIE LADNIG 15.00 X 0. 0. 0. <td< td=""><td></td><td></td><td>Indivi</td><td>Institu</td><td>Office</td><td>Key el</td><td>Highe</td><td>Forme</td><td></td><td></td><td>5</td></td<>			Indivi	Institu	Office	Key el	Highe	Forme			5
(2) JANIECE EVANS-FAGE 15.00 X 0.461,365.23,929. (3) MAK SMOLINSKI 40.00 X 340,228.0.78,121. DIR. GLOBAL HEALTH THREATS - ENDING 40.00 X 363,893.0.485,23. (4) KELLY FITZEIMMONS 40.00 X 363,893.0.485,23. FOUNDER / KHE'S DIR. CHIEF NETWORK & X 363,893.0.485,523. (5) TOMIQUIA MOSS 40.00 X 364,933.0.19,784. (6) SUNEEL ALL HOME X 364,933.0.19,784. (6) SUNEEL ALL HOME X 286,687.0.448,523. (7) AMY LESNICK 40.00 X 0.283,138.65,291. (7) AMY LESNICK 40.00 X 286,687.0.444,245. (8) TALIA MIGROM ELCOTT 40.00 X 281,147.0.444,894. (9) TUTI SCOTT 0.00 X 0.171,325.20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0.171,325.20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0.156,748.33,269. (12) MICHAEL FERNANCE 2.00 X 0.0.0.0. (13) ANTOINETTE KLATZKY 2.00 X 0.0.0.0. (14) CHERL LANDIG 2.00 <	(1) JUDITH HILL	15.00									
(2) JANIECE EVANS-PAGE 15.00 x 0. 461,365. 23,929. (3) MAK SMOLINSKI 40.00 x 340,228. 0. 78,121. (4) KELLY FITZEIMMONS 40.00 x 363,893. 0. 48,523. (5) TOMIQUIA MOSS 40.00 x 363,893. 0. 19,784. (5) TOMIQUIA MOSS 40.00 x 364,933. 0. 19,784. (6) SUNDER/CHEFP EKEC - ALL HOME 15.00 x 0. 283,138. 65,291. (7) ANY LESNICK 40.00 x 286,687. 0. 44,245. (8) TALIA MIGRON-ELCOTT 40.00 x 286,687. 0. 44,245. (9) TUTI SCOTT 0.00 x 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 x 0. 171,325. 20,821. (11) JENNIFER MARTE LANDIG 15.00 x 0. 0. 0. ASSISTANT SEC./CHIEF OF STAFF 39.00 x 0. 0. 0. <t< td=""><td>ASST. TREASURER/CFO - THRU 8/2021</td><td>39.00</td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>520,249.</td><td>56,109.</td></t<>	ASST. TREASURER/CFO - THRU 8/2021	39.00			Х				0.	520,249.	56,109.
(3) MARK SMOLINSKI 40.00 X 340,228. 0. 78,121. (14) KELLY PITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOMIQUIA MOSS 40.00 X 363,893. 0. 48,523. (6) SUBELA JAIN 15.00 X 364,933. 0. 19,784. (7) AMY LESNICK 40.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MILGROM ELCOTT 40.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 10,023. 10,023. (10) HOLEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNIFFE MARIE LANDIG 15.00 X 0. 0. ASSISTANT SEC./CHIEF OF	(2) JANIECE EVANS-PAGE				<u> </u>						
DIR. GLOBAL HEALTH THREATS - ENDING X 340,228. 0. 78,121. (4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TONIQUIA MOSS 40.00 X 364,933. 0. 19,784. (6) SUNDER/CHIFF EXEC - ALL HOME X 364,933. 0. 19,784. (6) SUNDER/CHIFF EXEC - ALL HOME X 0. 283,138. 65,291. (7) ANY LESNICK 40.00 X 0. 283,138. 65,291. (7) ANY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MILGROM-ELCOTT EXEC DIBECTOR - THE STARFISH INST. X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 171,325. 20,821. (10) HOLBON LEE 15.00 X 0. 171,325. 20,821. (11) JENNTFER MARIE LANDIG 15.00 X 0. 0. 0. (10)	CEO		_	C	Х				0.	461,365.	23,929.
(4) KELLY FITZSIMMONS 40.00 X 363,893. 0. 48,523. (5) TOMIQUIA MOSS 40.00 X 364,933. 0. 19,784. (6) SUBELA JAIN 15.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MILGROM-ELCOTT 40.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 10,023. (10) HOLEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 0. 0. ASSISTART SEC./CHEF OF STAFF 39.00 X 0. 0. 0. 0. (11)	(3) MARK SMOLINSKI	40.00									
FOUNDER & MNG'G DIR, CHIEF NETWORK & X 363,893. 0. 48,523. (5) TOMIQUIA MOSS 40.00 X 364,933. 0. 19,784. (6) SUMELA JAIN 15.00 X 364,933. 0. 19,784. (6) SUMELA JAIN 39.00 X 0. 283,138. 65,291. (7) AMT LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MILGROM-ELCOTT 40.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 0. 0. ASSISTATT SEC.//HEP OF STAFF 39.00 X 0. 0. 0. (10) HOLDEN LEE 15.00 X 0.	DIR. GLOBAL HEALTH THREATS - ENDING						X		340,228.	0.	78,121.
(5) TOMIQUIA MOSS 40.00 x 364,933. 0. 19,784. (6) SUNEELA JAIN 15.00 x 0. 283,138. 65,291. (7) AMY LESNICK 40.00 x 286,687. 0. 44,245. (7) AMY LESNICK 40.00 x 286,687. 0. 44,245. (8) TALIA MILGROM-ELCOTT 40.00 x 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 x 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 x 0. 171,325. 20,821. (11) HONDER/CFO - START 8/2021 39.00 x 0. 171,325. 20,821. (12) MICHAEL FERNANDEZ 2.00 x 0. 0. 0. 0. ASSISTANT SEC./CHIEF OF STAFF 39.00 X 0. 0. 0. 0. (11) HORARE LANDIG 15.00 X 0. 0. 0. 0. ASSISTANT SEC./CHIEF OF STAFF 39.00 X 0. 0.	(4) KELLY FITZSIMMONS	40.00	\sim	1				e.			
FOUNDER/CHIEF EXEC - ALL HOME X 364,933. 0. 19,784. (6) SUNDELA JAIN 15.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MILGROM-ELCOTT 40.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. (12) MICHAEL FENNANDEZ 2.00 X 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X 0. 0. 0. 0. DIRECTOR 2.000 X 0. 0. 0. 0. 0. (14) CHARL FENNANDEZ	FOUNDER & MNG'G DIR, CHIEF NETWORK &						Х		363,893.	0.	48,523.
(6) SUNEELA JAIN 15.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MLIGROM-ELCOTT 40.00 X 281,147. 0. 444,245. (9) TUTI SCOTT 0.00 X 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.000 X 0. 0. 0. 0. 0. 0. (14) HEREYL D. ALSTON 2.00 X 0. 0. 0. 0. (14) HERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. (14) HERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. 0. 0. (14) HERYL D. ALSTON 2.00 X 0. 0. <t< td=""><td>(5) TOMIQUIA MOSS</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) TOMIQUIA MOSS	40.00									
ASSISTANT SEC./GENERAL COUNSEL 39.00 X 0. 283,138. 65,291. (7) AMY LESNICK 40.00 X 286,687. 0. 44,245. (8) TALIA MILGROM-ELCOTT 40.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNT FER C/CPO - START 8/2021 39.00 X 0. 171,325. 20,821. (11) JENNTFER C/CPO - STAFF 39.00 X 0. 0. 0. (11) JENNT SEC./CHIEF OF STAFF 39.00 X 0. 0. 0. (12) MICHAEL FERNANDEZ 2.00 X 0. 0. 0. (13) ANTOINETE KLATZKY 2.00 X 0. 0. 0. 0.	FOUNDER/CHIEF EXEC - ALL HOME						X		364,933.	0.	19,784.
(7) AMY LESNICK 40.00 X 286,687. 0.44,245. (8) TALIA MILGROM-ELCOTT 40.00 X 281,147. 0.44,894. (9) TUTI SCOTT 0.00 X 281,147. 0.44,894. (9) TUTI SCOTT 0.00 X 0.171,325. 20,821. (10) HOLDEN LEE 15.00 X 0.171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0.156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X 0.0.0 0.0.0. CHAIR 2.00 X 0.0.0.0. 0.0.0. (13) ANTOINETTE KLATZKY 2.00 X 0.0.0.0. 0.0.0. (14) CHERYL D. ALSTON 2.00 X 0.0.0.0. 0.0.0. 01RECTOR 2.00 X 0.0.0.0. 0.0.0. 01RECTO	(6) SUNEELA JAIN										
CHIEF EXEC. AND PRESIDENT - PLEDGE 1 X 286,687. 0. 44,245. (8) TALIA MILGROM-ELCOTT 40.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 299,601. 10,023. FORMER INT. CEO 40.00 X 0. 171,325. 20,821. (10) HOLDEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0.	ASSISTANT SEC./GENERAL COUNSEL				Х				0.	283,138.	65,291.
(8) TALIA MILGROM-ELCOTT 40.00 X 281,147. 0.44,894. (9) TUTI SCOTT 0.00 X 0.299,601. 10,023. (10) HOLDEN LEE 15.00 X 0.171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0.171,325. 20,821. (12) MICHAEL FERNANDEZ 2.00 X 0.00 0.00 CHAIR 2.000 X 0.00 0.00 DIRECTOR 2.000 X 0.00 0.00 010) CHERYL D. ALSTON 2.00 X 0.00 0.00 DIRECTOR 2.000 X 0.00 0.00 0.00 0110 CHERYL D. ALSTON 2.000 X 0.00 0.00 0.00 01110 CHERYL D. ALSTON 2.000 X 0.00 0.00 0.00 01110 CHERYL D. ALSTON 2.000 X 0.00 0.00 0.00 0.00 011110 CHERYL D. ALSTON 2.000 X 0.00 0.00 0.00 0.00 0.00 0.00 0111110 CHERYL D. ALSTON 2.000 X 0.00 0.00	(7) AMY LESNICK	40.00									
EXEC DIRECTOR - THE STARFISH INST. X 281,147. 0. 44,894. (9) TUTI SCOTT 0.00 X 0. 299,601. 10,023. former INT. CEO 40.00 X 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. DIRECTOR START 11/2021 2.00 X 0. 0. 0. 0. 0. 0. <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>286,687.</td> <td>0.</td> <td>44,245.</td>	· · · · · · · · · · · · · · · · · · ·						X		286,687.	0.	44,245.
(9) TUTI SCOTT 0.00 X 0.299,601. 10,023. FORMER INT. CEO 40.00 X 0.171,325. 20,821. (10) HOLDEN LEE 15.00 X 0.171,325. 20,821. ASST. TREASURER/CFO - START 8/2021 39.00 X 0.171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0.156,748. 33,269. ASSISTANT SEC./CHIEF OF STAFF 39.00 X 0.00. 0.0. 0. (12) MICHAEL FERNANDEZ 2.00 X X 0.0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X X 0.0. 0. 0. DIRECTOR 2.00 X X 0.0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0.0. 0. 0. 0. DIRECTOR 2.00 X 0.0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0.0. 0. 0. 0. DIRECTOR	(8) TALIA MILGROM-ELCOTT	40.00									
FORMER INT. CEO 40.00 X 0. 299,601. 10,023. (10) HOLDEN LEE 15.00 39.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X 0. 0. 0. 0. CHAIR 2.00 X X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X X 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR							X		281,147.	0.	44,894.
(10) HOLDEN LEE 15.00 39.00 X 0. 171,325. 20,821. ASST. TREASURER/CFO - START 8/2021 39.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. ASSISTANT SEC./CHIEF OF STAFF 39.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X 0. 0. 0. CHAIR 2.00 X X 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR - START 11/2021 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
ASST. TREASURER/CFO - START 8/2021 39.00 X 0. 171,325. 20,821. (11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. ASSISTANT SEC./CHIEF OF STAFF 39.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0.								Х	0.	299,601.	10,023.
(11) JENNIFER MARIE LANDIG 15.00 X 0. 156,748. 33,269. ASSISTANT SEC./CHIEF OF STAFF 39.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X X 0. 0. 0. CHAIR 2.00 X X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X X 0. 0. 0. 0. DIRECTOR 2.00 X X 0. 0. 0. 0. 0. DIRECTOR 2.00 X X 0. 0. 0. 0. 0. DIRECTOR 2.00 X X 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR 2.00	(10) HOLDEN LEE										
ASSISTANT SEC./CHIEF OF STAFF 39.00 X 0. 156,748. 33,269. (12) MICHAEL FERNANDEZ 2.00 X X 0. 0. 0. CHAIR 2.00 X X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. 0. DIRECTOR 51.LOYD 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. </td <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>171,325.</td> <td>20,821.</td>					Х				0.	171,325.	20,821.
(12) MICHAEL FERNANDEZ 2.00 X X 0. 0. 0. CHAIR 2.00 X X 0. 0. 0. 0. (13) ANTOINETTE KLATZKY 2.00 X X 0. 0. 0. 0. DIRECTOR 2.00 X X 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. DIRECTOR - START 11/2021 2.00 X 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0.											
CHAIR 2.00 X X 0.					Х				0.	156,748.	33,269.
(13) ANTOINETTE KLATZKY 2.00 X 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. 0. DIRECTOR - START 11/2021 2.00 X 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. (17) MARC DIAZ 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0.											
DIRECTOR 2.00 X 0. 0. 0. 0. (14) CHERYL D. ALSTON 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR - START 11/2021 2.00 X 0. 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0.			Х		Х				0.	0.	0.
(14) CHERYL D. ALSTON 2.00 X 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. (15) DYLAN ORR 2.00 X 0. 0. 0. 0. DIRECTOR - START 11/2021 2.00 X 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0.											
DIRECTOR 2.00 X 0.			Х						0.	0.	0.
(15) DYLAN ORR 2.00 X 0. 0. 0. DIRECTOR - START 11/2021 2.00 X 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0.											
DIRECTOR - START 11/2021 2.00 X 0. 0. 0. 0. (16) EDWARD G. LLOYD 2.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. (17) MARC DIAZ 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0.			Х						0.	0.	0.
(16) EDWARD G. LLOYD 2.00 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. (17) MARC DIAZ 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0.											
DIRECTOR 2.00 X 0.			Х						0.	0.	0.
(17) MARC DIAZ 2.00 X 0.										-	
DIRECTOR 2.00 X 0. 0. 0.			Х						0.	0.	0.
										-	
	DIRECTOR	2.00	Х						0.	0.	

132007 12-09-21

Form 990 (2021)

8

Form 990 (2021) TIDES CEN	ITER								94-32	2131	L00	Page 8
Part VII Section A. Officers, Directors, Trust		loye	es,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not ch unles	(C Posi heck n ss pers d a dir	tion nore t son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	I	frc orga and	ensation om the unization related nizations
(18) REGINA JACKSON DIRECTOR - START 11/2021	2.00	x						0.		0.		0.
(19) SUZANNE NOSSELL DIRECTOR - THROUGH 4/2021	2.00 2.00	x						0.		0.		0.
(20) TIM WANG DIRECTOR - START 4/2021	2.00	x						0.		0.		0.
								S.				
						(-+		
										\square		
			0	5				1,636,888.	1,892,42	26	445	5,009.
1b Subtotal c Total from continuation sheets to Part VII								0.		0.		0.
								1,636,888.			445	5,009.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to the	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable	1		5
3 Did the organization list any former officer,	director, truste	e, k	ey e	mplo	oyee	e, or	hig	hest compensated emp	loyee on	ſ		Yes No
line 1a? <i>If "Yes," complete Schedule J for se</i> 4 For any individual listed on line 1a, is the su								ner compensation from t			3	X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	,										4	X
rendered to the organization? <i>If "Yes." com</i>								•		<u></u>	5	X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	npensated ind	eper	nder	nt co	ntra	ictor	rs th	nat received more than \$	100,000 of comp	ensat	ion froi	 m
the organization. Report compensation for t								the organization's tax y				
(A) Name and business								(B) Description of s	ervices	C	(C) ompen	
THE BRIDGESPAN GROUP, INC SUITE 3700B, BOSTON, MA 0	2116				ACI	Ε,		CONSULTING		2	,359	,247.
UDACITY, INC, 2440 W. EL SUITE 101, MOUNTAIN VIEW,			AL	'				CONSULTING		1	,160	,000.
YEAR UP, INC 45 MILK STREET, BOSTON, M	A 02109							CONSULTING			814	,999.
BAIN AND COMPANY INC P.O. BOX 11321, BOSTON, M								CONSULTING			576	,778.
HOME FRONT COMMUNICATIONS YORK AVE NW - SUITE 900,	-							CONSULTING			543	<u>,700.</u>
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	nited		hos 59		ted	above) who received mo	ore than			

132008 12-09-21

		Check if Schedule O co		o u roopo			(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclude from tax under sections 512 - 5
S	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Ē	с	Fundraising events		1c		35,611.				
and Other Similar Amounts	d	Related organizations		1d		4,619,417.				
Ē	е	Government grants (contrib	oution	s) 1e		27,792,117.				
5	f	All other contributions, gifts, gr	rants, a	and						
the		similar amounts not included a	bove	1 f		469,368,612.				
D	g	Noncash contributions included in lin	ies 1a-1	f 1g \$		20,016,826.				
an	h	Total. Add lines 1a-1f				>	501815757.			
						Business Code				
	2 a	CONTRACT FEES				541900	9,434,258.	9,434,258.		
Kevenue	b	MEMBERSHIP REVENUE				900099	2,460,360.	2,460,360.		
nué	с	RENTAL INCOME - NP OF	RGS			531120	1,451,513.	1,451,513.		
eve	d	CONFERENCE/EVENT REVE	ENUE			900099	982,506.	982,506.		
r	е									
	f	All other program service re	evenue	э		900099	63,008.	63,008.		
	g	Total. Add lines 2a-2f	<u></u>			►	14,391,645.			
	3	Investment income (includir	ng div	idends, ir	itere	st, and				
		other similar amounts)				►	29,562.			29,56
	4	Income from investment of	tax-e>	empt bo	nd p	roceeds 🕨 🕨				
	5	Royalties				►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of	(i) Securit	es	(ii) Other				
		assets other than inventory	7a)			
	b	Less: cost or other basis								
		and sales expenses	7b	O						
	с		7c	\mathbf{V}						
		Net gain or (loss))		►				
		Gross income from fundraising								
				1. of						
		contributions reported on li	ne 1c	. See						
		Part IV, line 18			8a	٥.				
	b	Less: direct expenses			8b	65,275.				
		Net income or (loss) from fu			ts	►	-65,275.			-65,27
		Gross income from gaming								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from ga			;;					
		Gross sales of inventory, les	-							
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from sa								
					<u> </u>	Business Code				
	11 a	OTHER REVENUE					402,155.			402,15
anc	b				_		, ,			,-
SVel	c				_					
Kevenue		All other revenue								
		Total. Add lines 11a-11d					402,155.			
	9						, • • •			

132009 12-09-21

Form 990 (2021) TIDES CENTER
Part VIII Statement of Revenue

Form **990** (2021)

94-3213100 Page 9

TIDES CENTER 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 respon	<u>ise or note to any line in</u>	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	73,422,967.	73,422,967.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	1,721,082.	1,721,082.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,837,776.	4,837,776.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	73.747.577.	49,940,718.	10.606.077.	13,200,782
8	Pension plan accruals and contributions (include	,			
-	section 401(k) and 403(b) employer contributions)	2,421,427.	1,639,753.	348,240.	433,434
9	Other employee benefits	9,521,529.	6,447,832.	1,369,348.	
0	Payroll taxes	5,738,781.	3,886,214.	825,328.	1,027,239
1	Fees for services (nonemployees):	0,,00,,01	5,000,111	010,0101	
	Management		\mathbf{O}		
b		1,290,307.		1,290,307.	
с С	Accounting	137,071.		137,071.	
о Ь	Lobbying	378,628.	378,628.	20770720	
e		120,335.	01070201		120,335
f	Investment management fees	99,183.	99,183.		120,000
	Other. (If line 11g amount exceeds 10% of line 25,	5571051	5572001		
y	column (A), amount, list line 11g expenses on Sch O.)	35 086 088	35,005,285.		80 803
2	Advertising and promotion	2,728,850.			80,803 53,701
3	Office expenses	1,656,152.			557701
4	Information technology	1,489,404.	1,478,750.		10,654
5		1,105,1010	1,1,0,,000		10,001
6	Royalties Occupancy	5,876,755.	5,876,755.		
7	Travel	1,251,401.	1,086,872.		164,529
' 8	Payments of travel or entertainment expenses	1,251,4010	1,000,072.		104,525
0	for any federal, state, or local public officials				
0	Conferences, conventions, and meetings	506,752.	503,682.		3,070
9		7,421.	7,421.		5,070
0	Interest	,,=41.	,,=41•		
1 2	Payments to affiliates Depreciation, depletion, and amortization	125,998.	125,998.		
3		747,225.	747,225.		
	Insurance Other expenses. Itemize expenses not covered	141,223.	147,225.		
4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	0 470 202		0 170 202	
a		8,470,392.	010 207	8,470,392.	
b	· · · · ·	842,327.	842,327.		1 4 5 4
C		321,741.	320,287.		1,454
d		200,051.	200,051.	2 0 5 0	106 766
	All other expenses	416,033.	<u>215,309.</u>	3,958.	196,766
5	· · · · · · · · · · · · · · · · · · ·	233,163,253.	193,115,416.	23,050,721.	16,997,116
6	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 if following SOP 98-2 (ASC 958-720)				Form 990 (202

