Form 990

Department of the Treasury

T,

For the 0040 color deriver

Internal Revenue Service

.

** PUBLIC DISCLOSURE COPY **

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.

an al an alim a



<u>A I</u>		2018 Calendar year, or tax year beginning and	enaing		
B	Check if	C Name of organization		D Employer identific	ation number
	 →Addre				
	chang Name		57-1	138099	
\vdash	chang Initial		E Telephone number	-	
	return Final		Room/suite	(415	
	lreturn/ termin ated				4,325,959.
	Ameno			G Gross receipts \$	
	_lreturn □Applic			H(a) Is this a group re	
	tion pendir	¹⁹ SAME AS C ABOVE		for subordinates	····· <u> </u>
	Faa		or 527	H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)() (insert no.) = 4947(a)(1) c$ the: \blacktriangleright WWW • TIDES • ORG	0 021	1	list. (see instructions)
		organization: X Corporation Trust Association Other ►	L Veer	H(c) Group exemption	State of legal domicile: CA
	art I	Summary	L Year		State of legal domicile: CA
		-			
e	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU		
Activities & Governance	2	Check this box	ed of more	than 25% of its net ass	ets
veri	3			3	4
ĝ	4	Number of independent voting members of the governing body (rait v), and ray			0
ళ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
ties	6	Total number of volunteers (estimate if necessary)			0
Ę	72	Total unrelated business revenue from Part VIII, column (C), line 12			188,210.
Ą	h	Net unrelated business taxable income from Form 990-T, line 38			163,455.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		300,011.	350,005.
Ine	9			3,222,983.	3,166,700.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89.	1,498.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		279,774.	225,652.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,802,857.	3,743,855.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		34,400.	10,900.
				0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en en	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,632,508.	3,442,538.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,666,908.	3,453,438.
		Revenue less expenses. Subtract line 18 from line 12		135,949.	290,417.
		וופיכוועב ובשט בקרמושבט. שטעומנו ווויב זט ווטווז ווויב זב		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		12,031,353.	11,146,255.
Asse	20			10,225,568.	9,151,110.
Vet /	21			1,805,785.	1,995,145.
	art II	Net assets or fund balances. Subtract line 21 from line 20		- ,003,703•	±,,,,,,,±+,,•

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	Signature of officer		Date									
Here	JUDITH HILL, TREASURER	/CFO										
Type or print name and title												
	Print/Type preparer's name	Preparer's signature	Date Check PTIN									
Paid	TRACY S. PAGLIA	TRACY S. PAGLIA	11/14/19 self-employed P00366884									
Preparer	Firm's name 🕒 MOSS ADAMS LLP		Firm's EIN ▶ 91-0189318									
Use Only	Firm's address 101 SECOND STREE	T SUITE 900										
	SAN FRANCISCO, C	A 94105	Phone no. $415 - 956 - 1500$									
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes 🗌 N	0								
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (201	8)								

Form	1990 (2018) TIDES, INC.	57-1138099	Page 2
Par	rt 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: TO PROVIDE ECONOMICALLY, PROGRAMMATICALLY, ENVIRONMENTAL WORKPLACE FACILITIES AND RELATED SUPPORTIVE, COMMUNITY-B TO TIDES FOUNDATION AND THE TIDES CENTER, AND NONPROFIT THAT FURTHER TIDES' CHARITABLE MISSION.	ASED SERVICES	S
<u> </u>			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
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.	Yes	X No
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 othe revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,275,787. including grants of \$10,900.) (Reven	nue\$ 3,166,'	700.)
	TIDES, INC. OPERATES TIDES CONVERGE IN SAN FRANCISCO (PR		
	THOREAU CENTER FOR SUSTAINABILITY) (THE "FACILITY"), WHI		
	OFFICE SPACE FOR THE INTERNAL OPERATIONS OF TIDES FOUNDA		
	TIDES CENTER, AND MANY OTHER CHARITABLE AND/OR MISSION-A		
	ORGANIZATIONS, AND PROVIDES OPPORTUNITIES FOR COMMUNITY-	BASED MEET-UI	25
	AND CONNECTIONS.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	1ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue\$)
<u> </u>			
4d	Other program services (Describe in Schedule O.)	`	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 2,275,787.)	
40	Total program