		Check if Schedule O contains a response or note	e to anv line i	n this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,231,922.	1	4,641,149.
	2	Savings and temporary cash investments			73,830,879.	2	171,289,378.
	3	Pledges and grants receivable, net			54,524,559.	3	216,014,133.
	4	Accounts receivable, net			2,601,743.	4	2,680,111.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi	ied persons (a	as defined			
		under section 4958(f)(1)), and persons described				6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				475,020.	9	498,627.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,625,898.			
	b	Less: accumulated depreciation	10b	753,349.		10c	15,872,549.
	11	Investments - publicly traded securities			103,841,053.	11	124,596,793.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		\sim	1,956,787.	15	3,015,070.
	16	Total assets. Add lines 1 through 15 (must equa			240,098,427.	16	538,607,810.
	17	Accounts payable and accrued expenses			9,272,808.	17	20,012,523.
	18	Grants payable			293,476.	18	680,844.
	19	Deferred revenue			248,278.	19	631,810.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of Sch	edule D	158,077.	21	45,000.
Se	22	Loans and other payables to any current or form					
ilitie		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Com	olete Part X			11 01 0
		of Schedule D			7,314,255.		
	26	Total liabilities. Add lines 17 through 25		37	17,286,894.	26	32,385,686.
s		Organizations that follow FASB ASC 958, chee	ck here 🕨	A			
JCe		and complete lines 27, 28, 32, and 33.			06 764 520		157 216 612
alar	27				96,764,529. 126,047,004.	27	157,216,613. 349,005,511.
ğ	28	Net assets with donor restrictions			120,047,004.	28	349,005,511.
ũ		Organizations that do not follow FASB ASC 95	b8, check he	re 🕨 🛄			
ъ Ш		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		. 6		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			222,811,533.	31 32	506,222,124.
ž	32	Total net assets or fund balances			240,098,427.	32	538,607,810.
	33	Total liabilities and net assets/fund balances			440,070,447.	აა	Eorm 990 (2021)

Form 990 (2021)

12291108 149058 94-3213100

Form 990 (2021)
Part X Balance Sheet

TIDES CENTER

Form	1990 (2021) TIDES CENTER	94-	<u>32131(</u>	00	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	516,5			
2	Total expenses (must equal Part IX, column (A), line 25)	2	233,2	163	3,2	53.
3	Revenue less expenses. Subtract line 2 from line 1	3	283,4	410),5	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	222,8	811	L,5	33.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> 506,2</u>	222	2,1	24.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	X	
			Fo	orm	990	(2021)
	X					
	*					

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

		OMB No. 1545-0047
ו		2021
		Open to Public Inspection
	Employer	identification number
	9	4-3213100
าท	S	

		S CENTER						4-3213100	
Part I	Reason for Public (Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions	S.		
The organ	nization is not a private found								
1	A church, convention of ch			•	-	I)(A)(i).			
2	A school described in sect								
3	A hospital or a cooperative		-		(b)(1)(A)(ii	ii).			
4	A medical research organiz					-	(iii). Enter	the hospital's name,	
	city, and state:	•	, ,				. ,	, ,	
5	An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental ur	nit describe	ed in	
	section 170(b)(1)(A)(iv). (0	Complete Part II.)	0 ,		, 0				
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	An organization that norma	-					e general i	oublic described in	
	section 170(b)(1)(A)(vi). (C			5			5		
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research org			-	ed in coniu	nction with a	land-arant	college	
	or university or a non-land-g								
	university:	,			\mathbf{O}	,			
10	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns. membershi	p fees, and	d aross receipts from	
	activities related to its exen				· · · · · · · · · · · · · · · · · · ·				
	income and unrelated busir								
	See section 509(a)(2). (Co					, 0			
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or								
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on								
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
a									
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
	organization. You must o	complete Part IV, Se	ections A and B.						
b	Type II. A supporting org			tion with its	s supporte	ed organizatior	n(s), by hav	ving	
	control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	ported	
	organization(s). You mus	t complete Part IV,	Sections A and C.						
с 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,	
	its supported organizatio	n(s) (see instructions)). You must complete	Part IV, Se	ections A,	D, and E.			
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ted organiz	zation(s)	
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
е 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
	functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f Ent	er the number of supported o	organizations							
	vide the following information			(iv) is the orac	nization listed				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other	
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instruction	15)
Total						1		1	

Schedule A	Form	aan	202
Schedule A	FOUL	990	1202

TIDES CENTER

94-3213100 Page

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	140466455	<u>137116829</u>	<u>171030552</u>	250396656	507668796	1206679288.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	140466455	<u>137116829</u>	171030552	250396656	507668796	1206679288.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				2		130872792
6	Public support. Subtract line 5 from line 4.			S			1075806496.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	140466455	137116829	171030552	250396656	507668796	1206679288.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1273700.	1722664.	2113792.	4457722.	2267967.	<u>11835845.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2,494.			13,375.		15,869.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		162,840.				162,840.
11	Total support. Add lines 7 through 10	\mathbf{O}					1218693842.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 87	<u>,640,945.</u>
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax y	ear as a section /	01(c)(3)	
	organization, check this box and sto						
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2021 (14	88.28 %
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	<u>97.87 %</u>
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not d	heck a box on line			
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Cohodulo A	(Earm 990) 2021

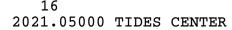
Schedule A (Form 990) 2021

132022 01-04-22

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.)

Sec	ction A. Public Support				-	<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				<u> </u>		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons			\sim			
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		Ċ				
c	Add lines 7a and 7b		5				
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			\mathbf{V}			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) organizat	ion,
	check this box and stop here	<u></u>				<u></u>	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line ¹	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		
13202	23 01-04-22					Schedule	A (Form 990) 2021



Yes No

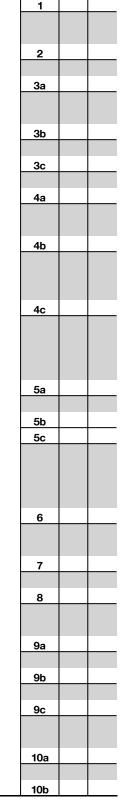
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21



Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 TIDES CENTE
--

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec				
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec				
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	,		
' a	The organization satisfied the Activities Test. Complete line 2 below.)-		
b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	otruction		
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
U				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
з а				
d	trustees of each of the supported organizations? <i>If</i> "Yes" or " <i>No</i> " provide details in Part VI.	3a		
	1 + 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	1 00	1 <i>1</i>	

trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI. b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 TIDES CENTER			94-3213100 Page 6		
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must co		•			
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a 🛔				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ated Type III supporting or	ganization (see		
	instructions).					

Schedule A (Form 990) 2021

132026 01-04-22

20

Sche	dule A (Form 990) 2021 TIDES CENTER			9.	4-3213100 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	led)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<i>w</i>	(11)	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016)		
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	6			
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,	C			
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
_	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

12291108 149058 94-3213100

Schedule A (Form 990) 2021

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

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

REIMBURSEMENTS

2018 AMOUNT: \$ 162,840.

132028 01-04-22

94-32131

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Organ

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

TIDES CENTER	94-3213100					
zation type (check one):						

Filers of:	Section:
Form 990 or 990-EZ	X 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

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

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

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

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

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

TIDES	CENTER		94-3213100
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
<u> 1</u>		\$ <u>115,000,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$ 52,100,0	Person X Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$ 12,000,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$ 11,515,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u>6</u>		\$11,349,3	Person X Payroll

Schedule B (Form 990) (2021)

94-32131

123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

	3 (Form 990) (2021)			Page
Name of o	rganization		Emplo	yer identification number
TIDES	CENTER		94	-3213100
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	BUILDING			
2				
		\$15,900,0	00.	_11/30/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	-	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
		· · · · · · · · · · · · · · · · · · ·		

12291108 149058 94-3213100

TIDES	CENTER				94-3213100
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following charitable, etc., contributions of \$1,0	line entry. For organizatio	ons	total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
 		(e) Transfer	 of gift		
-	Transferee's name, address, ar 	Id ZIP + 4	Relations	ship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	- SP	(d) Descrip	otion of how gift is held
		(e) Transfer	of gift		
_	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
 		(e) Transfer	 of gift		
	Transferee's name, address, ar	Id ZIP + 4	Relations	ship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
 		(e) Transfer	 of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of trans	feror to transferee

Schedule B (Form 990) (2021)

12291108 149058 94-3213100

26 2021.05000 TIDES CENTER

Employer identification number

Schedule B (Form 990) (2021) Name of organization

Department of the Treasury	Complete	if the organization is described	below. Attach to	Form 990 or Form 99	Οp	en to Public
Internal Revenue Service				1	nspection	
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	rm 990-EZ, Part V, lin	e 46 (Political Campai	gn Activities), t	hen
 Section 501(c)(3) or 	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-	В.	
 Section 527 organiz 	ations: Complete	e Part I-A only.				
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or For	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Activit	ties), then	
 Section 501(c)(3) or 	ganizations that	have filed Form 5768 (election und	der section 501(h)): Co	mplete Part II-A. Do not	complete Part I	І-В.
 Section 501(c)(3) or 	ganizations that	have NOT filed Form 5768 (electio	n under section 501(h))): Complete Part II-B. D	o not complete	Part II-A.
		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form 9	90-EZ, Part V, I	ine 35c (Proxy
Tax) (See separate inst						
), or (6) organizat	tions: Complete Part III.				
Name of organization				E		ication number
David A Carry	TIDES C					213100
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 527	organizatio	n
		ation's direct and indirect politica				
		ures			►\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Compl	ata if tha ara	anization is exempt unde	r solution $501(a)(3)$	21		
				-	•	
		incurred by the organization unde				
		incurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				∕es ∐No ∕es No
4a Was a correction m b If "Yes," describe in		<u> </u>			······ L 1	
		anization is exempt unde	r section 501(c).	except section 50 [°]	1(c)(3).	
		d by the filing organization for sect			►\$	
		ization's funds contributed to othe			φ	
exempt function ac					► \$	
•		. Add lines 1 and 2. Enter here an		•	Ψ	
					► \$	
		1120-POL for this year?		•••••••••••••••••••••••••••••••••••		/es No
		nployer identification number (EIN				rganization
	· · · · · · · · · · · · · · · · · · ·	tion listed, enter the amount paid		-	-	-
contributions receiv	ved that were pr	omptly and directly delivered to a	separate political orga	nization, such as a sepa	arate segregated	d fund or a
political action com		additional space is needed, provid		V.		
(a) Nam	Э	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amo	unt of political
				filing organization's	s contributio	ons received and
				funds. If none, enter		y and directly to a separate
					political	organization.
					lf non	ie, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990) 2021

132041 11-03-21

SCHEDULE C

(Form 990)

OMB No. 1545-0047

 Political Campaign and Lobbying Activities

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

Schedule C (Form 990) 2021 TIDE	5 CENTE	R		94-3	3213100	Page 2
Part II-A Complete if the organizati section 501(h)).	on is exer	npt under section	1 501(c)(3) and file	d Form 5768 (el	ection und	er
A Check Check Gradient Gradient	nas to an affi	liated group (and list in	Part IV each affiliated	aroup member's nam	ie. address. E	IN.
expenses, and share of exce				5 1	,	,
B Check ► if the filing organization che	, ,	• •	visions apply.			
Limits on Lo (The term "expenditures"	bbying Expe	nditures		(a) Filing organization's totals	(b) Affiliate total	
1a Total lobbying expenditures to influence pu	blic opinion (arassroots lobbying)				
b Total lobbying expenditures to influence a l						
c Total lobbying expenditures (add lines 1a a						
e Total exempt purpose expenditures (add lir						
f Lobbying nontaxable amount. Enter the am						
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am				
Not over \$500,000		the amount on line 1e.				
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exce	oss over \$500.000			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exce				
Over \$1,500,000 but not over \$1,500,000		00 plus 10% of the exces				
Over \$17,000,000	\$1,000,	•	<u>ss over \$1,300,000.</u>			
	φ1,000,	000.				
g Grassroots nontaxable amount (enter 25%	of line 1f)					
h Subtract line 1g from line 1a. If zero or less	,					
i Subtract line 1f from line 1c. If zero or less,		(
j If there is an amount other than zero on eith						
-					Yes	No
		eraging Period Under				
(Some organizations that made S	e a section 5		have to complete all o	f the five columns b	elow.	
Lo	bbying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) To	otal
2a Lobbying nontaxable amount b Lobbying ceiling amount						
(150% of line 2a, column(e))						
<u>c</u> Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

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	(a	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?	Х				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?	Х		ŝ	,723.	
d Mailings to members, legislators, or the public?	Х		2	,275.	
e Publications, or published or broadcast statements?	Х		2	377.	
f Grants to other organizations for lobbying purposes?	Х		1,313	,776.	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		478	,282.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		2	,088.	
i Other activities?	X		77	,420.	
j Total. Add lines 1c through 1i			1,879	,941.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	ō), or sec	tion		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year?	2 3			
Part III-B Complete if the organization is exempt under section 501(c)(4), section					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi					
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
TIDES CENTER, THROUGH ITS FISCALLY SPONSORED PROJECTS	, ENGAG	ES IN			
LOBBYING ACTIVITIES IN SUPPORT OF A WIDE VARIETY OF IS	SSUES A	ND CA	USES		
TO ADVANCE TIDES' MISSION TO ACCELERATE THE PACE OF SC	DCIAL C	HANGE	1		
INCLUDING IN THE AREAS OF EDUCATION, ENVIRONMENT, AND	EQUITY				

12291108 149058 94-3213100

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Nam	e of the organization TIDES CENTER			Employer identification number $94 - 3213100$
Par		d Funds or Other Similar Funds	or Acc	
I UI	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(h) Funds and other accounts
4	Total number at and of year		(5	
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 w	-		
•	are the organization's property, subject to the organization's of			
6	Did the organization inform all grantees, donors, and donor as			
	for charitable purposes and not for the benefit of the donor of		conterrin	•
Par		anization answered "Yes" on Form 990	Part IV li	Yes No
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreat		f a histori	cally important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space		i a certine	
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form	of a cond	convertion accompant on the last
2	day of the tax year.	ed conservation contribution in the form		Held at the End of the Tax Year
•	Total number of conservation easements	O	- E	2a
a b				2b
0	Number of conservation easements on a certified historic stru			20 2c
d	Number of conservation easements included in (c) acquired a		····· -	
u				2d
3	listed in the National Register Number of conservation easements modified, transferred, rele			
3		eased, extinguished, or terminated by the	organiza	ation during the tax
4	year ► Number of states where property subject to conservation eas	oment is located		
5	Does the organization have a written policy regarding the per			
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ			Sorvation	casemente danng tre year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion ease	ments during the year
•	S			inonto daning the year
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense	stateme	nt and
•	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form			
1 a	If the organization elected, as permitted under FASB ASC 95	B, not to report in its revenue statement a	and balan	ce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtheranc	e of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and t	balance s	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance o	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$0.
	···· · · · · · · · · · · · · · · · · ·			▶ \$ 419,000.
2	If the organization received or held works of art, historical trea			· · · _ · · · · · · · · · · · · · · · ·
	the following amounts required to be reported under FASB A		U /1	
а	Revenue included on Form 990, Part VIII, line 1	-		► \$
				► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Sche	dule D (Form 990) 2021 TIDES C					94-	3213100) Page 2
Pa	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or	Other S	imilar Ass	ets _{(contin}	nued)
3	Using the organization's acquisition, access	on, and other records	s, check any of the	following that	make signi	ificant use of	its	
	collection items (check all that apply):							
а	X Public exhibition	d	X Loan or ex	change progra	ım			
b	Scholarly research	е	Other					
с	X Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain	how they further	the organizatio	n's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical tre	asures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be m						Yes	X No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizat	on answered "	Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributio	ns or other ass	ets not incl	uded		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
							Amount	t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					lf		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial accou	unt liability?	,	X Yes	No No
_	If "Yes," explain the arrangement in Part XIII							X
Pa	rt V Endowment Funds. Complete	if the organization and						
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years b	ack (e) Four	years back
1a	Beginning of year balance		-	-				
b	Contributions							
С	Net investment earnings, gains, and losses			_				
d	Grants or scholarships			_				
е	Other expenditures for facilities		2 1					
	and programs			•				
f	Administrative expenses			_				
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%	<u> </u>					
С	Term endowment	<u>%</u>						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administer	ed for the o	organization	r	
	by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza			?			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	t VI Land, Buildings, and Equipm			0 5 000	B 1 V II	4.0		
	Complete if the organization answere							
	Description of property	(a) Cost or of	• • •	st or other	• •	umulated	(d) Bool	k value
		basis (investm	hent) basi	s (other)	depre	ciation		
1 a	Land		4	00 000	-	4 1 6 1	15 05	- 022
b	Buildings			00,000.		4,167.		<u>5,833.</u>
	Leasehold improvements			<u>99,907.</u>		8,143.		<u>1,764.</u>
	Equipment		3	25,991.	31	1,039.	14	4,952.
<u>e</u>	Other						15 07	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

▶ | 15,872,549. Schedule D (Form 990) 2021

12291108 149058 94-3213100

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		S	
(6)	(
(7)			
(8)		P	
(9)			
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(E)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of "ability"			25. (b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization of liability (1) Federal income taxes (2) SECURITY DEPOSITS	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization of liability (1) Federal income taxes (2) SECURITY DEPOSITS	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) DUE TO RELATED ORGANIZATIO	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) DUE TO RELATED ORGANIZATIO (4)	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) DUE TO RELATED ORGANIZATIO (4) (5) (6)	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) DUE TO RELATED ORGANIZATIO (4) (5) (6) (7)	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) DUE TO RELATED ORGANIZATIO (4) (5) (6) (7) (8)	on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) DUE TO RELATED ORGANIZATIO (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🛄 🔀

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 TIDES CENTER Part VIII Investments - Other Securities.

Sche	dule D (Form 990) 2021 TIDES CENTER		94-3213	100 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Si		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	t XII Reconciliation of Expenses per Audited Financial S	Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	20		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			

4	Amounts included on Form 990, Fart IX, line 25, but not on line 1.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b

b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	
Pa	t XIII Supplemental Information.		
Provi	de 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,

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; P lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. irt XI,

PART III, LINE 4:

ONE OF TIDES CENTER'S PROJECTS, THE NATIONAL AIDS MEMORIAL GROVE, HOLDS	
TITLE TO THE AIDS MEMORIAL QUILT. THE NATIONAL AIDS MEMORIAL GROVE IS A	
FEDERALLY DESIGNATED AIDS MEMORIAL, ENCOMPASSING EFFORTS TO RESTORE,	
CREATE AND PERPETUALLY MAINTAIN A 15-ACRE WOODED SITE IN SAN FRANCISCO'S	
GOLDEN GATE PARK. THE GROVE IS DEDICATED TO ALL LIVES TOUCHED BY AIDS. IN	1
NOVEMBER 2019 THE NATIONAL AIDS MEMORIAL GROVE BECAME THE PERMANENT	
CARETAKER AND STEWARD OF THE AIDS MEMORIAL QUILT, RETURNING IT TO SAN	
FRANCISCO, WHERE ITS STORY BEGAN DURING THE HEIGHT OF THE AIDS EPIDEMIC.	
THE NATIONAL AIDS MEMORIAL GROVE WORKS WITH HUNDREDS OF PARTNERS ACROSS	
THE COUNTRY TO ORCHESTRATE MORE THAN 1,000 DISPLAYS EVERY YEAR IN SCHOOLS	3,
UNIVERSITIES, PLACES OF WORSHIP, CORPORATIONS AND COMMUNITY CENTERS. ON	
132054 10-28-21 Schedule D (Form 99	0) 2021
33	-
91108 149058 94-3213100 2021.05000 TIDES CENTER 9	4-321

Part XIII Supplemental Information (continued)

WORLD AIDS DAY, DECEMBER 1ST OF EACH YEAR, MORE THAN 1/2 OF THE QUILT GOES

ON DISPLAY AROUND THE NATION. AS OF SEPTEMBER 30, 2021 NATIONAL AIDS

MEMORIAL TRANSFERRED THEIR ASSETS TO THEIR OWN 501C3 ORGANIZATION.

PART IV, LINE 2B:

DURING 2021, THE ORGANIZATION HELD FUNDS IN AN AGENCY CAPACITY (ON BEHALF OF THE THOMAS J. LONG FOUNDATION, WHICH IS WINDING DOWN OPERATIONS) FOR THE ULTIMATE BENEFIT OF LINCOLN ELEMENTARY SCHOOL IN THE WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT. TIDES CENTER HAS NO VARIANCE POWER IN DETERMINING THE GRANTEE, AND THUS RECORDED AN ASSET (CASH) AS WELL AS A CORRESPONDING LIABILITY UPON RECEIPT OF THE PASS-THROUGH FUNDS; ITEMS ARE NOT RECORDED WITHIN REVENUES OR EXPENSES IN REGARDS TO THIS ARRANGEMENT.

PART X, LINE 2:

MANAGEMENT EVALUATED TIDES ORGANIZATIONS' TAX POSITIONS AND CONCLUDED THAT THEY HAD MAINTAINED THEIR TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

FORM 990, PART IV, LINE 8:

DURING 2021, THE ORGANIZATION HELD TITLE TO THE AIDS MEMORIAL QUILT, ON

BEHALF OF ITS FISCALLY SPONSORED PROJECT NATIONAL AIDS MEMORIAL GROVE.

Schedule D (Form 990) 2021

132055 10-28-21

12291108 149058 94-3213100

SCHEDULE F (Form 990)		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.					
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fa	► Attach to Form 990. rm990 for instructions and the latest	information.		Open to Public Inspection	
Name of the organization	,				Employer id	dentification number	
TIDES CENTER					94-321	3100	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the orgar	ization answe	red "Yes" on	
Form 990, Part I	•						
•	0		ds to substantiate the amount of its gra the selection criteria used to award the		,	X Yes No	
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the	
			n be duplicated if additional space is n				
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d gram service,	l) (f) Total expenditures	
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and	
	in the region	contractors	recipients located in the region)		(s) in the regio	I INVASTMANTS	
		in the region		\leftarrow			
EAST ASIA AND THE							
PACIFIC	0	0	GRANT-MAKING			712,678.	
	, , , , , , , , , , , , , , , , , , ,	Ŭ	SKANT MAKING			/12,070.	
			\sim				
EUROPE (INCLUDING							
ICELAND & GREENLAND)	0	0	GRANT-MAKING			533,492.	
,						,	
MIDDLE EAST AND			57				
NORTH AFRICA	0	0	GRANT-MAKING			520,242.	
RUSSIA AND NEIGHBORING STATES	0		GRANT-MAKING			744,330.	
MEIGHBORING STATES	0		GRANT-MAKING			/44,330.	
						01.000	
SOUTH AMERICA	0	0	GRANT-MAKING			81,889.	
	*						
SOUTH ASIA	0	0	GRANT-MAKING			784,825.	
SUB-SAHARAN AFRICA	0	0	GRANT-MAKING			1,184,965.	
NORTH AMERICA	0	0	GRANT-MAKING			143,895.	
3 a Subtotal	0	0				4,706,316.	
b Total from continuation							
sheets to Part I	0	0				131,460.	
c Totals (add lines 3a and 3b)	0	0				4,837,776.	

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990)	94-321310	94-3213100 Page 1			
			• (Schedule F (Form 990), Part I, line 3		
(a) Region	(b) Number of offices in the region offices in the region offices agents in region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND					
THE CARIBBEAN			GRANT-MAKING		131,460.
				<u>(</u> ,	
			S		
			. 0		
			54		
		2			
Totals					131,460.
	1				, <u>,</u>

Page 2

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)
					ELECTRONIC			
		CENTRAL AMERICA	HEALTHY INDIVIDUALS		FUND/WIRE			
			AND COMMUNITIES	101,460.	TRANSFER	Ο.		
					ELECTRONIC FUND/WIRE			
		CENTRAL AMERICA						
		AND THE CARIBBEAN	QUALITY EDUCATION	30,000.	TRANSFER	0.		
			COMMUNITY	5				
			IMPROVEMENT;	\bigcap	ELECTRONIC			
		EAST ASIA AND THE	COMMUNITY ORGANIZING;	10 805	FUND/WIRE	0		
		PACIFIC	CULTURAL AWARENESS	19,895.	TRANSFER	0.		
			FOULTRY HUNDED FOUR					
			EQUITY, HUMAN RIGHTS,		ELECTRONIC			
			AND ECONOMIC EMPOWERMENT	662 782	FUND/WIRE TRANSFER	0.		
		FACIFIC	EMPOWERMENT	002,703.		0.		
					ELECTRONIC			
			HEALTHY INDIVIDUALS		FUND/WIRE			
		PACIFIC	AND COMMUNITIES	30,000.	TRANSFER	0.		
		EUROPE (INCLUDING	EQUITY, HUMAN RIGHTS,		ELECTRONIC			
		ICELAND &	AND ECONOMIC		FUND/WIRE			
		GREENLAND)	EMPOWERMENT	503,492.	TRANSFER	0.		
		EUROPE (INCLUDING			ELECTRONIC			
		ICELAND &			FUND/WIRE			
		GREENLAND)	QUALITY EDUCATION	30,000.	TRANSFER	0.		
			EQUITY, HUMAN RIGHTS,		ELECTRONIC			
			AND ECONOMIC		FUND/WIRE			
			EMPOWERMENT	145,466.	TRANSFER	0.		
2 Enter total number of			recognized as charities by the f	,	1	-•		1
			or counsel has provided a sect					22
	•	-			• • • • • • • • • • • • • • • • • • • •	·····		

Schedule F (Form 990) 2021

Schedule F (Form 990)	TIDES	CENTER			94-3213100 Page					
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	nited States. (Schedule F (Form 990), Part II, line 1)					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		MIDDLE EAST AND NORTH AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	374,776.	ELECTRONIC FUND/WIRE TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	564,330.	ELECTRONIC FUND/WIRE TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	HEALTHY INDIVIDUALS AND COMMUNITIES	180,000.	ELECTRONIC FUND/WIRE TRANSFER	0.				
		SOUTH AMERICA	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	51,889.	ELECTRONIC FUND/WIRE TRANSFER	0.				
			SUISTAINABLE	30,000	ELECTRONIC FUND/WIRE TRANSFER	0.				
			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT		ELECTRONIC FUND/WIRE TRANSFER	0.				
		67	HEALTHY INDIVIDUALS AND COMMUNITIES		ELECTRONIC FUND/WIRE TRANSFER	0.				
		SOUTH ASIA	HUMAN RIGHTS, INTERNATIONAL DEVELOPMENT; TECHNOLOGY		ELECTRONIC FUND/WIRE TRANSFER	0.				
			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	520,466.	ELECTRONIC FUND/WIRE TRANSFER	0.				

Schedule F (Form 990)							94-3213100 Page				
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			HEALTHY INDIVIDUALS AND COMMUNITIES	634,499.	ELECTRONIC FUND/WIRE TRANSFER	0.					
		SUB-SAHARAN AFRICA	QUALITY EDUCATION	30,000.	ELECTRONIC FUND/WIRE TRANSFER	0.					
			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	119,914.	ELECTRONIC FUND/WIRE TRANSFER	0.					
			HEALTHY INDIVIDUALS		ELECTRONIC FUND/WIRE TRANSFER	0.					
				8							
		<i>P</i>									

Part III can be duplicated if a	dditional space is needed	d.				
(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
				PE		
				S		
			Ç	CV-1		

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.

94-3213100

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
	public Cor	hedule F (Fori	m 990) 2021

TIDES CENTER Schedule F (Form 990) 2021 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:

Part V

TIDES CONDUCTS AN INDEPENDENT REVIEW AND DUE DILIGENCE IN ADVANCE OF FUNDING TO ESTABLISH AND CONFIRM THAT SUPPORT FOR A GRANTEE WILL FURTHER TIDES' MISSION AND VIEWS AND THAT THE GRANTEE IS APPROPRIATELY STRUCTURED TO RECEIVE THE GRANT. POTENTIAL RECIPIENTS ARE REQUIRED TO PROVIDE PROOF OF TAX STATUS AND/OR REGISTRATION DOCUMENTS AND THEIR ORGANIZATIONAL DOCUMENTS. ALL GRANTEES ARE NOTIFIED OF THE TERMS AND CONDITIONS OF EACH GRANT SHOULD IT BE AWARDED AND GRANTEES INDICATE ACCEPTANCE BY SIGNATURE ON A GRANT AGREEMENT. ALL INTERNATIONAL GRANTS ARE RESTRICTED FOR USE IN FURTHERANCE OF ONE OR MORE CLEARLY CHARITABLE OR EDUCATIONAL PURPOSES CONSISTENT WITH TIDES' MISSION AND ITS TAX EXEMPT STATUS. GRANTEES ARE REQURIED TO CONFIRM THAT THE FUNDS WERE USED EXCLUSIVELY FOR SUCH ACTIVITIES CONDUCTED OUTSIDE OF THE UNITED STATES.

PART I, LINE 3:

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

PART IV, LINE 1

ALL CORPORATE TRANSFERS WERE IN THE FORM OF GRANTS TO INTERNATIONAL

ORGANIZATIONS TO ADVANCE TIDES CENTER'S MISSION, AND NOT IN EXCHANGE

FOR GOODS, SERVICES OR ANY OTHER RIGHTS OR PROPERTY.

132075 12-20-21

12291108 149058 94-3213100

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, o	or if the	^{the} 2021	
Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.			Open to Public	
Internal Revenue Service		Inspection							
Name of the organizatio		Employer ide	entification number						
	TIDES C	ENTER					94-3213	100	
	sing Activities.	Complete if the organization answert.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E2	Z filers are not	
 a X Mail solicita b X Internet and c X Phone solic d X In-person so 2 a Did the organization 	tions l email solicitations itations blicitations on have a written c		ition of ition of I fundra (incluc	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus	tees,	or X Ye	s 🗌 No	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	iant to	agreei	ments under which th	he fun	draiser is to b	e	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
DO GOOD STUFF-PAUL	TYRONE		Yes	No	2				
SMITH - 2261 MARKE	T ST. SUITE	CONSULTING		X	0.		22,090.	0.	
BING CONSULTING SE	RVICES -		(
3361 MISSION ST.,	SAN	CONSULTING		X	0.		12,000.	0.	
HEADFIRST ARTS & M	EDIA - 7128	C	\mathbb{N}						
PLANK AVE, EL CERR	ITO, ARUBA	MEDIA COMMUNICATIONS		x	0.		5,850.	0.	
HPA STRATEGIC COMM - 3777 EFFINGHAM P		MEDIA COMMUNICATIONS	5	X	0.		33,600.	0.	
CBW GROUP, INC GRAYSON AVENUE, SA	INT HELENA,	CONSULTING	\mathbb{N}	x	0.		16,630.	0.	
YOUTH SPEAKS, INC MARKET STREET, SAN	FRANCISCO,	MEDIA COMMUNICATIONS		x	0.		10,000.	0.	
EVERYTHING AUDIO V - 1498 CARROLL AVE		MEDIA COMMUNICATIONS		x	0.		8,665.	0.	
GREENWOOD COMMUNIC									
170 COATS CIRCLE,		CONSULTING	_	X	0.		6,000.	0.	
EVENTS GROUP INTER	· · · ·								
INC - 333 WEST 52N	D ST. SUITE	MEDIA COMMUNICATIONS		X	0.		5,500.	0.	
Total				•			120,335.		
 List all states in wh 	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	IT IS E	exempt from re	egistration	

or licensing.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

hed Part	ule G (Form 990) 2021 TIDES C Fundraising Events. Complete if the of fundraising event contributions and gree	e organization answered		t IV, line 18, or reported	
		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Hevenue					
	Gross receipts	35,611.			35,611
	Less: Contributions	35,611.			35,611
	Gross income (line 1 minus line 2)				
	Cash prizes				
5	Noncash prizes				
	Rent/facility costs			e .	
	Food and beverages		\		
<u>ء</u> ع	Entertainment				
9		65,275.	S		65,275
1	D Direct expense summary. Add lines 4 through	n 9 in column (d)		►	65,275
1	 Net income summary. Subtract line 10 from li Gaming. Complete if the organization 				-65,275
aniavan	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col.
<u> </u>	Gross revenue	C			
ses 2	Cash prizes				
	Noncash prizes				
	Rent/facility costs				
	Other direct expenses				
	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
1	Net gaming income summary. Subtract line 7	from line 1, column (d)			1
a Is	nter the state(s) in which the organization condu- the organization licensed to conduct gaming a "No," explain:	ctivities in each of these s	states?		Yes N
	/ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	YesN
- _ Da V					
	"Yes," explain:				

Schedule G (Form 990) 2021	TIDES	CENTER	94-3213100 Page 3
11 Does the organiza	ation conduct gar	ning activitie	s with nonmembers?	Yes No
			tee of a trust, or a member of a partnership or other entity formed	
to administer cha	ritable gaming?			Yes No
13 Indicate the perce				
a The organization?	s facility			
14 Enter the name a	nd address of the	person who	prepares the organization's gaming/special events books and recor	ds:
Name 🕨				
Address 🕨				
15a Does the organization	ation have a contr	ract with a th	ird party from whom the organization receives gaming revenue? \dots	Yes No
b If "Yes," enter the	e amount of gamir	ng revenue r	eceived by the organization \blacktriangleright \$ and the am	ount
of gaming revenu	e retained by the	third party	►\$	
c If "Yes," enter na	me and address o	of the third p	irty:	
Name 🕨				
Address 🕨				
16 Gaming manager	information:		S	
Name 🕨				
Gaming manager	compensation	▶ \$		
0 0				
Description of ser	rvices provided	•		
Director/ot	fficer	Employ	ee Independent contractor	
17 Mandatory distrib	utions:			
		state law to	nake charitable distributions from the gaming proceeds to	
				Yes No
			r state law to be distributed to other exempt organizations or spent	
organization's ow				
Part IV Supple	mental Inform	nation. Pr	wide 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. A	lso provide any additional information. See instructions.	
		T T NTD 0		
SCHEDULE G,	PART 1,	LINE Z	B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) NAME OF	FUNDRAIS	ER: DO	GOOD STUFF-PAUL TYRONE SMITH	
(-)				
(I) ADDRESS	OF FUNDR	AISER:		
2261 MARKET	ST. SUIT	E 188,	SAN FRANCISCO, CA 94114	
(I) NAME OF	FIINIDRATC	ER. BT	NG CONSULTING SERVICES	
(1) HITTE OF	TORDIALD			
(I) ADDRESS	OF FUNDR	AISER:	3361 MISSION ST., SAN FRANCISCO,	CA 94110
. ,				
132083 10-21-21				Schedule G (Form 990) 2021
			45	

 Schedule G (Form 990)
 TIDES
 CENTER

 Part IV
 Supplemental Information (continued)
 Continued)

(I) NAME OF FUNDRAISER: HEADFIRST ARTS & MEDIA

(I) ADDRESS OF FUNDRAISER: 7128 PLANK AVE, EL CERRITO, ARUBA 94530

(I) NAME OF FUNDRAISER: HPA STRATEGIC COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 3777 EFFINGHAM PLACE, LOS ANGELES, CA 90027

(I) NAME OF FUNDRAISER: CBW GROUP, INC.

(I) ADDRESS OF FUNDRAISER: 1434 GRAYSON AVENUE, SAINT HELENA, CA 94574

(I) NAME OF FUNDRAISER: YOUTH SPEAKS, INC

(I) ADDRESS OF FUNDRAISER: 1446 MARKET STREET, SAN FRANCISCO, CA 94102

(I) NAME OF FUNDRAISER: EVERYTHING AUDIO VISUAL CORP

(I) ADDRESS OF FUNDRAISER: 1498 CARROLL AVE., SAN FRANCISCO, CA 94124

(I) NAME OF FUNDRAISER: GREENWOOD COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 170 COATS CIRCLE, PLEASANT HILL, CA 94523

(I) NAME OF FUNDRAISER: EVENTS GROUP INTERNATIONAL, INC

(I) ADDRESS OF FUNDRAISER:

333 WEST 52ND ST. SUITE 1008, NEW YORK, NY 10019

Schedule G (Form 990)

132084 11-18-21

SCHEDULE I		rants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2021
Department of the Treasury	Compr	ete il the organization	Attach to For		(1 v , inte 21 of 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization TIDES CEN	FER						Employer identification number $94 - 3213100$
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						X Yes 🗌 No
2 Describe in Part IV the organization's pro	cedures for monite	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than \$						es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRIGADA SOLIDARIA DEL OESTE				2			
PO BOX 1073							
BOQUERON, PUERTO RICO, PUERTO RICO							EQUITY, HUMAN RIGHTS, AND
00622	66 - 0891938		15,000.	0.			ECONOMIC EMPOWERMENT
CAMPAMENTO CONTRA LAS CENIZAS EN							
PENUELAS INC - HC 3 BOX 15516 -				1			
PEUELAS, PUERTO RICO, PUERTO RICO			\sim				
00624	66-0900541		15,000.	0.			SUSTAINABLE ENVIRONMENT
PLATAFORMA AGROCULTURAL PARA EL		C.					
EMPODERAMIENTO COMUNITARIO - P.O.							
BOX 703 - LARES, PUERTO RICO,							EQUITY, HUMAN RIGHTS, AND
PUERTO RICO 00669	66-0917085	501(C)(3)	8,000.	0.			ECONOMIC EMPOWERMENT
CENTRO DE APOYO MUTUO BUCARABONES							
UNIDO - CARR, 409 KM. 3.1 - LAS							
MARIAS, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00670	66-0900105	501(C)(3)	10,000.	0.			COMMUNITIES
SEMILLERO DE LAS ARTES	· · · · · ·						
CALLE MARIANO ABRIL 101A -							
MAYAGUEZ, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00680	66-0874286		15,000.	0.			COMMUNITIES
RECINTO UNIVERSITARIO DE MAYAGUEZ							
P.O. BOX 9000							
MAYAGEZ, PUERTO RICO, PUERTO RICO		GOVERNMENT					
00681-9000	66-0433761	ENTITY	10,000.	0.			QUALITY EDUCATION
2 Enter total number of section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table				▶ <u>404.</u>
3 Enter total number of other organizations	listed in the line 1	table					▶ 28.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INICIATIVA DE ECODESARROLLO DE							
BAHIA DE JOBOS - P.O. BOX 6 -							
ARROYO, PUERTO RICO, PUERTO RICO							
00714	66-0758170		20,000.	٥.			SUSTAINABLE ENVIRONMENT
COLECTIVO ILE CORPORACION							
LUIS MUOZ MARN 20							
CAGUAS, PUERTO RICO, PUERTO RICO							EQUITY, HUMAN RIGHTS, AND
00725	66-0808702		41,500.	0.			ECONOMIC EMPOWERMENT
PROYECTO MATRIA INC							
BETANCES 53							
CAGUAS, PUERTO RICO, PUERTO RICO				\sim			HEALTHY INDIVIDUALS AND
00725	66-0641575	501(C)(3)	20,000.	0.			COMMUNITIES
CENTRO DE APOYO MUTUO Y							
RESILIENCIA COMUNITARIA LAS							
CAROLINAS INC - HC 6 BOX 70390 -				1			HEALTHY INDIVIDUALS AND
CAGUAS, PUERTO RICO, PUERTO RICO	66-0925900		10,000.	0.			COMMUNITIES
COMEDORES SOCIALES DE PUERTO RICO		•		K			
INC - PO BOX 3181 - CAGUAS, PUERTO		C		· ·			HEALTHY INDIVIDUALS AND
RICO, PUERTO RICO 00726-3181	66-0912044	501(C)(3)	45,000.	٥.			COMMUNITIES
TALLER SALUD INC							
PO BOX 524							
LOIZA, PUERTO RICO, PUERTO RICO							EQUITY, HUMAN RIGHTS, AND
00772	66-0494692 <	501(C)(3)	50,000.	٥.			ECONOMIC EMPOWERMENT
MUJERES DE ISLAS INC							
PO BOX 358							
CULEBRA, PUERTO RICO, PUERTO RICO							
00775	66-0768054	501(C)(3)	15,000.	0.			SUSTAINABLE ENVIRONMENT
ST CROIX FOUNDATION FOR COMMUNITY			, -				
DEVELOPMENT INC - 1023 MARKET							
STREET - CHRISTIANSTED, VIRGIN							EQUITY, HUMAN RIGHTS, AND
ISLANDS, VIRGIN ISLANDS 00820	66-0480131	501(C)(3)	20,000.	0.			ECONOMIC EMPOWERMENT
KILOMETRO 0		, /	1				
206 TETUN, SUITE 800							
SAN JUAN, PUERTO RICO, PUERTO RICO							EQUITY, HUMAN RIGHTS, AND
00901	66-0898712	501(C)(3)	15,000.	٥.			ECONOMIC EMPOWERMENT

TIDES CENTER

Schedule I (Form 990)

132241	
11-18-21	

49

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA MARANA							
551 CALLE TRIGO							
SAN JUAN, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00907	66-0838654	501(C)(3)	15,000.	0.			COMMUNITIES
CENTRO DE PERIODISMO INVESTIGATIVO							
INC - P.O. BOX 6834 - SAN JUAN,					$\langle \cdot \rangle$		
PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00914-6834	66-0705065	501(C)(3)	25,000.	0.			COMMUNITIES
FIDEICOMISO DE LA TIERRA DEL CANO							
MARTIN PENA - PMB 1838 - SAN JUAN,				\sim			EQUITY, HUMAN RIGHTS, AND
PUERTO RICO, PUERTO RICO 00917	66-0648279		50,000.	0.			ECONOMIC EMPOWERMENT
CENTRO PARA LA RECONSTRUCCION DEL							
HABITAR - 220 CALLE MANUEL							
DOMENECH UNIT 644 - SAN JUAN,			\sim	1			HEALTHY INDIVIDUALS AND
PUERTO RICO, PUERTO RICO 00918	66-0895294	501(C)(3)	15,000.	0.			COMMUNITIES
AYUDA LEGAL PUERTO RICO INC			\sim				
PO BOX 195321				K			
SAN JUAN, PUERTO RICO, PUERTO RICO		C.) *			EQUITY, HUMAN RIGHTS, AND
00918	66-0890750	501(C)(3)	45,000.	0.			ECONOMIC EMPOWERMENT
CIRCUITO DE INNOVACION Y							
RESILIENCIA QUEER - CONDOMINIO EL							
MONTE NORTE - SAN JUAN, PUERTO							EQUITY, HUMAN RIGHTS, AND
RICO, PUERTO RICO 00918	66-0903902 <		10,000.	0.			ECONOMIC EMPOWERMENT
COORDINADORA PAZ PARA LA MUJER INC	C						
PO BOX 193008							
SAN JUAN, PUERTO RICO, PUERTO RICO							EQUITY, HUMAN RIGHTS, AND
00919	66-0550935	501(C)(3)	50,000.	0.			ECONOMIC EMPOWERMENT
CAMINANDO LA UTOPIA INC							
P.O. BOX 190922							
SAN JUAN, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00919-0922	66-0938975		10,000.	0.			COMMUNITIES
FEDERACION DE MAESTROS DE PUERTO							
RICO - URB. EL CARIBE 1572 AVE							
PONCE DE LEN - SAN JUAN, PUERTO							
RICO, PUERTO RICO 00926	66-0267056		92,000.	0.			QUALITY EDUCATION

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

Schedule I (Form 990) TIDES CEN	TER					9	94-3213100 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUEBLO CRITICO INC							
URB. MANSIONES DE RIO PIEDRAS -							
SAN JUAN, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00926	66-0882626		30,000.	0.			COMMUNITIES
COMISION CIUDADANA PARA LA							
AUDITORIA INTEGRAL DEL CREDITO							
PUBLICO - DUKE 906 - SAN JUAN,							HEALTHY INDIVIDUALS AND
PUERTO RICO, PUERTO RICO 00927	66-0880065	501(C)(3)	20,000.	0.			COMMUNITIES
COLECTIVO EL ANCON DE LOIZA INC.							
401 AVENUE AMRICO MIRANDA, 110B -							
SAN JUAN, PUERTO RICO, PUERTO RICO				\sim			HEALTHY INDIVIDUALS AND
00927	66-0907038		10,000.	0.			COMMUNITIES
FIDEICOMISO PARA EL DESARROLLO DE							
RIO PIEDRAS - PO BOX 9300448 - SAN							
JUAN, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00928	66-6043399	501(C)(3)	20,000.	0.			COMMUNITIES
CENTRO DE LA MUJER DOMINICANA INC							
P.O. BOX 20068		•		K			
SAN JUAN, PUERTO RICO, PUERTO RICO		C		· ·			EQUITY, HUMAN RIGHTS, AND
00928	66-0642701	501(C)(3)	15,000.	0.			ECONOMIC EMPOWERMENT
BEJUCO							
PO BOX 367362							
SAN JUAN, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00936	66-0933237 <	501(C)(3)	10,000.	0.			COMMUNITIES
HASER INC		V					
PO BOX 368035							
SAN JUAN, PUERTO RICO, PUERTO RICO							HEALTHY INDIVIDUALS AND
00936-8035	66-0861655	501(C)(3)	50,000.	٥.			COMMUNITIES
ASOCIACION DE COMMUNIDADES UNIDAS							
TOMANDO ACCION SOLIDARIA INC - PO							
BOX 52 - TOA BAJA, PUERTO RICO,							HEALTHY INDIVIDUALS AND
PUERTO RICO 00951	66-0911147	501(C)(3)	15,000.	٥.			COMMUNITIES
PARCELERAS AFORCARIBENAS POR LA							
FORMACION BARRIAL INC - P.O BOX							
1321 - SAINT JUST, PUERTO RICO,							HEALTHY INDIVIDUALS AND
PUERTO RICO 00978-1321	66-0924847	501(C)(3)	10,000.	٥.			COMMUNITIES

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho I	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT – P.O. BOX 617 – STOCKBRIDGE, MA 01262	04-2426357	GOVERNMENT ENTIT	42,916.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
INTERFAITHFAMILY.COM INC 190 NORTH MAIN STREET NATICK, MA 01760	04-3577816	501(C)(3)	17,700.	0.	×		HEALTHY INDIVIDUALS AND COMMUNITIES
BUILDING AUDACITY 75 ALLEN AVENUE LYNN, MA 01902	83-4650961	501(C)(3)	42,500.		*		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BEYOND BOND LEGAL DEFENSE FUND INC 394 CENTRAL STREET SAUGUS, MA 01906	85-0974406	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
YEAR UP INC BOSTON 45 MILK STREET BOSTON, MA 02109	04-3534407	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	70,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE CENTER FOR TEEN EMPOWERMENT INC - 384 WARREN STREET - ROXBURY, MA 02119	04-3091002	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BLACK AND PINK INC PO BOX 231126 BOSTON, MA 02123	27-3930676	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
AGITARTE P.O. BOX 391791 CAMBRIDGE, MA 02139	04-3420465	501(C)(3)	35,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	· · · · · · · · · · · · · · · · · · ·
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS BAIL FUND INC 2161 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	82-4924766	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
RESILIENT CODERS INC 1 BROADWAY, 3RD FLOOR CAMBRIDGE, MA 02142	47-1882343	501(C)(3)	50,000.	0.	4		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PRISON BOOK PROGRAM 1306 HANCOCK STREET QUINCY, MA 02169	20-3235673	501(C)(3)	20,000.				EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENGAGE LEARNING INC 200 PIER 4 BOULEVARD BOSTON, MA 02210	59-2124491		50,000.	0.			QUALITY EDUCATION
CITY YEAR INC P.O. BOX 412755 BOSTON, MA 02241-2755	22-2882549	501(C)(3)	10,000.	0.			QUALITY EDUCATION
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - PO BOX 415649 - BOSTON, MA 02241-5649	04-2103580 (501(C)(3)	10,000.	0.			QUALITY EDUCATION
DEPLOY US INC 23 BYRON AVE LEXINGTON, MA 02420	47-2818525	501(C)(3)	150,000.	0.			SUSTAINABLE ENVIRONMENT
THE CLAYTON CHRISTENSEN INSTITUTE FOR DISRUPTIVE INNOVATION - 92 HAYDEN AVENUE - LEXINGTON, MA 02421	26-0264045	501(C)(3)	10,000.	0.			QUALITY EDUCATION
BLACKSTONE ACADEMY INC 334 PLEASANT STREET PAWTUCKET, RI 02860	80-0025718	501(C)(3)	27,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)

TIDES CENTER

Schedule I (Form 990) TIDES CEN							4-3213100 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa I	ırt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE YOUTH STUDENT MOVEMENT 669 ELMWOOD AVENUE PROVIDENCE, RI 02907	65-1224536	501(0)(3)	64,500.	0.			HEALTHY INDIVIDUALS AND
CASCO BAY HIGH SCHOOL 196 ALLEN AVENUE							
PORTLAND, ME 04103	04-3374427	GOVERNMENT ENTIT	7,500.	0.			QUALITY EDUCATION
FOCUS FORWARD 10 EDGEWATER ROAD FALLMOUTH, ME 04105	81-0579812	501(C)(3)	42,500.		v		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
INDIAN TOWNSHIP PASSAMAQUODDY SCHOOL COMMITTEE - 39A UNION STREET - CALAIS, ME 04619	01-0502197		29,000.	0.			QUALITY EDUCATION
CT COALITION FOR ENVIRONMENTAL JUSTICE – 10 JEFFERSON STREET – HARTFORD, CT 06106	06-1511861		92,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
LAOTIAN AMERICAN NATIONAL ALLIANCE 586 W THAMES STREET NORWICH, CT 06360	35-2260474 <	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITY BONDS INC P.O. BOX 593 NEW HAVEN, CT 06513	81-2912950	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FIRST FRIENDS OF NEW JERSEY AND NEW YORK – 53 SO. HACKENSACK AVENUE – KEARNY, NJ 07032	26-2325815	501(C)(3)	30,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
IRONBOUND COMMUNITY CORPORATION 317 ELM STREET NEWARK, NJ 07105	22-1916086	501(C)(3)	170,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990) TIDES CEN				. (0.1			94-3213100 Page
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION BETH EL AND SCHOOL 8000 MAIN STREET VOORHEES, NJ 08043	21-0692981	501(C)(3)	5,125.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540-6614	22-6029397	501(C)(3)	67,462.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NEW BRUNSWICK EDUCATION ASSOCIATION - 83 MORRIS STREET - NEW BRUNSWICK, NJ 08901	APPLIED FOR		20,000.		*		HEALTHY INDIVIDUALS AND COMMUNITIES
JEWS FOR RACIAL AND ECONOMIC JUSTICE COMMUNITY INC - 330 SEVENTH AVENUE - NEW YORK, NY 10001	13-3694790	501(C)(3)	103,630.	0.			QUALITY EDUCATION
SHABBAT PROJECT INC 228 PARK AVENUE S NEW YORK, NY 10003	46-4715368	501(C)(3)	15,300.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
WE THE PROTESTERS INC 1 WEST STREET NEW YORK, NY 10004	81-3764408	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
FLATIRON SCHOOL LLC 18 WEST 18TH STREET, 7TH FLOOR NEW YORK, NY 10011	82-3126722		50,000.	0.			QUALITY EDUCATION
NEW YORK UNIVERSITY 665 BROADWAY STREET NEW YORK, NY 10012	13-5562308	501(C)(3)	30,000.	0.			QUALITY EDUCATION
FUND FOR THE CITY OF NEW YORK INC 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-2612524	501(C)(3)	143,564.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT

LIBERTY FUND INC				
428 BROADWAY				
NEW YORK, NY 10013	38-3974312	501(C)(3)	20,000.	0.
NATIONAL CENTER FOR CIVIC				
INNOVATION INC - 121 AVENUE OF THE				
AMERICAS - NEW YORK, NY 10013	02-0590588	501(C)(3)	10,000.	0.
PROJECT ON ORGANIZING DEVELOPMENT				
EDUCATION AND RESEARCH LTD - PO				\sim
BOX 2086 - NEW YORK, NY 10013	27-1732776	501(C)(3)	23,878.	0.
BLACK SOCIALISTS IN AMERICA				
347 FIFTH AVENUE, SUITE 1402-126				1
NEW YORK, NY 10016	84-3589987	501(C)(3)	20,000.	0.

(b) EIN

(c) IRC section

if applicable

(d) Amount of

cash grant

(e) Amount of

noncash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

NATIONAL CENTER FOR CIVIC INNOVATION INC - 121 AVENUE OF THE				$\langle \cdot \rangle$	
AMERICAS - NEW YORK, NY 10013	02-0590588 501(C)(3)	10,000.	0.		QUALITY EDUCATION
PROJECT ON ORGANIZING DEVELOPMENT EDUCATION AND RESEARCH LTD - PO BOX 2086 - NEW YORK, NY 10013	27-1732776 501(C)(3)	23,878.	S ⁰ .		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BLACK SOCIALISTS IN AMERICA 347 FIFTH AVENUE, SUITE 1402-126 NEW YORK, NY 10016	84-3589987 501(C)(3)	20,000.	0.		HEALTHY INDIVIDUALS AND COMMUNITIES
UNION FOR REFORM JUDAISM ATTN: DEVELOPMENT OFFICE NEW YORK, NY 10017	13-1663143 501(C)(3)	16,250.	0.		HEALTHY INDIVIDUALS AND COMMUNITIES
UNICEF NY CASHIER'S ACCOUNT NO 1 3 UNITED NATIONS PLAZA NEW YORK, NY 10017	APPLIED FOR	10,951.	0.		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
THE OPPORTUNITY AGENDA INC 575 8TH AVENUE SUITE 701 NEW YORK, NY 10018	84-3935514 501(C)(3)	3,253,929.	0.		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC - 220 EAST 42ND STREET - NEW YORK, NY 10018	13-1656634 501(C)(3)	10,000.	0.		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EMERGENCY RELEASE FUND 345 WEST 54TH STREET NEW YORK CITY, NY 10019	84-3951807 501(C)(3)	117,500.	0.		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

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

(a) Name and address of

organization or government

55

94-3213100 Page 1

(h) Purpose of grant

or assistance

EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

							A SZISIOU Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIME PRODUCE LIMITED							
424 W 54TH STREET							EQUITY, HUMAN RIGHTS, AND
NEW YORK, NY 10019	26-1188925	501(C)(3)	540,000.	٥.			ECONOMIC EMPOWERMENT
BLUE MERIDIAN PARTNERS, INC. 477 MADISON AVENUE, 6TH FLOOR NEW YORK, NY 10022	81-5086187	501(C)(3)	2,510,730.	0.	K		HEALTHY INDIVIDUALS AND COMMUNITIES
PERFORMANCE ZONE INC 75 MAIDEN LANE NEW YORK, NY 10038	13-3357408	501(C)(3)	5,375.		•		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
THE AMERICAN GERIATRICS SOCIETY 40 FULTON STREET, 18TH FLOOR NEW YORK, NY 10038	13-1950856	501(C)(3)	53,096.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
AVODAH THE JEWISH SERVICE CORPS INC - 4125 MAIDEN LANE, 8B - NEW YORK, NY 10038	13-3914342	501(C)(3)	20,875.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	105,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FORWARD ASSOC INC 125 MAIDEN LANE, 8TH FLOOR NEW YORK, NY 10038-5015	13-0623590	501(C)(3)	17,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE CRENULATED COMPANY LTD 1512 TOWNSEND AVENUE BRONX, NY 10452	14-1719016		62,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
PER SCHOLAS INC 804 EAST 138TH STREET BRONX, NY 10454	04-3252955	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

94-3213100

Page 1

TIDES CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASA MEXED INC 2770 THIRD AVENUE BRONX, NY 10455	11-3640210	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BLACK FARMER FUND INC 2161 PROSPECT AVENUE BRONX, NY 10457	84-2310349	501(C)(3)	300,000.	0.	<u>k</u>		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
LATIN AMERICAN AND CARIBBEAN COMMUNITY CENTER - 409 MORRIS PARK AVENUE - BRONX, NY 10460	20-0440935	501(C)(3)	70,000.	S _{0.}	×		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ARTS BUSINESS COLLABORATIVE 31-00 47TH AVENUE LONG ISLAND CITY, NY 11101	83-2173068	501(C)(3)	42,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BROOKLYN COMMUNITY BAIL FUND INC 195 MONTAGUE STREET, 14TH FLOOR BROOKLYN, NY 11201	90-1014588	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NPOWER INC 55 WASHINGTON STREET BROOKLYN, NY 11201	13-4145441	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EL PUENTE DE WILLIAMSBURG INC 211 SOUTH 4TH STREET BROOKLYN, NY 11211	11-2614265	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
YOUTH DESIGN CENTER INC 47 BELMONT AVE. BROOKLYN, NY 11212	81-0693987	501(C)(3)	30,000.	0.			QUALITY EDUCATION
BEDFORD STUYVESANT RESTORATION CORPORATION - 1368 FULTON STREET - BROOKLYN, NY 11216	11-6083182	501(C)(3)	20,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

94-3213100 Page 1

Schedule I (Form 990)

Schedule I (Form 990)

TIDES CENTER

Part II Continuation of Grants and Othe	r Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READ 718							
420 ATLANTIC AVE							
BROOKLYN, NY 11217	46-4080472	501(C)(3)	30,000.	0.			QUALITY EDUCATION
	10 10001/1	561(6)(5)					
COMMUNICATION FOR CHANGE							
423 ATLANTIC AVE, SUITE 3L							EQUITY, HUMAN RIGHTS, AND
BROOKLYN, NY 11217	13-3672458	501(C)(3)	27,689.	0.	<u> </u>		ECONOMIC EMPOWERMENT
,			,				
NEW YORK CITY ENVIRONMENTAL							
JUSTICE ALLIANCE INC - 462 36TH				\sim			
STREET - BROOKLYN, NY 11232	13-3779250	501(C)(3)	135,000.	0.			SUSTAINABLE ENVIRONMENT
MAKE THE ROAD NEW YORK							
301 GROVE STREET				1			EQUITY, HUMAN RIGHTS, AND
BROOKLYN, NY 11237	11-3344389	501(C)(3)	112,506.	0.			ECONOMIC EMPOWERMENT
			h	O			
CENTER FOR POPULAR DEMOCRACY							
449 TROUTMAN STREET		C.					EQUITY, HUMAN RIGHTS, AND
BROOKLYN, NY 11237	45-3813436	501(C)(3)	50,000.	0.			ECONOMIC EMPOWERMENT
TOMORROWS LEADERS NYC							
P.O. BOX 242							
BROOKLYN, NY 11238	45-3943245	501(C)(3)	30,000.	0.			QUALITY EDUCATION
CARGUILL NORMALINGEDED INC							
CATSKILL MOUNTAINKEEPER INC							
P.O. BOX 1000	51 0503860		1.5 000				
LIVINGSTON MANOR, NY 12758	51-0583769	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
OPEN BUFFALO INC							
							FOULTRY HIMAN PTOURS AND
1327 JEFFERSON AVENUE	47-5317696	501(0)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
UPPER BUFFALO, NY 14208 PEOPLE UNITED FOR SUSTAINABLE	47-5517696	201(C)(3)	10,000.	<u> </u>			ECONOMIC EMPOWERMENT
HOUSING INCORPORATED - 429							
PLYMOUTH AVENUE - BUFFALO, NY							EQUITY, HUMAN RIGHTS, AND
14213	20-3558447	501(C)(3)	15,000.	0.			ECONOMIC EMPOWERMENT
	20-3556447		1 15,000.	υ.			ECONOMIC EMPOWERMENT

94-3213100

Page 1

TIDES CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Othe	er Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VOICES PITTSBURGH INC							
5987 BROAD STREET							HEALTHY INDIVIDUALS AND
PITTSBURGH, PA 15206	27-0570462	501(C)(3)	42,500.	٥.			COMMUNITIES
POISE FOUNDATION					1.		
TWO GATEWAY CENTER, SUITE 1700							EQUITY, HUMAN RIGHTS, AND
PITTSBURGH, PA 15222	25-1393426	501(C)(3)	15,000.	0.			ECONOMIC EMPOWERMENT
DAUPHIN COUNTY BAIL FUND				5			
3915 UNION DEPOSIT ROAD 424	82 2007242	F01(a)(2)	40 500				EQUITY, HUMAN RIGHTS, AND
HARRISBURG, PA 17109	82-3997343	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
PEQUEA VALLEY SCHOOL DISTRICT							
PO BOX 130				1			
KINZERS, PA 17535	23-1668242	GOVERNMENT ENTIT	10,000.	0.			QUALITY EDUCATION
			\sim	\mathcal{O}			
PARISH RESOURCE CENTER INC							L
2160 LINCOLN HIGHWAY EAST							HEALTHY INDIVIDUALS AND
LANCASTER, PA 17602	23-2000688	501(C)(3)	10,000.	0.			COMMUNITIES
RECONSTRUCTIONIST RABBINICAL							
COLLEGE - 1299 CHURCH ROAD -							
WYNCOTE, PA 19095	23-1710675	501(C)(3)	25,000.	0.			QUALITY EDUCATION
JEVS HUMAN SERVICES	X	r.					
1845 WALNUT STREET, SUITE 700							EQUITY, HUMAN RIGHTS, AND
PHILADELPHIA, PA 19103	23-1352118	501(C)(3)	10,000.	0.			ECONOMIC EMPOWERMENT
MOVEMENT ALLIANCE PROJECT							
924 CHERRY STREET							EQUITY, HUMAN RIGHTS, AND
PHILADELPHIA, PA 19107	26-0307123	501(C)(3)	70,000.	0.			ECONOMIC EMPOWERMENT
,,,,							
URBAN AFFAIRS COALITION							
1207 CHESTNUT STREET							EQUITY, HUMAN RIGHTS, AND
PHILADELPHIA, PA 19107	23-7046393	501(C)(3)	10,000.	٥.			ECONOMIC EMPOWERMENT

94-3213100

Page 1

TIDES CENTER

Schedule I (Form 990)

132241	
11-18-21	

FIRST FOCUS

1400 EYE STREET NW

WASHINGTON, DC 20005

GREENPEACE FUND INC 702 H STREET NW		S.			
WASHINGTON, DC 20001	95-3313195	501(C)(3)	15,000.	Ο.	
ALLIANCE FOR YOUTH ORGANIZING 915 5TH STREET NW					
WASHINGTON, DC 20001	46-2465621	501(C)(3)	20,000.	0.	
TWO RIVERS PUBLIC CHARTER SCHOOL 1227 4TH STREET NE WASHINGTON, DC 20002	41-2089357	501(C)(3)	7,500.	0.	

PHILADELPHIA BAIL FUND P.O.BOX 22316 EQUITY, HUMAN RIGHTS, AND PHILADELPHIA, PA 19110 82-1360589 501(C)(3) 42,500. 0. ECONOMIC EMPOWERMENT NEW PHI - P REA 742 NOR

(d) Amount of

cash grant

(e) Amount of

noncash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

NEW SANCTUARY MOVEMENT OF PHILADELPHIA - 2601 POTTER STREET - PHILADELPHIA, PA 19125	46-4056973	501(C)(3)	10,000.	0.		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
REALITY SPEAKING INC 742 HAWS AVENUE NORRISTOWN, PA 19401	16-1696798	501(C)(3)	20,000.		¥	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EARTH HACKS FOUNDATION 2093 PHILADELPHIA PIKE CLAYMONT, DE 19703	83-3712349	501(C)(3)	48,000.	0.		SUSTAINABLE ENVIRONMENT
WILMINGTON FREEDOM ALLIANCE INC PO BOX 30051 WILMINGTON, DE 19805	85-1287916	501(C)(3)	270,000.	0.		HEALTHY INDIVIDUALS AND COMMUNITIES
GREENPEACE FUND INC 702 H STREET NW WASHINGTON, DC 20001	95-3313195 (501(C)(3)	15,000.	0.		SUSTAINABLE ENVIRONMENT
ALLIANCE FOR YOUTH ORGANIZING 915 5TH STREET NW WASHINGTON, DC 20001	46-2465621	501(C)(3)	20,000.	0.		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TWO RIVERS PUBLIC CHARTER SCHOOL 1227 4TH STREET NE						

(b) EIN

81-3185002 501(C)(3)

(c) IRC section

if applicable

(a) Name and address of

organization or government

DUALITY EDUCATION

COMMUNITIES

HEALTHY INDIVIDUALS AND

Schedule I (Form 990)

(h) Purpose of grant

or assistance

500,000.

Ο.

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	inestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOR OUR FUTURE EDUCATION FUND 1411 K STREET NW, SUITE 900 WASHINGTON, DC 20005	83-3128084	501(C)(3)	200,000.	0.			QUALITY EDUCATION
OPEN GOVERNMENT PARTNERSHIP SECRETARIAT - 1100 13TH STREET, NW SUITE 800 - WASHINGTON, DC 20005	81-1867464	501(C)(3)	78,094.	0.	4		HEALTHY INDIVIDUALS AND COMMUNITIES
MERIT AMERICA ONE THOMAS CIRCLE NW WASHINGTON, DC 20005	84-2108762	501(C)(3)	50,000.		*		QUALITY EDUCATION
DISABILITY RIGHTS INTERNATIONAL INC - 1825 K STREET NW, SUITE 600 - WASHINGTON, DC 20006	52-2035860	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TOGETHER FOR GIRLS C/O UNAIDS WASHINGTON, DC 20006	45-4664343	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
GENERATION USA 1616 H STREET NW, SUITE 820 WASHINGTON, DC 20006	84-3357705	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, ANI ECONOMIC EMPOWERMENT
YOUNG CONSERVATIVES FOR ENERGY REFORM - 1775 EYE STREET NW - WASHINGTON, DC 20006	82-4990956	501(C)(3)	150,000.	0.			EQUITY, HUMAN RIGHTS, ANI ECONOMIC EMPOWERMENT
SOUTHEAST ASIA RESOURCE ACTION CENTER SEARAC - 1628 16TH STREET, NW - WASHINGTON, DC 20009	52-1161473	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NATIONAL FEDERATION OF FILIPINO AMERICAN ASSOCIATIONS - 1322 18TH ST NW, - WASHINGTON, DC 20036	52-2063531	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION REIMAGINED							
1133 19TH STREET NW							
WASHINGTON, DC 20036	83-1086088	501(C)(3)	10,000.	0.			QUALITY EDUCATION
	03 1000000	501(0)(3)	10,000.				
ASIAN AMERICANS ADVANCING JUSTICE							
1620 L STREET NW							HEALTHY INDIVIDUALS AND
WASHINGTON, DC 20036	13-3619000	501(C)(3)	25,000.	0.			COMMUNITIES
SIKH AMERICAN LEGAL DEFENSE AND							
EDUCATION FUND INC - 1050							
CONNECTICUT AVENUE, NW -							EQUITY, HUMAN RIGHTS, AND
WASHINGTON, DC 20036	04-3382840	501(C)(3)	10,000.	0.			ECONOMIC EMPOWERMENT
INTERACTION AMERICAN COUNCIL FOR							
VOLUNTARY INTERNATIONAL ACTION INC							
- 1400 16TH STREET NW -							HEALTHY INDIVIDUALS AND
WASHINGTON, DC 20036	13-3287064	501(C)(3)	244,021.	0.			COMMUNITIES
SEARCH FOR COMMON GROUND				K			
1730 RHODE ISLAND AVE NW		C) Ť			HEALTHY INDIVIDUALS AND
WASHINGTON, DC 20036	52-1257425	501(C)(3)	48,000.	0.			COMMUNITIES
GLOBAL CAMPAIGN FOR EDUCATION US		\sim					
INC - 1201 16TH STREET NW -							EQUITY, HUMAN RIGHTS, AND
WASHINGTON, DC 20036	46-5308134	501(C)(3)	83,500.	0.			ECONOMIC EMPOWERMENT
NATIONAL WILDLIFE FEDERATION	X						
11100 WILDLIFE CENTER DRIVE							
RESTON, VA 20190	53-0204616	501(C)(3)	16,000.	٥.			SUSTAINABLE ENVIRONMENT
TRILOGY EDUCATION SERVICES LLC							
7900 HARKINS ROAD				_			
LANHAM, MD 20706	26-2335939		50,000.	0.			QUALITY EDUCATION
SOUTH ASIAN AMERICANS LEADING							
TOGETHER INC - 8403 COLESVILLE							L
ROAD, SUITE 1100 - SILVER SPRING,				_			EQUITY, HUMAN RIGHTS, AND
MD 20910	52-2216665	501(C)(3)	10,000.	0.			ECONOMIC EMPOWERMENT

94-3213100 Page 1

Schedule I (Form 990)

TIDES CENTER

Schedule I (Form 990)

chedule I (Form 990)	TIDES	CENTER

Schedule I (Form 990) TIDES CEN				(Cab			94-3213100 Page 1
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUSION PARTNERSHIPS INC 1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	501(C)(3)	53,388.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
HINENU THE BALTIMORE JUSTICE SHTIEBL - PO BOX 2431 - BALTIMORE, MD 21233	82-4347258	501(C)(3)	60,100.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BIOPHILIA FOUNDATION INC 1201 PARSON ISLAND ROAD CHESTER, MD 21619	52-2199334	501(C)(3)	17,666.		•		SUSTAINABLE ENVIRONMENT
BOAT PEOPLE S O S INC 6066 LEESBURG PIKE FALLS CHURCH, VA 22041	54-1563619	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
DEFINE AMERICAN 3682 KING STREET ALEXANDRIA, VA 22302	46-4610491	501(C)(3)	57,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ASSOCIATION OF CHAMBER OF COMMERCE EXECUTIVES FOUNDATION - 1330 BRADDOCK PLACE - ALEXANDRIA, VA 22314	23-7204514 <	501(C)(3)	60,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
APPALACHIAN VOICES 821 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	56-2049956	501(C)(3)	100,000.	0.			SUSTAINABLE ENVIRONMENT
CVILLE IMMIGRANT BOND FUND PO BOX 7881, 1155 SEMINOLE TRAIL CHARLOTTESVILLE, VA 22906	83-1201014		36,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BUSINESS COALITION FOR JUSTICE 313 E. BROAD STREET RICHMOND, VA 23219	82-1533505		120,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED PARENTS AGAINST LEAD UPAL 4809 OLD WARWICK ROAD							
RICHMOND, VA 23224	54-1818807	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	225,000.	0.	×		HEALTHY INDIVIDUALS AND COMMUNITIES
ONETEN COALITION INC P.O. BOX 3220 NORFOLK, VA 23514	86-1528485	501(C)(3)	10,200,000.		*		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FORSYTH COUNTY COMMUNITY BAIL FUND 1500 N PATTERSON AVENUE 1132 WINSTON-SALEM, NC 27105	84-3509488	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY SUCCESS INITIATIVE INC PO BOX 61114 RALEIGH, NC 27661	16-1702165	501(C)(3)	242,792.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MOVEMENT OF YOUTH INC 411 W CHAPEL HILL STREET, C2 DURHAM, NC 27701	26-2399990 <	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CAROLINA JUSTICE POLICY CENTER PO BOX 309 DURHAM, NC 27702	59-1755809	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ROWAN SALISBURY SCHOOLS 500 NORTH MAIN STREET SALISBURY, NC 28144	56-6001834	GOVERNMENT ENTIT	10,000.	0.			QUALITY EDUCATION
HEARTS AND HANDS FOUNDATION 3020-I PROSPERITY CHURCH ROAD CHARLOTTE, NC 28269	82-3100437		10,000.	0.			HEALTHY INDIVIDUALS AND

94-3213100

Page 1

Schedule I (Form 990)

TIDES CENTER

Schedule I (Form 990) TIDES CEN							4-3213100 Page 1
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	(e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALES PLACE INC PO BOX 16184 CHARLOTTE, NC 28297	46-2830186	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CRAVEN COUNTY COMMUNITY BAIL FUND PO BOX 793 NEW BERN, NC 28519	86-2579702	501(C)(3)	10,000.	0.	4		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EVERYBLACKGIRL INC 4041 HIGHLAND PARK DRIVE COLUMBIA, SC 29204	81-2865134	501(C)(3)	60,000.		*		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BLACK LIBERATION FUND 2125 DORCHESTER ROAD NORTH CHARLESTON, SC 29405	85-1622249	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ROAD2HIRE 1423 RED VENTURES DRIVE FORT MILL, SC 29707	81-2262213	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
THE IMANI GROUP INC P. O. BOX 1666 AIKEN, SC 29802	57-1122166 <	501(C)(3)	75,000.	0.			SUSTAINABLE ENVIRONMENT
ENVIRONMENTAL EDUCATIONAL ALLIANCE INC - P.O. BOX 801066 - ACWORTH, GA 30101	58-2052915	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
HENRY COUNTY SCHOOLS 33 N. ZACK HINTON PARKWAY MCDONOUGH, GA 30253	58-6000263	GOVERNMENT ENTIT	10,000.	0.			QUALITY EDUCATION
ORGANIZATION FOR HUMAN RIGHTS AND DEMOCRACY - 931 MONROE DRIVE NE - ATLANTA, GA 30308	81-0976954	501(C)(3)	42,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	(c) IRC section (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	(e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR SOUTHERN EQUITY INC - 55 IVAN ALLEN JR BLVD, SUITE 530 - ATLANTA, GA 30308	27-4424115	501(C)(3)	15,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NEW GEORGIA PROJECT INCORPORATED 830 GLENWOOD AVENUE SE ATLANTA, GA 30316	82-1348307	501(C)(3)	42,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BVM CAPACITY BUILDING INSTITUTE INC - 3645 MARKETPLACE BOULEVARD, SUITE 130-209 - EAST POINT, GA 30344	82-3835203	501(C)(3)	275,000.		*		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
SOUTH ASIAN PUBLIC HEALTH ASSOCIATION INCORPORATED - 3248 CLARKS BRIDGE ROAD - GAINESVILLE, GA 30506	04-3640744	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SAVANNAH RIVERKEEPER INCORPORATED P.O. BOX 60 AUGUSTA, GA 30903	58-2630660	501(C)(3)	15,000.	0.			SUSTAINABLE ENVIRONMENT
ATLANTA JEWS OF COLOR COUNCIL P.O BOX 468271 ATLANTA, GA 31146	86-2134580 <	501(C)(3)	5,375.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
HARRIETT TUBMAN FREEDOM FIGHTERS 1418 MANOTAK POINT DRIVE JACKSONVILLE, FL 32210	85-3303620	501(C)(3)	9,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FLORIDA CONSERVATION VOTERS EDUCATION FUND INC - 1700 NORTH MONROE STREET 11-286 - TALLAHASSEE, FL 32303	33-1024026	501(C)(3)	13,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BLACK AND BLU RESEARCH LLC 501 NORTH ORLANDO AVENUE WINTER PARK, FL 32789	84-3936099		12,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990) TIDES CEN	IER						94-3213100 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LET YOUR VOICE BE HEARD INC 602 W WASHINGTON STREET ORLANDO, FL 32801	81-5273622	501(C)(3)	25,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION FUND INC - P.O. BOX 1911 - ORLANDO, FL 32802	59-1385724	501(C)(3)	9,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NATIONAL HAITIAN AMERICAN OFFICIALS NETWORK INC - 1320 N PINE HILLS ROAD - ORLANDO, FL 32808	83-0913531	501(C)(3)	33,000.		*		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ALIANZA CENTER 11602 LAKE UNDERHILL ROAD, SUITE 10 ORLANDO, FL 32825	83-2227824	501(C)(3)	31,800.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMON GROUND PROJECT FLORIDA INC 2578 FLORIDIANE DRIVE MELBOURNE, FL 32935	85-0508143	501(C)(3)	35,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
DADE COUNTY STREET RESPONSE 340 NW 23RD PLACE MIAMI, FL 33125	84-1958579	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FLORIDA IMMIGRANT COALITION INC 2800 BISCAYNE BOULEVARD MIAMI, FL 33137	20-2123833	501(C)(3)	300,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
F EMPOWER INC 446 NE 72ND STREET MIAMI, FL 33138	83-4334503		9,800.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FAMILY ACTION NETWORK MOVEMENT INC 100 NE 84TH STREET MIAMI, FL 33138	65-0334201	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

TIDES CENTER

Schedule I (Form 990)

SOUTHEAST CLIMATE ENERGY NETWORK INC - 9311 NW 43RD MANOR -	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
organization or governmentFLORIDA JUSTICE CENTER INC3469 N DIXIE HWYOAKLAND PARK, FL 3333483-3734928SOUTHEAST CLIMATE ENERGY NETWORKINC - 9311 NW 43RD MANOR -SUNRISE, FL 3335183-2442623FREEDOM FUND NETWORK INC1730 S FEDERAL HIGHWAYDELRAY BEACH, FL 3348382-2069282FEDFAM4LIFE1546 SE ROYAL GREEN CIRCLEPORT ST. LUCIE, FL 34952ETOWAH FREEDOM FUND			noncash	valuation (book, FMV,		
3469 N DIXIE HWY OAKLAND PARK, FL 3333483-3734928SOUTHEAST CLIMATE ENERGY NETWORK INC - 9311 NW 43RD MANOR - SUNRISE, FL 3335183-2442623FREEDOM FUND NETWORK INC 1730 S FEDERAL HIGHWAY DELRAY BEACH, FL 3348382-2069282FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 3495282-3531395ETOWAH FREEDOM FUND82-3531395						
OAKLAND PARK, FL 3333483-3734928SOUTHEAST CLIMATE ENERGY NETWORKINC - 9311 NW 43RD MANOR - SUNRISE, FL 3335183-2442623FREEDOM FUND NETWORK INC1730 S FEDERAL HIGHWAY82-2069282DELRAY BEACH, FL 3348382-2069282FEDFAM4LIFE1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 3495282-3531395ETOWAH FREEDOM FUND100 FUND100 FUND		1				
SOUTHEAST CLIMATE ENERGY NETWORK INC - 9311 NW 43RD MANOR - SUNRISE, FL 33351 83-2442623 FREEDOM FUND NETWORK INC 1730 S FEDERAL HIGHWAY DELRAY BEACH, FL 33483 82-2069282 FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 34952 82-3531395 ETOWAH FREEDOM FUND	1					EQUITY, HUMAN RIGHTS, AND
INC - 9311 NW 43RD MANOR - SUNRISE, FL 33351 83-2442623 FREEDOM FUND NETWORK INC 1730 S FEDERAL HIGHWAY DELRAY BEACH, FL 33483 82-2069282 FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 34952 82-3531395 ETOWAH FREEDOM FUND	501(C)(3)	42,500.	٥.			ECONOMIC EMPOWERMENT
INC - 9311 NW 43RD MANOR - SUNRISE, FL 33351 83-2442623 FREEDOM FUND NETWORK INC 1730 S FEDERAL HIGHWAY DELRAY BEACH, FL 33483 82-2069282 FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 34952 82-3531395 ETOWAH FREEDOM FUND						
SUNRISE, FL 3335183-2442623FREEDOM FUND NETWORK INC1730 S FEDERAL HIGHWAYDELRAY BEACH, FL 3348382-2069282FEDFAM4LIFE1546 SE ROYAL GREEN CIRCLEPORT ST. LUCIE, FL 3495282-3531395ETOWAH FREEDOM FUND1000000000000000000000000000000000000						
1730 S FEDERAL HIGHWAYDELRAY BEACH, FL 33483FEDFAM4LIFE1546 SE ROYAL GREEN CIRCLEPORT ST. LUCIE, FL 34952ETOWAH FREEDOM FUND	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
1730 S FEDERAL HIGHWAY DELRAY BEACH, FL 33483 FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 34952 ETOWAH FREEDOM FUND				•		
DELRAY BEACH, FL 33483 82-2069282 FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 34952 82-3531395 ETOWAH FREEDOM FUND			S			FOUTEV HIMAN DECHEC AND
FEDFAM4LIFE 1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 34952 ETOWAH FREEDOM FUND	E01(0)(2)	40 500				EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
1546 SE ROYAL GREEN CIRCLE PORT ST. LUCIE, FL 34952 82-3531395 ETOWAH FREEDOM FUND	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
PORT ST. LUCIE, FL 34952 82-3531395 ETOWAH FREEDOM FUND						
ETOWAH FREEDOM FUND		\sim	1			EQUITY, HUMAN RIGHTS, AND
	501(C)(3)	635,000.	0.			ECONOMIC EMPOWERMENT
		h				
ZIU4 CHAPEL HILL ROAD						
	501(C)(3)	34,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BIRMINGHAM, AL 35216 84-2463520	501(0)(3)	34,000.	0.			ECONOMIC EMPOWERMENT
CAHABA RIVERKEEPER						
4650 OLD LOONEY MILL ROAD						
BIRMINGHAM, AL 35243 26-2623785	501(C)(3)	45,000.	0.			SUSTAINABLE ENVIRONMENT
FIRST CHRISTIAN CHURCH OF						
MONTGOMERY - 1705 TAYLOR ROAD -						EQUITY, HUMAN RIGHTS, AND
MONTGOMERY, AL 36117 35-0868116	501(C)(3)	51,327.	0.			ECONOMIC EMPOWERMENT
DESTINY DRIVEN INC						
1628 QUEEN ELIZABETH COURT						HEALTHY INDIVIDUALS AND
MONTGOMERY, AL 36117 83-1232839	501(C)(3)	25,000.	٥.			COMMUNITIES
UNITE INC						
PO BOX 402						
LAFAYETTE, AL 36862 81-0711157		15,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)

Schedule I (Form 990) IIDES CEM	IBK					د	A Page
Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE COMMUNITY BAIL FUND							
P.O. BOX 70120							HEALTHY INDIVIDUALS AND
NASHVILLE, TN 37207	82-0976867	501(C)(3)	42,500.	٥.			COMMUNITIES
,,,			,				
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							EQUITY, HUMAN RIGHTS, AND
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
·							
HIGHLANDER RESEARCH AND EDUCATION							
CENTER INC - 1959 HIGHLANDER WAY -				\sim			EQUITY, HUMAN RIGHTS, AND
NEW MARKET, TN 37820	62-0646373	501(C)(3)	79,926.	0.			ECONOMIC EMPOWERMENT
JUST CITY INC							
P.O. BOX 41852							EQUITY, HUMAN RIGHTS, AND
MEMPHIS, TN 38174	47-2650826	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
		•	\bigcirc				
DELTA FOUNDATION INC							
819 MAIN STREET		C 1					EQUITY, HUMAN RIGHTS, AND
GREENVILLE, MS 38701	64-0477962	501(C)(3)	20,000.	0.			ECONOMIC EMPOWERMENT
THINK MAKE LIVE YOUTH							
P.O. BOX 83131							HEALTHY INDIVIDUALS AND
COLUMBUS, OH 43203	82-3499615	501(0)(3)	25,000.	٥.			COMMUNITIES
	02-3499013	501(0)(3)	23,000.	۰.			COMMONITIES
ALLIANCE FOR GLOBAL JUSTICE							
P.O. BOX 1611							EQUITY, HUMAN RIGHTS, AND
COLUMBUS, OH 43216	31-1357186	501(C)(3)	118,074.	٥.			ECONOMIC EMPOWERMENT
	51 155/100	501(0)(3)	110,071				
BELOVED COMMUNITY CHURCH INC							
4515 ALLISON STREET							HEALTHY INDIVIDUALS AND
CINCINNATI, OH 45212	45-2665185	501(C)(3)	42,500.	0.			COMMUNITIES
			,				
ACCOUNTING FOR YOUR FUTURE							
366 LUDLOW AVENUE							HEALTHY INDIVIDUALS AND
CINCINNATI, OH 45220	81-1047750	501(C)(3)	25,000.	0.			COMMUNITIES

Schedule I (Form 990)

Page 1

TIDES CENTER Schedule I (Form 990)

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Dor (b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KHEPRW INSTITUTE P.O. BOX 88856 INDIANAPOLIS, IN 46208	20-0820589	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PURDUE UNIVERSITY GLOBAL INC 2550 NORTHWESTERN AVE, SUITE 1100 WEST LAFAYETTE, IN 47906	82-1319401	501(C)(3)	50,000.	0.			QUALITY EDUCATION
ALLIED MEDIA PROJECTS INC 4126 THIRD STREET DETROIT, MI 48201	01-0559608	501(C)(3)	58,000.				HEALTHY INDIVIDUALS AND COMMUNITIES
WE THE PEOPLE OF DETROIT 1520 CHATEAUFORT PLACE DETROIT, MI 48207	47-5123903	501(C)(3)	215,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
DETROIT JUSTICE CENTER 1420 WASHINGTON BOULEVARD DETROIT, MI 48226	82-2295339	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CONGREGATION T CHIYAH 15000 W 10 MILE ROAD OAK PARK, MI 48237	38-2153881	BL	40,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
KALEIDOSCOPE COMMUNITY ORGANIZATION - 307 S 8TH STREET - LANDING, MI 48912	83-3141324	501(C)(3)	42,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
JOY LIKE A RIVER UNITED CHURCH OF CHRIST - KENT COUNTY I-BOND FUND - GRAND RAPIDS, MI 49515	13-1957221	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
EASTERN IOWA COMMUNITY BOND PROJECT - P.O. BOX 3174 - IOWA CITY, IA 52244-3174	82-0931341	501(C)(3)	287,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUKESHA COUNTY GREEN TEAM INC							
1223 TIMBER RIDGE							
PEWAUKEE, WI 53072	46-0902803	501(C)(3)	55,000.	0.			SUSTAINABLE ENVIRONMENT
KETTLE MORAINE SCHOOL DISTRICT							
563 A J ALLEN CIRCLE WALES, WI 53183	39-1024329	GOVERNMENT ENTIT	10,000.	0			QUALITY EDUCATION
HEARTLOVE PLACE INC 1915 N. DR. MARTIN LUTHER KING JR. MILWAUKEE, WI 53212	39-1896815		10,000.				EQUITY, HUMAN RIGHTS, ANI ECONOMIC EMPOWERMENT
WISCONSIN ALLIANCE FOR WOMENS HEALTH INC - PO BOX 1726 - MADISON, WI 53701	80-0287566	501(C)(3)	42,500.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
SOCIAL JUSTICE CENTER INC 1202 WILLIAMSON STREET MADISON, WI 53703	39-1979881	Ċ	54,715.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
GOODWILL INDUSTRIES INC 553 FAIRVIEW AVENUE NORTH ST. PAUL, MN 55104	41-0706171	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
HMONG NATIONAL DEVELOPMENT INC 1075 ARCADE STREET SAINT PAUL, MN 55106	52-1804060	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMOND AVENUE - ST. PAUL, MN 55114	41-1635130		42,500.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
H I R E D 217 5TH AVENUE NORTH 3RD FLOOR MINNEAPOLIS, MN 55401	41-6078344		50,000.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT

Schedule I (Form 990)

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho I	edule I (Form 990), Pa I	irt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	23-7232208	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MINNESOTA FREEDOM FUND INC P.O. BOX 6398 MINNEAPOLIS, MN 55406-0398	82-1214607		86,000.	0.	4		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
UNICORN RIOT PO BOX 7472 MINNEAPOLIS, MN 55407	47-3482047	501(C)(3)	42,500.		*		HEALTHY INDIVIDUALS AND COMMUNITIES
RE POWER FUND 2639 NICOLLET AVENUE MINNEAPOLIS, MN 55408	35-2191193	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SICANGU COMMUNITY DEVELOPMENT CORPORATION - PO BOX 236 - MISSION, SD 57555	83-3857527	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NDN COLLECTIVE INC 317 MAIN STREET 1 RAPID CITY, SD 57701	82-3776329 <	501(C)(3)	6,262.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NORTHERN CASS PUBLIC SCHOOL DISTRICT 97 - 16021 18TH STREET SE - HUNTER, ND 58048	91-1762623	GOVERNMENT ENTIT	12,500.	0.			QUALITY EDUCATION
OAKES PUBLIC SCHOOLS 804 MAIN AVENUE OAKES, ND 58474		GOVERNMENT ENTIT	10,000.	0.			QUALITY EDUCATION
HARDIN SCHOOL DISTRICT 17H 1 401 PARK ROAD HARDIN, MT 59034	81-6000032		29,000.	0.			QUALITY EDUCATION

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other A (a) Name and address of	Assistance to Dor (b) EIN	mestic Organizations (c) IRC section	and Domestic Go (d) Amount of	vernments (Sche (e) Amount of	edule I (Form 990), Pa (f) Method of	art II.) (g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
AMERICAN ACADEMY OF PEDIATRICS INC							
345 PARK BOULEVARD							HEALTHY INDIVIDUALS AND
ITASCA, IL 60143	36-2275597	501(C)(3)	35,000.	0.			COMMUNITIES
CHICAGO CRED							
300 E. RANDOLPH							HEALTHY INDIVIDUALS AND
CHICAGO, IL 60601	81-3130448	501(C)(3)	10,000.	0.			COMMUNITIES
				\sim			
CRISTO REY NETWORK				5			
11 EAST ADAMS STREET				\frown			
CHICAGO, IL 60603	04-3730980	501(C)(3)	30,000.	0.			QUALITY EDUCATION
JOHN D. AND CATHERINE T. MACARTHUR							
FOUNDATION - 140 SOUTH DEARBORN,							
SUITE 1200 - CHICAGO, IL							HEALTHY INDIVIDUALS AND
60603-5285	23-7093598	501(C)(3)	563,146.	0.			COMMUNITIES
		-	\sim				
DISTINCTIVE SCHOOLS OF ILLINOIS							
910 W. VAN BUREN STREET		C.					
CHICAGO, IL 60607	27-4967763	501(C)(3)	7,500.	0.			QUALITY EDUCATION
CHICAGO COMMUNITY BOND FUND							
601 S. CALIFORNIA							HEALTHY INDIVIDUALS AND
CHICAGO, IL 60612	47-5015710	501(C)(3)	45,000.	0.			COMMUNITIES
BYP 100 EDUCATION FUND							
P.O. BOX 15254							HEALTHY INDIVIDUALS AND
	01 0075000	F01 (g) (2)	40.500	0			
CHICAGO, IL 60615	81-0975889	501(C)(3)	42,500.	0.			COMMUNITIES
GARY COMER YOUTH CENTER							
7200 S. INGLESIDE AVE.							
CHICAGO, IL 60619	45-5399472	501(C)(3)	30,000.	0.			QUALITY EDUCATION
ALIANZA AMERICAS							
P.O. BOX 23491							EQUITY, HUMAN RIGHTS, ANI
	34-2066826	501(C)(3)	125 000	0.			ECONOMIC EMPOWERMENT
CHICAGO, IL 60623	34-2000820	DOT(C)(2)	125,000.	υ.			ECONOMIC EMPOWERMENT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMEDNAMIUE COUCCI NEMUCDZ							
ALTERNATIVE SCHOOL NETWORK 1807 W. SUNNYSIDE AVENUE							
CHICAGO, IL 60640	23-7375976	501(C)(3)	10,000.	0.			QUALITY EDUCATION
THE CHICAGO LEADERSHIP ALLIANCE							
2425 W HOMER STREET							EQUITY, HUMAN RIGHTS, AND
CHICAGO, IL 60647	47-2708217	501(C)(3)	6,444.	0.			ECONOMIC EMPOWERMENT
					•		
SIRAT CHICAGO				5			
4572 S LAKE PARK AVENUE							EQUITY, HUMAN RIGHTS, AND
CHICAGO, IL 60653	47-4847984	501(C)(3)	20,000.	0.			ECONOMIC EMPOWERMENT
LEAP INNOVATIONS							
222 W. MERCHANDISE MART PLAZA				4			
CHICAGO, IL 60654	46-4784152	501(C)(3)	10,000.	0.			QUALITY EDUCATION
,							
URBANA CHAMPAIGN INDEPENDENT MEDIA		•		Κ			
CENTER - 202 SOUTH BROADWAY -		C.		Ť			EQUITY, HUMAN RIGHTS, AND
URBANA, IL 61801	37-1403593	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
GREATER KANSAS CITY COMMUNITY							
FOUNDATION - 1055 BROADWAY	42 1152200		55 646				HEALTHY INDIVIDUALS AND
BOULEVARD - KANSAS CITY, MO 64105 DEEP SOUTH CENTER FOR	43-1152398	501(C)(3)	55,646.	0.			COMMUNITIES
ENVIRONMENTAL JUSTICE - 9801 LAKE							
FOREST BOULEVARD - NEW ORLEANS, LA							EQUITY, HUMAN RIGHTS, AND
70127	56-2466977	501(C)(3)	275,000.	٥.			ECONOMIC EMPOWERMENT
			, -				
CATALYST EDUCATION							
612 ANDREW HIGGINS BOULEVARD							
NEW ORLEANS, LA 70130	82-2628337	501(C)(3)	50,000.	0.			QUALITY EDUCATION
OPERATION RESTORATION							
P.O. BOX 56894	61-1791941	501(C)(3)	41,435.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NEW ORLEANS, LA 70156		201(0)(3)	41,435.	U.		1	RCONOMIC EMPOWERMENT

TIDES CENTER

Schedule I (Form 990)

94-3213100 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
YWCA OF GREATER BATON ROUGE						
11404 LAKE SHERWOOD AVENUE N.						1
BATON ROUGE, LA 70816	72-0650993	501(C)(3)	445,000.	0.		1
DALLAS COUNTY COMMUNITY COLLEGE						
DISTRICT FOUNDATION INC - 1601						
BOTHAM JEAN BOULEVARD - DALLAS, TX						
75215	23-7326612	501(C)(3)	50,000.	0.		
					*	
FAITH IN TEXAS PICO				5		
1111 W. MOCKINGBIRD LANE				\frown		þ
DALLAS, TX 75247	47-3005234	501(C)(3)	20,000.	0.		P
RESTORING JUSTICE						
4407 NEW ORLEANS STREET						
HOUSTON, TX 77020	81-3279488	501(C)(3)	42,500.	0.]
PURE JUSTICE						
3418 HIGHWAY 6 SOUTH		C.				I
HOUSTON, TX 77082	82-2261227	501(C)(3)	42,500.	0.		
AUSTIN JUSTICE COALITION						
1603 E 38TH 1/2 STREET						
AUSTIN, TX 78722	81-3138826	501(C)(3)	42,500.	0.		
GRASSROOTS LEADERSHIP INC						

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

Schedule I (Form 990) TIDES CENTER

94-3213100 Page 1

(h) Purpose of grant or assistance

EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

QUALITY EDUCATION

PURE JUSTICE				
3418 HIGHWAY 6 SOUTH			•	HEALTHY INDIVIDUALS AND
HOUSTON, TX 77082	82-2261227 501(C)(3)	42,500.	0.	COMMUNITIES
AUSTIN JUSTICE COALITION 1603 E 38TH 1/2 STREET AUSTIN, TX 78722	81-3138826 501(C) (3)	42,500.	0.	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
GRASSROOTS LEADERSHIP INC PO BOX 6310 AUSTIN, TX 78762	58-1581743 501(C)(3)	50,000.	0.	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
JANES DUE PROCESS INC P.O. BOX 685137 AUSTIN, TX 78768-5137	75-2917844 501(C)(3)	36,000.	0.	HEALTHY INDIVIDUALS AND COMMUNITIES
FRONTERIZO FIANZA FUND 816 MAGOFFIN AVENUE EL PASO, TX 79901	83-2644981 501(C)(3)	220,000.	0.	EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER METRO CHAMBER LEADERSHIP FOUNDATION - 1445 MARKET STREET - DENVER, CO 80202	74-2489854	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ALLIANCE FOR CLIMATE EDUCATION INC ATTN: DEVELOPMENT BOULDER, CO 80304	26-3106566	501(C)(3)	33,000.	0.			SUSTAINABLE ENVIRONMENT
MOVEMENT ADVANCEMENT PROJECT INC 1905 15TH STREET 1097 BOULDER, CO 80306	47-3968535	501(C)(3)	57,500.		×		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
JEFFERSON COUNTY SCHOOL DISTRICT R 1829 DENVER WEST DRIVE 27 GOLDEN, CO 80401	84-6002817	GOVERNMENT ENTIT	10,000.	0.			QUALITY EDUCATION
NAMAQUA UNITARIAN UNIVERSALIST CONGREGATION - 750 EAST 5TH STREET - LOVELAND, CO 80537	04-2103733	501(C)(3)	72,500.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WESTERN GOVERNORS UNIVERSITY 4001 S 700 EAST SALT LAKE CITY, UT 84107	84-1383926	501(C)(3)	50,000.	0.			QUALITY EDUCATION
UTAH DINE BIKEYAH P.O. BOX 554 SALT LAKE CITY, UT 84110	61-1729917	501(C)(3)	170,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BLUE SKY INSTITURE 412 N. CHAZ COURT SALT LAKE CITY, UT 84116	87-0668031	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
VALLEY OF THE SUN YOUNG MENS CHRISTIAN ASSOCIATION - DBA VALLEY OF THE SUN YMCA - PHOENIX, AZ 85003-1513	86-0096799	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

TIDES CENTER

Schedule I (Form 990)

94-3213100 Page 1

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	· · · · · · · · · · · · · · · · · · ·
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD MINISTRIES INC 1918 W. VAN BUREN STREET PHOENIX, AZ 85009	86-0809052	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH STREET TUCSON, AZ 85713	52-2094677	501(C)(3)	387,623.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	100,000.		×		SUSTAINABLE ENVIRONMENT
NACA INSPIRED SCHOOLS NETWORK 2301 MOUNTAIN ROAD NE ALBUQUERQUE, NM 87106	47-2981893	501(C)(3)	10,000.	0.			QUALITY EDUCATION
COLLECTIVE HERITAGE INSTITUTE 215 LINCOLN AVENUE SANTA FE, NM 87501	85-0432731 !	501(C)(3)	100,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA – 2330 PASEO DEL PRADO – LAS VEGAS, NV 89102	88-0318655	501(C)(3)	42,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ARRIBA LAS VEGAS WORKER CENTER PO BOX 1941 LAS VEGAS, NV 89125	83-4206510	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
YOUTH JUSTICE COALITION 7625 S. CENTRAL AVENUE LOS ANGELES, CA 90001	83-0466818	501(C)(3)	107,526.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRAL AMERICAN RESOURCE CENTER CARECEN OF CALIFORNIA - 2845 WEST SEVENTH STREET - LOS ANGELES, CA 90005	95-3867724	501(C)(3)	85,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

94-3213100 Page 1

Schedule I (Form 990)

TIDES CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT - 3101 S GRAND AVE - LOS ANGELES, CA 90007	20-2445113	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
LIFE AFTER UNCIVIL RUTHLESS ACTS INC - P.O. BOX 11681 - LOS ANGELES, CA 90011	90-0852292	501(C)(3)	10,000.	0.	4		HEALTHY INDIVIDUALS AND COMMUNITIES
LOS ANGELES ALLIANCE FOR A NEW ECONOMY - 464 LUCAS AVENUE - LOS ANGELES, CA 90017	95-4459427	501(C)(3)	75,000.	S _{0.}	*		EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - UCLA LABOR CENTER - LOS ANGELES, CA 90024	95-6006143	GOVERNMENT ENTIT	110,200.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
RISE EDUCATION FUND 820 KODAK DR LOS ANGELES, CA 90026	84-3954465	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
REVERENCE PROJECT 1673 E. 108TH STREET LOS ANGELES, CA 90059	47-3427148	501(C)(3)	100,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BORIS LAWRENCE HENSON FOUNDATION 2049 CENTURY PARK, SUITE 1400 LOS ANGELES, CA 90067	82-3814846	501(C)(3)	25,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITY PARTNERS P.O. BOX 741265 LOS ANGELES, CA 90074	95-4302067	501(C)(3)	80,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501(C)(3)	20,205,819.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Page 1

94-3213100

Schedule I (Form 990)

TIDES CENTER

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Scho I	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MALIBU COMMUNITY LABOR							
EXCHANGE - 23595 CIVIC CENTER WAY - MALIBU, CA 90265	95-4428885	501(C)(3)	189,750.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
- MALIBO, CA 90205	93-4420005	501(0)(5)	109,750.	0.			COMMONITIES
ENCORPS INC							
608 MEYER LANE							
REDONDO BEACH, CA 90278	38-3771471	501(C)(3)	6,250.	0.			QUALITY EDUCATION
LUNDQUIST INSTITUTE FOR BIOMEDICAL					*		
INNOVATION AT HARBOR UCLA MEDICAL				5			HEALTHY INDIVIDUALS AND
- DEVELOPMENT OFFICE - TORRANCE, CA 90502	95-2138184	501(C)(3)	10,000.	0.			COMMUNITIES
	55 2150101	501(0)(3)	10,000				
FILIPINO MIGRANT CENTER							
P.O. BOX 9086				1			HEALTHY INDIVIDUALS AND
LONG BEACH, CA 90810	32-0308477	501(C)(3)	94,875.	0.			COMMUNITIES
			\bigcirc	\mathcal{O}			
NATIONAL DAY LABORER ORGANIZING							
NETWORK - 1030 S ARROYO PARKWAY - PASADENA, CA 91105	20-8802586	501(C)(3)	87,000.	o.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
TASADENA, CA 91105	20 0002500	501(0)(3)	07,000.	· · ·			ECONOMIC EMPOWERMENT
THE COMEDY RESISTANCE							
529 IVY STREET NO. 1							HEALTHY INDIVIDUALS AND
GLENDALE, CA 91204	82-3865970	501(C)(3)	42,500.	٥.			COMMUNITIES
CHAMPIONS IN SERVICE SAN FERNANDO							
VALLEY AND GREATER LOS ANGELES -	X						
8743 BURNET AVE - NORTH HILLS, CA							HEALTHY INDIVIDUALS AND
91343	95-4523780	501(C)(3)	10,000.	0.			COMMUNITIES
POMONA ECONOMIC OPPORTUNITY CENTER							
P.O. BOX 2496							EQUITY, HUMAN RIGHTS, AND
POMONA, CA 91769	95-4657497	501(C)(3)	75,000.	0.			ECONOMIC EMPOWERMENT
VISTA UNIFIED SCHOOL DISTRICT							
1234 ARCADIA AVENUE							
VISTA, CA 92084	95-6003432	GOVERNMENT ENTIT	195,000.	٥.			QUALITY EDUCATION

chedu	e I (Form 990)	TIDES	CENTER

Schedule I (Form 990) TIDES CEN Part II Continuation of Grants and Other A		nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		94-3213100 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORDER ANGELS							
2258 ISLAND AVENUE							EQUITY, HUMAN RIGHTS, ANI
SAN DIEGO, CA 92102	01-0777554	501(C)(3)	20,000.	0.			ECONOMIC EMPOWERMENT
COMMUNITY ADVOCATES FOR JUST AND					4.		
MORAL GOVERNANCE - 2760 5TH AVENUE							EQUITY, HUMAN RIGHTS, AN
- SAN DIEGO, CA 92103	83-4222460	501(C)(3)	20,000.	0.			ECONOMIC EMPOWERMENT
LABORS TRAINING AND COMMUNITY							
DEVELOPMENT ALLIANCE - 4265							
FAIRMOUNT AVENUE - SAN DIEGO, CA				\sim			EQUITY, HUMAN RIGHTS, AND
92105	95-6136389	501(C)(3)	85,000.	0.			ECONOMIC EMPOWERMENT
PEACE RESOURCE CENTER OF SAN DIEGO							
3850 WESTGATE PLACE	05 2504247	F01 (g) (2)	42,500.				EQUITY, HUMAN RIGHTS, AN
SAN DIEGO, CA 92105	95-3594247	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
SAN DIEGO LESBIAN GAY BISEXUAL AND		•	()				
TRANSGENDER COMMUNITY CENTER - PO		C					EQUITY, HUMAN RIGHTS, AND
BOX 3357 - SAN DIEGO, CA 92163	23-7332048	501(C)(3)	10,000.	0.			ECONOMIC EMPOWERMENT
/							
JR S TRAUMA CARE INITIATIVE							
654 E SAN YSDIRO BLVD							HEALTHY INDIVIDUALS AND
SAN YSIDRO, CA 92173	84-4202133	501(C)(3)	10,000.	0.			COMMUNITIES
	\mathbf{O}						
ORANGE COUNTY JUSTICE FUND	X	r.					
C/O NORMA GARCIA GUILLEN							EQUITY, HUMAN RIGHTS, AN
COSTA MESA, CA 92626	82-3099041	501(C)(3)	55,000.	0.			ECONOMIC EMPOWERMENT
CENTRO CULTURAL DE MEXICO EN EL							
CONDADO DE ORANGE - P.O. BOX 133 -							HEALTHY INDIVIDUALS AND
SANTA ANA, CA 92702	33-0614169	501(C)(3)	94,875.	0.			COMMUNITIES
SUKKAT SHALOM INC							
2012 SANDFIELD PLACE							EQUITY, HUMAN RIGHTS, AN
TUSTIN, CA 92780	27-2818244	501(C)(3)	28,000.	Ο.			ECONOMIC EMPOWERMENT

Schedule I (Form 990) TIDES CEN			and Damastic Or				94-3213100 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE 9 - VENTURA, CA 93003	77-0578864	501(C)(3)	75,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
ALIANZA NACIONAL DE CAMPESINAS INC P.O. BOX 20033 DXNARD, CA 93034	47-3486630	501(C)(3)	225,000.	0.	×		EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
LINDSAY EDUCATIONAL FOUNDATION FOR LEARNING - 371 EAST HERMOSA STREET - LINDSAY, CA 93247	81-4151735	501(C)(3)	52,000.				QUALITY EDUCATION
SALVA 1224 E. AVENUE S PALMDALE, CA 93550	83-0579527	501(C)(3)	85,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
TAKE A STAND COMMITTEE 5159 E TOWER AVENUE FRESNO, CA 93725	45-4733562	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
HEISING-SIMONS FOUNDATION 400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022	26-0799587 (501(C)(3)	57,719.	0.			QUALITY EDUCATION
UDACITY INC 2440 W. EL CAMINO REAL, SUITE 101 MOUNTAIN VIEW, CA 94040	45-2674088		50,000.	0.			QUALITY EDUCATION
EQUAL RIGHTS ADVOCATES 1170 MARKET STREET, SUITE 700 SAN FRANCISCO, CA 94102	23-7217027	501(C)(3)	11,714.	0.			EQUITY, HUMAN RIGHTS, AN ECONOMIC EMPOWERMENT
INDOCHINESE HOUSING DEVELOPMENT CORPORATION - 340 EDDY STREET - SAN FRANCISCO, CA 94102	94-2796496	501(C)(3)	25,000.	0.			QUALITY EDUCATION

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET							EQUITY, HUMAN RIGHTS, AND
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	57,000.	0.			ECONOMIC EMPOWERMENT
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION - 201 EDDY					4		
STREET - SAN FRANCISCO, CA 94102	94-2761808	501(C)(3)	45,000.	0.			QUALITY EDUCATION
WEST BAY PILIPINO MULTI SERVICE CORPORATION - 175 7TH STREET - SAN				S	*		
FRANCISCO, CA 94103	94-2448381	501(C)(3)	55,000.	0.			QUALITY EDUCATION
UNITED PLAYAZ INC 1038 HOWARD STREET			C				
SAN FRANCISCO, CA 94103	20-5005815	501(C)(3)	80,000.	0.			QUALITY EDUCATION
PRC 170 9TH STREET SAN FRANCISCO, CA 94103	94-3078431	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FIRST GRADUATE 2973 16TH STREET	94-3381171 <		37,000				
SAN FRANCISCO, CA 94103	94-33811/1	501(C)(3)	37,000.	0.			QUALITY EDUCATION
SAN FRANCISCO STUDY CENTER INC 1663 MISSION STREET		, ,					
SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	25,000.	0.			QUALITY EDUCATION
GROUNDSWELL FUND							
548 MARKET STREET SAN FRANCISCO, CA 94104	47-4003615	501(C)(3)	42,500.	٥.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
		, ,	,				
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET							HEALTHY INDIVIDUALS AND
SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	10,000.	0.			COMMUNITIES

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho I	edule I (Form 990), Pa I	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUMA VENTURES							
131 STEUART STREET							HEALTHY INDIVIDUALS AND
SAN FRANCISCO, CA 94105	94-3203203	501(C)(3)	30,000.	٥.			COMMUNITIES
TAWONGA JEWISH COMMUNITY					1		
CORPORATION - 131 STEUART STREET -							HEALTHY INDIVIDUALS AND
SAN FRANCISCO, CA 94105	94-3227261	501(C)(3)	25,000.	0.			COMMUNITIES
,			,				
THE SALVATION ARMY GOLDEN STATE				6			
DIVISION - 832 FOLSOM STREET - SAN				\sim			
FRANCISCO, CA 94107	94-1156347	501(C)(3)	25,000.	0.			QUALITY EDUCATION
DONALDINA CAMERON HOUSE							
920 SACRAMENTO STREET							
	94-1618605	501(C)(3)	25,000.	0.			QUALITY EDUCATION
SAN FRANCISCO, CA 94108	94-1010005	501(C)(3)	23,000.	0.			DOALITY EDUCATION
FELTON INSTITUTE		•	()	K			
1500 FRANKLIN STREET							
SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	65,000.	٥.			QUALITY EDUCATION
COMMUNITY YOUTH CENTER OF SAN							
FRANCISCO - 1038 POST STREET - SAN							HEALTHY INDIVIDUALS AND
FRANCISCO, CA 94109	94-1728818	501(C)(3)	10,000.	0.			COMMUNITIES
UP ON TOP	X						
1187 FRANKLIN STREET							
SAN FRANCISCO, CA 94109	35-2198146	501(C)(3)	65,000.	0.			QUALITY EDUCATION
DOLORES STREET COMMUNITY SERVICES INC - 938 VALENCIA STREET - SAN							
	94-2919302	501(C)(3)	85 000	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FRANCISCO, CA 94110	54-2919302	501(C)(3)	85,000.	U.			ECONOMIC EMPOWERMENT
OUR KIDS FIRST EDUCATIONAL PROGRAM							
5845 MISSION STREET							
SAN FRANCISCO, CA 94112	94-3131523	501(C)(3)	18,000.	٥.			QUALITY EDUCATION

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLECTIVE IMPACT PO BOX 156853 SAN FRANCISCO, CA 94115	20-8964069	501(C)(3)	70,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
THE AFRICAN AMERICAN ART AND CULTURE COMPLEX - 762 FULTON STREET - SAN FRANCISCO, CA 94115	20-0118582	501(C)(3)	7,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
EDGE FUNDERS ALLLIANCE 2021 FILLMORE ST 66 SAN FRANCISCO, CA 94115	20-8211195	501(C)(3)	233,830.				HEALTHY INDIVIDUALS AND COMMUNITIES
BOOKER T WASHINGTON COMMUNITY SERVICE CENTER - 800 PRESIDIO AVENUE - SAN FRANCISCO, CA 94115	94-1160952	501(C)(3)	52,500.	0.			QUALITY EDUCATION
INSTITUTE FOR JEWISH AND COMMUNITY RESEARCH - 657 14TH AVENUE - SAN FRANCISCO, CA 94118	94-3307253	501(C)(3)	8,375.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
RICHMOND DISTRICT NEIGHBORHOOD CENTER INC - 741 30TH AVENUE - SAN FRANCISCO, CA 94121	94-2684271	501(C)(3)	45,000.	0.			QUALITY EDUCATION
RENAISSANCE PARENTS OF SUCCESS 1800 OAKDALE AVENUE, ROOM 510 SAN FRANCISCO, CA 94124	94-3155564	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CITY OF DREAMS P.O. BOX 24037 SAN FRANCISCO, CA 94124	20-0719899	501(C)(3)	33,000.	0.			QUALITY EDUCATION
NATIONAL AIDS MEMORIAL INC P.O. BOX 2270 SAN FRANCISCO, CA 94126-2270	82-4329012	501(C)(3)	1,833,585.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION FOR PROGRESSIVE COMMUNICATIONS - 1013 TORNEY AVENUE, FIRST FLOOR - SAN FRANCISCO, CA 94129	94-3287156	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	296,326.	0.			SUSTAINABLE ENVIRONMENT
TELEGRAPH HILL NEIGHBORHOOD ASSOCIATION - 660 LOMBARD STREET - SAN FRANCISCO, CA 94133	94-1167422	501(C)(3)	15,000.		*		QUALITY EDUCATION
CENTER FOR EMPOWERED POLITICS EDUCATION FUND - 1042 GRANT AVE., 5TH FLR - SAN FRANCISCO, CA 94133	84-3636499	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, ANI ECONOMIC EMPOWERMENT
CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVE 5TH FLOOR SAN FRANCISCO, CA 94133	45-3084134	501(C)(3)	10,000.	0.			EQUITY, HUMAN RIGHTS, ANI ECONOMIC EMPOWERMENT
ASIAN PACIFIC AMERICAN COMMUNITY CENTER - 50 RAYMOND AVENUE - SAN FRANCISCO, CA 94134	94-3357710 <	501(C)(3)	25,000.	0.			QUALITY EDUCATION
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - P.O. BOX 410836 - SAN FRANCISCO, CA 94141	94-3189424	501(C)(3)	219,543.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
INDEPENDENT ARTS AND MEDIA P.O. BOX 420442 SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
URBAN ED ACADEMY 1485 BAYSHORE BOULEVARD SAN FRANCISCO, CA 94214	46-1329910	501(C)(3)	25,000.	0.			QUALITY EDUCATION

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa I	ırt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROKEN BY VIOLENCE							
840 E. TRAVIS BLVD. 308							HEALTHY INDIVIDUALS AND
FAIRFIELD, CA 94533	81-5328941	501(C)(3)	10,000.	0.			COMMUNITIES
VILLAGE CONNECT INC					11		
1250A FAIRMONT DRIVE							HEALTHY INDIVIDUALS AND
SAN LEANDRO, CA 94578	27-0955890	501(C)(3)	55,000.	0.	<u> </u>		COMMUNITIES
					•		
POLARIS INSTITUTE USA							
1901 OLYMPIC BOULEVARD	74 2000465	F01(0)(2)	44 010				HEALTHY INDIVIDUALS AND
WALNUT CREEK, CA 94596	74-3099465	501(C)(3)	44,218.	0.			COMMUNITIES
CONTRA COSTA MIDRASHA			C				
25 HILLCROFT WAY				1			HEALTHY INDIVIDUALS AND
WALNUT CREEK, CA 94597	68-0171267	501(C)(3)	29,200.	0.			COMMUNITIES
STREET LEVEL HEALTH PROJECT		•	\bigcirc	R			
3125 EAST 15TH STREET							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94601	56-2324355	501(C)(3)	85,000.	0.			COMMUNITIES
THE PRAXIS PROJECT INC							
PO BOX 7259	20.0044014		70.000				EQUITY, HUMAN RIGHTS, AND
OAKLAND, CA 94601	30-0044814	501(C)(3)	70,000.	0.			ECONOMIC EMPOWERMENT
ALL OPTIONS FORMERLY BACKLINE							
PO BOX 28284							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94604	87-0729403	501(C)(3)	60,000.	0.			COMMUNITIES
		501(0)(3)					
RUCKUS SOCIETY INC							
PO BOX 28741							EQUITY, HUMAN RIGHTS, AND
OAKLAND, CA 94604	81-0504390	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
VIETNAMESE AMERICAN COMMUNITY							
CENTER OF THE EAST BAY - 655							
INTERNATIONAL BLVD - OAKLAND, CA							HEALTHY INDIVIDUALS AND
94606	20-5358946	501(C)(3)	55,000.	0.			COMMUNITIES

Schedule I (Form 990) TIDES CEN							94-3213100 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa 	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSTART							
1111 BROADWAY							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94607	26-3094076	501(C)(3)	29,420.	٥.			COMMUNITIES
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY							
OAKLAND, CA 94607	94-6000385	GOVERNMENT ENTIT	7,500.	0.			QUALITY EDUCATION
PUBLIC HEALTH INSTITUTE 555 12TH STREET				S			HEALTHY INDIVIDUALS AND
OAKLAND, CA 94607	94-1646278	501(C)(3)	25,000.	0.			COMMUNITIES
COACHING CORPS							
310 EIGHTH STREET							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94607	94-3310845	501(C)(3)	20,000.	0.			COMMUNITIES
COMMUNITY INITIATIVES 1000 BROADWAY	04 2255070	E01/(0)/(2) .		R			HEALTHY INDIVIDUALS AND
OAKLAND, CA 94607	94-3255070	501(C)(3)	81,000.	0.			COMMUNITIES
POWER CALIFORNIA							
490 43RD STREET, UNIT 146							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94609	77-0651682	501(C)(3)	10,000.	0.			COMMUNITIES
KEHILLAH COMMUNITY SYNAGOGUE AND							
SCHOOL - 1300 GRAND AVENUE -							HEALTHY INDIVIDUALS AND
PIEDMONT, CA 94610	94-2990386	501(C)(3)	71,800.	٥.			COMMUNITIES
FREEDOM FOR IMMIGRANTS							
1322 WEBSTER STREET							EQUITY, HUMAN RIGHTS, AND
OAKLAND, CA 94612	80-0875881	501(C)(3)	20,000.	0.			ECONOMIC EMPOWERMENT
THOUSAND CURRENTS							
1330 BROADWAY							
OAKLAND, CA 94612	77-0071852	501(C)(3)	20,000.	٥.			SUSTAINABLE ENVIRONMENT

Schedule I (Form 990) IIDES CEM							74-5215100 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	urt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON COUNSEL FOUNDATION							
1624 FRANKLIN STREET 1022							EQUITY, HUMAN RIGHTS, AN
OAKLAND, CA 94612	94-3214166	501(C)(3)	42,500.	٥.			ECONOMIC EMPOWERMENT
ASIAN PACIFIC ENVIRONMENTAL							
NETWORK - 426 17TH STREET, SUITE					2		EQUITY, HUMAN RIGHTS, AN
500 - OAKLAND, CA 94612	94-3261846	501(C)(3)	15,000.	0.			ECONOMIC EMPOWERMENT
URBAN STRATEGIES COUNCIL							
1720 BROADWAY				\sim			HEALTHY INDIVIDUALS AND
OAKLAND, CA 94612	94-3044453	501(C)(3)	10,000.	0.			COMMUNITIES
			,				
ROCKWOOD LEADERSHIP INSTITUTE							
1212 BROADWAY				1			HEALTHY INDIVIDUALS AND
OAKLAND, CA 94612	72-1552165	501(C)(3)	10,000.	0.			COMMUNITIES
			\sim				
FOR THE PEOPLE							
1904 FRANKLIN STREET	02 2217244		15 000				EQUITY, HUMAN RIGHTS, AND
OAKLAND, CA 94612	83-3317244	501(C)(3)	15,000.	0.			ECONOMIC EMPOWERMENT
ALLIANCE FOR SAFETY AND JUSTICE							
1624 FRANKLIN STREET							EQUITY, HUMAN RIGHTS, AN
OAKLAND, CA 94612	85-3209787 <	501(C)(3)	5,164,142.	0.			ECONOMIC EMPOWERMENT
IF WHEN HOW LAWYERING FOR		\sim	, ,				
REPRODUCTIVE JUSTICE - 1714							
FRANKLIN STREET 100-393 - OAKLAND,							EQUITY, HUMAN RIGHTS, AN
CA 94612	90-0181944	501(C)(3)	3,121,256.	0.			ECONOMIC EMPOWERMENT
COLOR OF CHANGE EDUCATION FUND INC							
1714 FRANKLIN STREET							EQUITY, HUMAN RIGHTS, AN
OAKLAND, CA 94612	45-5569879	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
UNIVERSITY OF CALIFORNIA BERKELEY							
FOUNDATION - GIFT SERVICES, UDAR -							HEALTHY INDIVIDUALS AND
BERKELEY, CA 94704	94-6090626	501(C)(3)	85,556.	0.			COMMUNITIES
	51 0050020			°.			

Schedule I (Form 990)

94-3213100 Page 1

Schedule I (Form 990) TIDES CEN				(O - I			94-3213100 Page
Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Dor (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDERNESS TORAH 2222 Harold Way Berkeley, CA 94704	45-4437061	501(C)(3)	34,000.	0.			HEALTHY INDIVIDUALS AND
CLIMB HIRE INC 494 BOYNTON AVENUE BERKELEY, CA 94707	83-3791155	501(C)(3)	50,000.	0.			EQUITY, HUMAN RIGHTS, ANI ECONOMIC EMPOWERMENT
PEACEMAKERS INC 111 SHORELINE CT. RICHMOND, CA 94804	31-1695009	501(C)(3)	55,000.		•		HEALTHY INDIVIDUALS AND COMMUNITIES
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	106,467.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY INC - 406 MAIN STREET - WATSONVILLE, CA 95076	94-2523780 «	501(C)(3)	85,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
HUMAN AGENDA 1590 OAKLAND ROAD SAN JOSE, CA 95131	04-3700971	501(C)(3)	94,875.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
WORKING PARTNERSHIPS USA 2302 ZANKER ROAD SAN JOSE, CA 95131	77-0387535	501(C)(3)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
MARY MAGDALENE COMMUNITY SERVICES AGENCY - 620 N. AURORA STREET - STOCKTON, CA 95202	68-0462814	501(C)(3)	7,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

132241	
11-18-21	

MALAMA KAUAI P.O. BOX 1414

KILAUEA, HI 96754

				_
91-0313383	501(C)(3)	10,000.	0.	
68-0232078	501(C)(3)	10,000.	0.	
X				

WEST COUNTY HEALTH CENTERS INC PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	25,000.	0.	
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310		C	0.8		_

100,000.

75,000.

792,000,

(d) Amount of

cash grant

(e) Amount of

noncash

assistance

Ο.

Ο.

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

STOCKTON, CA 95202	47-3382204	501(C)(3)	10,000.	0.	
ASIAN PACIFIC SELF DEVELOPMENT AND					
RESIDENTIAL ASSOCIATION - 3830					$\langle \cdot \rangle$
ALVARADO AVENUE - STOCKTON, CA					
95204	68-0224100	501(C)(3)	7,500.	0.	
STOCKTONIANS TAKING ACTION TO				S	

(c) IRC section

if applicable

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

(b) EIN

94-3179778 501(C)(3)

68-0346784 501(C)(3)

83-1003248 501(C)(3)

20-5137488 501(C)(3)

(a) Name and address of

organization or government

KELLY S ANGELS FOUNDATION INC 343 E. MAIN STREET SUITE 305

STREET - STOCKTON, CA 95206

SACRAMENTO, CA 95814

SACRAMENTO, CA 95818-8331

INC - P.O. BOX 341306 -

COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 91-1270 KINOIKI

STREET - KAPOLEI, HI 96707

SACRAMENTO, CA 95834

ALLIANCE FOR EDUCATION SOLUTIONS

NORCAL RESIST PO BOX 188331

94-3213100 Page 1

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

EQUITY, HUMAN RIGHTS, AND

HEALTHY INDIVIDUALS AND

HEALTHY INDIVIDUALS AND

ECONOMIC EMPOWERMENT

COMMUNITIES

COMMUNITIES

COMMUNITIES

COMMUNITIES

COMMUNITIES

COMMUNITIES

COMMUNITIES

29,000.

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KA EHU							
PO BOX 3064							
WAILUKU, HI 96793	46-0878846	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
HAWAII COMMUNITY BAIL FUND					1		
PO BOX 17156							EQUITY, HUMAN RIGHTS, AND
HONOLULU, HI 96817	83-1717109	501(C)(3)	42,500.	0.			ECONOMIC EMPOWERMENT
DITAL NATION FOR COMPANYARY ROLLARY				\sim	•		
FAITH ACTION FOR COMMUNITY EQUITY P.O. BOX 235950							
HONOLULU, HI 96823	99-0335935	501(C)(3)	24,199.	0.			SUSTAINABLE ENVIRONMENT
NORTHWEST ALLIANCE FOR ALTERNATIVE							
MEDIA AND EDUCATION - P.O.BOX	02 1000510	F01 (g) (2)	316,790.				EQUITY, HUMAN RIGHTS, AND
42671 - PORTLAND, OR 97242	93-1009519	501(C)(3)	316,/90.	0.			ECONOMIC EMPOWERMENT
CIVIL LIBERTIES DEFENSE CENTER		•	()	K			
1430 WILLAMETTE STREET,		C					EQUITY, HUMAN RIGHTS, AND
EUGENE, OR 97401	58-2670951	501(C)(3)	178,150.	0.			ECONOMIC EMPOWERMENT
WTIA WORKFORCE INSTITUTE 1595 NW GILMAN BOULEVARD, SUITE 6B		B					
ISSAQUAH, WA 98027	47-3951262	501(C)(3)	50,000.	0.			QUALITY EDUCATION
WORLD VISION	\circ						
P.O. BOX 9716							EQUITY, HUMAN RIGHTS, AND
FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	49,500.	0.			ECONOMIC EMPOWERMENT
NATIONAL ASIAN PACIFIC CENTER ON							
AGING NAPCA - 1511 THIRD AVENUE -		501 (2) (2)	10.000				EQUITY, HUMAN RIGHTS, AND
SEATTLE, WA 98101	52-1266741	5UI(C)(3)	10,000.	0.			ECONOMIC EMPOWERMENT
NORTHWEST COMMUNITY BAIL FUND							
2311 N 45TH STREET							EQUITY, HUMAN RIGHTS, AND
SEATTLE, WA 98103	83-1096468	501(C)(3)	247,500.	٥.			ECONOMIC EMPOWERMENT

TIDES CENTER

Schedule I (Form 990)

94-3213100 Page 1

(a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance CHOOLS OUT WASHINGTON 01 23RD AVENUE S EATTLE, WA 98144 46-0809713 501(C)(3) 15,000. 0. HEALTHY INDIVIDUALS AND COMMUNITIES OMALI HEALTH BOARD 45 STRANDER BOULEVARD UKWILA, WA 98188 46-5114580 501(C)(3) 16,000. 0. 0.	Part II Continuation of Grants and Other			and Damastic Or		adula I (Farma 000) Da		
organization or governmentif applicablecash grantnoncash assistancevaluation (book, FMV, appraisal, other)non-cash assistanceor assistanceCHOOLS OUT WASHINGTON	Part II Continuation of Grants and Other	Assistance to Doi	lestic Organizations	and Domestic Go	vernments (SCII)	edule I (Form 990), Pa I	(r. n.)	
01 23RD AVENUE S EATTLE, WA 98144 46-0809713 501(C)(3) 15,000. 0. HEALTHY INDIVIDUALS AND COMMUNITIES OMALI HEALTH BOARD 45 STRANDER BOULEVARD UKWILA, WA 98188 46-5114580 501(C)(3) 16,000. 0. HEALTHY INDIVIDUALS AND COMMUNITIES AND AND FREEDOM HOUSING OLLECTIVE - 120 STATE AVENUE NE	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	noncash	valuation (book, FMV,	(g) Description of non-cash assistance	
01 23RD AVENUE S EATTLE, WA 98144 46-0809713 501(C)(3) 15,000. 0. HEALTHY INDIVIDUALS AND COMMUNITIES OMALI HEALTH BOARD 45 STRANDER BOULEVARD UKWILA, WA 98188 46-5114580 501(C)(3) 16,000. 0. HEALTHY INDIVIDUALS AND COMMUNITIES AND AND FREEDOM HOUSING OLLECTIVE - 120 STATE AVENUE NE								
EATTLE, WA 98144 46-0809713 501(C)(3) 15,000. 0. COMMUNITIES OMALI HEALTH BOARD 45 STRANDER BOULEVARD UKWILA, WA 98188 46-5114580 501(C)(3) 16,000. 0. EALTHY INDIVIDUALS AND COMMUNITIES AND AND FREEDOM HOUSING OLLECTIVE - 120 STATE AVENUE NE								
OMALI HEALTH BOARD 45 STRANDER BOULEVARD UKWILA, WA 98188 AND AND FREEDOM HOUSING OLLECTIVE - 120 STATE AVENUE NE		46-0809713	501(C)(3)	15 000	0			
45 STRANDER BOULEVARD UKWILA, WA 98188 46-5114580 501(C)(3) 16,000. 0. HEALTHY INDIVIDUALS AND AND AND FREEDOM HOUSING OLLECTIVE - 120 STATE AVENUE NE EQUITY, HUMAN RIGHTS, AND EQUITY, HUMAN RIGHTS, AND HIMBAN RIGHTS,	DATIDE, WA 90144	40-0009713	501(0)(3)	15,000.	0.			COMMONITIES
UKWILA, WA 98188 46-5114580 501(C)(3) 16,000. O. COMMUNITIES AND AND FREEDOM HOUSING OLLECTIVE - 120 STATE AVENUE NE EQUITY, HUMAN RIGHTS, AND EQUITY, HUMAN RIGHTS, AND	SOMALI HEALTH BOARD							
AND AND FREEDOM HOUSING OLLECTIVE - 120 STATE AVENUE NE EQUITY, HUMAN RIGHTS, AI	45 STRANDER BOULEVARD							HEALTHY INDIVIDUALS AND
OLLECTIVE - 120 STATE AVENUE NE EQUITY, HUMAN RIGHTS, AN	TUKWILA, WA 98188	46-5114580	501(C)(3)	16,000.	0.			COMMUNITIES
OLLECTIVE - 120 STATE AVENUE NE EQUITY, HUMAN RIGHTS, AN						•		
	AND AND FREEDOM HOUSING				6			
	.003 - OLYMPIA, WA 98501	84-2324952	501(C)(3)	40,000.	0.			ECONOMIC EMPOWERMENT
				5	1			
			. С		8			
			B					
			N^{\cdot}					

94-3213100

Page 1

TIDES CENTER

Schedule I (Form 990)

TIDES CENTER

94-3213100

Page 2

 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.
 can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
STIPEND/SUPPORT/SCHOLARSHIP	114	1,721,082.	0.							
		,								
				$\langle \cdot \rangle$						
			SU							
			~							
	C		12							
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.						
PART I, LINE 2:										
TIDES CONDUCTS THOROUGH DUE DILIGEN	NCE IN AL	VANCE OF F	UNDING, IN	CLUDING						
REVIEW OF THE GROUP'S TAX-EXEMPT ST	TATUS AND	WHETHER T	HE GRANT W	OULD ADVANCE						
TIDES' MISSION. GRANTEES RECEIVE A	WRITTEN	GRANT AGRE	EMENT. BY	ACCEPTING						
PAYMENT, THE GRANTEE AGREES TO THE	CONDITIC	NS OF THE	GRANT AGRE	EMENT AND TO						
USE THE FUNDS EXCLUSIVELY FOR PURPOSES CONSISTENT WITH TIDES' EXEMPT STATUS										
UNDER IRC SECTION 501(C)(3). IF A GRANT IS RESTRICTED FOR A SPECIFIC										
PROGRAM OR SPECIFIC ACTIVITIES, GRANTEES FURTHER AGREE THAT ANY PORTION OF										
THE GRANT NOT USED FOR THE STATED PURPOSE MUST BE REPAID AND ANY CHANGE OF										

Schedule I (Form 990) TIDES CENTER	94-3213100	Page 2
Part IV Supplemental Information		
THE PURPOSES MUST BE APPROVED BY TIDES IN ADVANCE IN WRITING	. GRANT	
AGREEMENTS FOR GRANTS THAT ARE RESTRICTED TO A NON-LOBBYING 1	PURPOSE ALSO)
PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN LOBBYING ACTIVI	TY. NO GRANT	I
FUNDS MAY BE USED TO ENGAGE IN PROHIBITED CAMPAIGN INTERVENT:	ION. BASED	ON
A RISK ASSESSMENT AND CONSIDERATION OF THE GRANTEE'S TAX-EXEN	MPT STATUS,	
NARRATIVE AND FINANCIAL REPORTS DESCRIBING USE OF GRANTS FUNI	DS ARE REQUI	RED
FOR CERTAIN GRANTS AFTER THE GRANT AWARD.		

S.
S

12291108 149058 94-3213100

SC	HEDULE J	Compensat	ion Information	I	OMB No. 1	545-004	47
(Fo	rm 990)		rustees, Key Employees, and Highest		20	91	
			ated Employees ered "Yes" on Form 990, Part IV, line 23.		20		l
Dena	tment of the Treasury		to Form 990.		Open to		ic
	al Revenue Service		instructions and the latest information.		Inspe		
Nam	e of the organization			Employer id			nber
_		TIDES CENTER		94-3	21310	0	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the		990,			
		line 1a. Complete Part III to provide any relevant	information regarding these items.				
	First-class or c		☐ Housing allowance or residence for perso				
	Travel for com] Payments for business use of personal re				
		ation and gross-up payments	☐ Health or social club dues or initiation fee				
	Discretionary	pending account	Personal services (such as maid, chauffeu	r, chet)			
	If any of the st						
b		on line 1a are checked, did the organization follo			41		
•	•	rovision of all of the expenses described above?			<u>1b</u>		
2	•	require substantiation prior to reimbursing or al s, including the CEO/Executive Director, regardi			2		
	trustees, and onice	s, including the CEO/Executive Director, regarding	ng the terms checked of the ra?				
3	Indicate which if a	y, of the following the organization used to estab	blish the compensation of the organization's				
Ŭ		ctor. Check all that apply. Do not check any box		on to			
		tion of the CEO/Executive Director, but explain i					
	Compensation		Written employment contract				
	·	ompensation consultant	Compensation survey or study				
	·	her organizations	Approval by the board or compensation c	ommittee			
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 re						
а	•	e payment or change-of-control payment?			4a		X
b		eive payment from a supplemental nonqualified i	retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensatio	on arrangement?		4c		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 mu	ist complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the o	organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				. 5a		X
b	Any related organiz	ation?			. 5 b		X
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	•	n Form 990, Part VII, Section A, line 1a, did the o	organization pay or accrue any compensatio	n			
	contingent on the r						
							X
b		ation?			. 6b		X
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the o					37
		es 5 and 6? If "Yes," describe in Part III			. 7		X
8		reported on Form 990, Part VII, paid or accrued p		е			37
_		ption described in Regulations section 53.4958-4			8		X
9		d the organization also follow the rebuttable pres					
		53.4958-6(c)?			. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for F	orm 990.	Schedu	ile J (Forn	n 990)	2021

132111 11-02-21

12291108 149058 94-3213100

94-3213100

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JUDITH HILL	(1)	0.	0.	0.	0.	0.	0.	0.
(-)	(i) (ii)	247,507.	136,629.	136,113.	45,500.	10,609.	576,358.	0.
(2) JANIECE EVANS-PAGE	(i) (i)	0.	0.	0.	<u> </u>	0.	0.	0.
CEO	(i) (ii)	417,842.	13,159.	30,364.	0.	23,929.	485,294.	0.
(3) MARK SMOLINSKI	(i)	321,485.	4,200.	14,543.	65,000.	13,121.	418,349.	0.
DIR. GLOBAL HEALTH THREATS - ENDING	(i) (ii)	0.	0.	0.		0.	0.	0.
(4) KELLY FITZSIMMONS	(i)	315,256.	32,291.	16,346.	10,500.	38,023.	412,416.	0.
FOUNDER & MNG'G DIR, CHIEF NETWORK &	(ii)	0.	0.	.0.	0.	0.	0.	0.
(5) TOMIQUIA MOSS	(i)	341,783.	14,000.	9,150.	0.	19,784.	384,717.	0.
FOUNDER/CHIEF EXEC - ALL HOME	(ii)	0.	0.	01.	0.	0.	0.	0.
(6) SUNEELA JAIN	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SEC./GENERAL COUNSEL	(ii)	268,919.	863.	13,356.	39,000.	26,291.	348,429.	0.
(7) AMY LESNICK	(i)	245,076.	30,088.	11,523.	18,959.	25,286.	330,932.	0.
CHIEF EXEC. AND PRESIDENT - PLEDGE 1	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TALIA MILGROM-ELCOTT	(i)	263,856.	1,000.	16,291.	26,000.	18,894.	326,041.	0.
EXEC DIRECTOR - THE STARFISH INST.	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TUTI SCOTT	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER INT. CEO	(ii)	53,446.	216,161.	29,994.	4,101.	5,922.	309,624.	0.
(10) HOLDEN LEE	(i)	0.	0.	0.	0.	0.	0.	0.
ASST. TREASURER/CFO - START 8/2021	(ii)	158,139.	413.	12,773.	10,646.	10,175.	192,146.	0.
(11) JENNIFER MARIE LANDIG	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SEC./CHIEF OF STAFF	(ii)	130,573.	14,660.	11,515.	10,898.	22,371.	190,017.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3

THE ORGANIZATION'S CEO IS COMPENSATED BY TIDES NETWORK, A RELATED

ORGANIZATION AND THE CEO'S LEGAL EMPLOYER. THROUGH A COST SHARING

ARRANGEMENT, TIDES CENTER PAYS TIDES NETWOK AN ALLOCATED PORTION OF THE

CEO'S TOTAL COMPENSATION. TIDES NETWORK UTILIZES THE FOLLOWING METHODS

TO ESTABLISH COMPENSATION FOR THE CEO: INDEPENDENT COMPENSATION

CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE HUMAN

CAPITAL COMMITTEE OF THE BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	ı	

Employer	ide	entif	ica	atior	n nui	nber
		~ ~		~ 4	~ ~	

	TIDES CENTER				94	-321310	0
Pa	t 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) of determining tribution amou	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		34,976.	COST OR S	ELLING	PRIC
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	42	4,081,850.	COST OR S	ELLING	PRIC
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures	X	1	15,900,000.	COMPARABL.	E PROPE	RTIE
14	Qualified conservation contribution - Other $_{\dots}$						
15	Real estate - Residential						
16	Real estate - Commercial		5				
17	Real estate - Other						
18	Collectibles						
19	Food inventory				<u> </u>		
20	Drugs and medical supplies	$\left(\cdot \right)$					
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens	~					
24	Archeological artifacts						
25	Other ()				<u> </u>		
26	Other ()				<u> </u>		
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	l	l the tax year for a				
29	for which the organization completed Form 828	-				3	0
	for which the organization completed Form 626	55, Fart V, L	onee Acknowledg	ement 29		Ye	
202	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part L lines 1 throug	th 28 that it	Te	S NO
30a	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	X
h	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	ouires the review (of any nonstandard contribut	tions?	31 X	
32a	Does the organization have a girl acceptance p Does the organization hire or use third parties of	-	-	•		51 2	·
JZa			-			32a	x
h	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cher	cked.		
	describe in Part II.	0,001					

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 TIDES CENTER	94-321310	
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a con this part for any additional information.	3, and whether the or bination of both. Also	ganization o complete
SCHEDULE M, PART I, COLUMN (B):		
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS	RECEIVED I	IN
SCHEDULE M, PART I, COLUMN (B).		
0		
		<u> </u>

132142 11-17-21

SCHEDULE O (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



94-3213100

TIDES CENTER

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

SOCIETY'S TOUGHEST PROBLEMS.

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

AS BOARD MEMBERS OF TIDES NETWORK, MICHAEL FERNANDEZ, ANTOINETTE KLATZKY,

CHERYL D. ALSTON, DYLAN ORR, EDWARD G. LLOYD, JACOB WELDON, MARC DIAZ,

REGINA JACKSON, SUZANNE NOSSELL, AND TIM WANG HAVE AN EMPLOYMENT

RELATIONSHIP WITH JUDITH HILL, JANIECE EVANS-PAGE, SUNEELA JAIN, HOLDEN

LEE, JENNIFER MARIE LANDIG, AND TUTI SCOTT WHO WERE EMPLOYEES OF TIDES

NETWORK DURING THE TAX YEAR.

FORM 990, PART VI, SECTION A, LINE 6: <u>TIDES CENTER HAS ONE SOLE MEMBER, TIDES NETWORK, A CALIFORNIA NONPROFIT</u> PUBLIC BENEFIT CORPORATION.

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

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

ACTION BY THE BOARD OF DIRECTORS OF THE TIDES CENTER ON THE FOLLOWING

MATTERS SHALL BE EFFECTIVE ONLY WITH THE CONSENT OF THE BOARD OF DIRECTORS

OF TIDES NETWORK, THE ORGANIZATION'S SOLE MEMBER: (I) ANY CHANGE IN THE

FUNDAMENTAL NATURE OR STATED PURPOSES FOR WHICH TIDES CENTER IS ORGANIZED,

(II) THE ADOPTION OF THE STRATEGIC PLANS FOR TIDES CENTER, (III) THE

 ADOPTION OF THE ANNUAL CAPITAL AND OPERATING BUDGETS FOR TIDES CENTER, (IV)

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

Name of the organization	Employer identification number
TIDES CENTER	94-3213100
MERGER, CONSOLIDATION, OR SIMILAR REORGANIZATION OF THE CO	RPORATE
STRUCTURE; (V) DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF	THE ASSETS OF
TIDES CENTER; (VI) SELECTION OF THE AUDITORS OF TIDES CENT	ER; (VII) REMOVAL
OF A DIRECTOR OF TIDES CENTER WITHOUT CAUSE; (VIII) AMENDM	ENT, REPEAL OR
ADOPTION OF THE ARTICLES OF INCORPORATION OR BYLAWS, (IX)	SELECTION OF A
CHIEF EXECUTIVE OFFICER; (X) THE NUMBER OF AUTHORIZED DIRE	CTORS AND THE
APPOINTMENT OF DIRECTORS; AND (XI) DISSOLUTION OF TIDES CE	NTER.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT	IN CONJUNCTION
WITH THE ORGANIZATION'S FINANCE AND ACCOUNTING DEPARTMENT.	THE
TREASURER/CFO AND LEGAL COUNSEL REVIEW A DRAFT OF THE FORM	990; ADJUSTMENTS
ARE MADE AS NECESSARY. A COMPLETE COPY OF THE FORM 990 IS	THEN PROVIDED TO

THE MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL **REVENUE SERVICE.**

FORM 990, PART VI, SECTION B, LINE 12C: ALL COVERED INDIVIDUALS, INCLUDING OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS, CENTER ADVISORY BOARDS, AND DESIGNATED STAFF ARE REQUIRED TO SUBMIT CONFLICT OF INTEREST DISCLOSURE STATEMENTS AT THE TIME A PERSON BECOMES A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER. THE POLICY REQUIRES COVERED INDIVIDUALS TO PERIODICALLY UPDATE THE CONFLICT OF INTEREST STATEMENT AS MATERIAL FACTS CHANGE, AS WELL AS MAKE VERBAL AND/OR WRITTEN DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. AT ANY TIME THAT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS IDENTIFIED, DISCLOSURE MUST BE MADE TO THE BOARD OF DIRECTORS, THE APPROPRIATE COMMITTEE, OR STAFF (DEPENDING ON THE NATURE OF THE POTENTIAL OR ACTUAL CONFLICT). PRIOR TO ACTING ON ANY MATTER WHERE A POTENTIAL OR ACTUAL CONFLICT IS IDENTIFIED Schedule O (Form 990) 2021 132212 11-11-21 101 12291108 149058 94-3213100 2021.05000 TIDES CENTER

94-32131

Schedule O (Form 990) 2021	Page 2
Name of the organization TIDES CENTER	Employer identification number $94 - 3213100$
WITH RESPECT TO AN OFFICER OR MEMBER OF THE BOARD, THE CON	FLICT AND ALL
MATERIAL FACTS RELATED TO IT MUST BE FULLY DISCLOSED BY TH	E COVERED
INDIVIDUAL TO THE BOARD PRIOR TO CONSIDERATION OF THE PROP	OSED MATTER. IF
THE BOARD DETERMINES A CONFLICT OF INTERESTS EXISTS, THE C	OVERED
INDIVIDUAL, IF REQUESTED TO DO SO BY THE CHAIR OF THE BOAR	D, MAY PROVIDE
ADDITIONAL FACTUAL INFORMATION REGARDING THE AFFECTED TRAN	SACTION, BUT MAY
NOT PARTICIPATE IN OR ATTEMPT TO INFLUENCE DELIBERATION AN	D VOTING. THE
COVERED INDIVIDUAL MUST BE EXCUSED FROM THE MEETING PRIOR	TO DELIBERATION,
AND MAY NOT RETURN UNTIL DELIBERATION AND VOTING ON THE MA	TTER HAVE BEEN
CONCLUDED. THE POLICY PROVIDES FOR SIMILAR PROCEDURES FOR	ADVISORY
COMMITTEES TO ADDRESS MATTERS THAT ARE DECIDED AT THE ADVI	SORY COMMITTEE
LEVEL. IF QUESTIONS ARISE WITH RESPECT TO THE POLICY OR PR	OCEDURES FOR
DISCLOSING A POTENTIAL OR ACTUAL CONFLICT, THE MATTER MAY	BE REFERRED TO
HUMAN RESOURCES OR THE LEGAL, COMPLIANCE AND RISK DEPARTME	NT FOR REVIEW AND
RESOLUTION CONSISTENT WITH THE POLICY.	

FORM 990, PART VI, SECTION B, LINE 15: THE CEO, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION ARE ALL COMPENSATED BY TIDES NETWORK, A RELATED ORGANIZATION AND SUCH PERSONS' LEGAL EMPLOYER. THROUGH A COST SHARING ARRANGEMENT, TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION OF SUCH PERSONS' TOTAL COMPENSATION. AS SUCH, FORM 990, PART VI, SECTION B, LINES 15A AND 15B HAVE BEEN MARKED"NO", AS PROVIDED BY THE FORM 990 INSTRUCTIONS. PLEASE REFERENCE THE DISCLOSURE IN SCHEDULE 0 OF THE TIDES NETWORK FORM 990 FOR A DISCUSSION REGARDING HOW COMPENSATION IS DETERMINED FOR THESE INDIVIDUALS.

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

<u>AL</u>, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, MO, NC, ND, NH, NJ, NM, NY, OK, OR, PA ¹³²²¹² ¹¹⁻¹¹⁻²¹ Schedule O (Form 990) 2021 102

2021.05000 TIDES CENTER

RI, SC, TN, UT, VA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE PROVIDED ON THE ORGANIZATION'S	WEBSITE. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT	GENERALLY
PROVIDED.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS AND CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	33,284,203.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	80,803.
TOTAL EXPENSES	33,365,006.
HONORARIUM/STIPENDS:	
PROGRAM SERVICE EXPENSES	1,721,082.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,721,082.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	35,086,088.

12291108 149058 94-3213100

Schedule O (Form 990) 2021

TIDES CENTER

Name of the organization

103 2021.05000 TIDES CENTER Schedule O (Form 990) 2021

Page 2

94-3213100

SCH	IEDULE R
/	

(Form 990)

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.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number 94 - 3213100

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

TIDES CENTER

(a)	(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Legal domicile (state or Total income		assets Direct of	ontrolling
of disregarded entity		foreign country)			er	ntity
IDES CENTER SOCIAL PURPOSE REAL ESTATE						
OLDING, 1012 TORNEY AVE, SAN FRANCISCO, CA	-					
4129	REAL ESTATE	CALIFORNIA			TIDES CENTER	ર
01 STATE STREET WBU LLC						
5 EXCHANGE PLACE, SUITE 402						
IEW YORK, NY 10005	REAL ESTATE	NEW YORK			TIDES CENTER	ર
		CV I				
		27				
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one o	or more related tax-exe	mpt
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controll
of related organization		foreign country)	section	status (if section	entity	entity

of related organization		foreign country)	section	status (if section	entity	ent	ity?
				501(c)(3))		Yes	No
TIDES, INC 57-1138099	DEVELOP/OPERATE FACILITIES						
P.O. BOX 29198	MGMT AND MULTI-TENANT						
SAN FRANCISCO, CA 94129	NONPROFIT CENTERS	CALIFORNIA	501(C)(3)	10	TIDES NETWORK	Х	
TIDES TWO RIVERS FUND - 20-1588459	DEVELOP/OPERATE FACILITIES						
P.O. BOX 29198	MGMT AND MULTI-TENANT						
SAN FRANCISCO, CA 94129	NONPROFIT CENTERS	CALIFORNIA	501(C)(3)	12A, I	TIDES NETWORK	Х	
HARDING ROCK FUND - 20-1430532	HOLD AND MANAGE INVESTMENT						
P.O BOX 29903	ON BEHALF OF TIDES						
SAN FRANCISCO, CA 94129	FOUNDATION	CALIFORNIA	501(C)(3)	12A, I	TIDES FOUNDATION	Х	
TIDES FOUNDATION - 51-0198509							
P.O. BOX 29903							
SAN FRANCISCO, CA 94129	GRANTMAKING	CALIFORNIA	501(C)(3)	7	TIDES NETWORK	Х	

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	organiz	rolled zation?
TIDES NETWORK - 20-3395198				301(0)(0))		Yes	No
P.O. BOX 29198	CHARITABLE GOVERNANCE AND						
SAN FRANCISCO, CA 94129	OPERATIONS	CALIFORNIA	501(C)(3)	12B, II	N/A		x
` 			$\langle \cdot \rangle$				
		S					
		0					
		Cv					
		P					

Schedule R (Form 990) 2021 TIDE	S CENTER										94-3	2131	L00	Р	age 2
Part III Identification of Related Or organizations treated as a part	ganizations Taxable artnership during the t	as a Partn e ax year.	ership. Complete	if the organiz	zation answe	ered "Yes" o	on Form 990,	Part IV, line	34, be	ecause	e it had one or	more re	elated		
(a)	(b)	(c)	(d)		(e)	(f)		(g)	(1	n)	(i)		(j)	(k	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin	nant income unrelated, om tax under 5 512-514)	Share of	e end	hare of d-of-year assets	Disprop		Code V-UE amount in b 20 of Sched K-1 (Form 10	BI Ger DOX ^{ma}	neral or naging rtner?	Percei owne	ntage
					,										
	-					R									
	-				00	2									
	-			S	L'A										
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable prporation or trust dur	as a Corpo	oration or Trust. C	Complete if t	he organizati	ion answere	ed "Yes" on F	orm 990, Pa	art IV, I	ine 34	, because it ha	ad one	or mo	re rela	ted
(a) Name, address, and E of related organizatio	EIN	Prim	(b) hary activity	(c) Legal domicile (state or foreign	(d) Direct cont entity	trolling T	(e) ype of entity corp, S corp	(f) Share c inco	of total		(g) Share of end-of-year	(h) Percer owner	ntage	(i Sect 512(b contro enti	o)(13)
			O [*]	country)			or trust)				assets			Yes	<i>.</i>
		2°	•												
		•													
								+							

Schedule R (Form 990) 2021 TIDES CENTER

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one										
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
b	Gift, grant, or capital contribution to related organization(s)				1b	X X					
с	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
							x				
f	f Dividends from related organization(s)										
g	g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1 i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X					
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X					
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
	• Sharing of paid employees with related organization(s)										
		~ ~ >	Ť								
р	p Reimbursement paid to related organization(s) for expenses										
q					1q	X					
-											
r	Other transfer of cash or property to related organization(s)				1r		Х				
	Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	omplete th	is line, including covered r	elationships and transaction thresholds.							
		b)	(c)	(d)							
		action	Amount involved	Method of determining amount ir	volved						
		e (a-s)									
	•										
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											

Schedule R (Form 990) 2021 TIDES CENTER

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 EN of entity (b) Primary activity (c) Legal concile (state or foreign country) (c) Prison (state or foreign (state or foreign	(a)	(b)	(c)	(d)	(e))(f)	(g)	(h)	(i)	(j)	(k)
of entity Istate or foreign country Included, unrelated, section 3 2:514) Users Yes Istate or foreign assets Istate or foreign asset	Name, address, and EIN		Legal domicile	Predominant income	Are a partners	sec. Share of	Share of		- Code V-UBI	General o	Percentage
country sections \$12.513 Yes No form 1065 Yes No	of entity		(state or foreign	excluded from tax under	501(c) orgs.			allocations	2 of Schedule K-1	partner?	ownership
			country)	sections 512-514)	Yes I	No income	assets	Yes No	(Form 1065)	Yes No)
											<u> </u>
						· · · · · · · · · · · · · · · · · · ·					
			•								
			C								
			\sim								
			\sim								
									-		

Schedule R (Form 990) 2021

TIDES CENTER

Part VII Supplemental Information

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

12291108 149058 94-3213100

Schedule R (Form 990) 2021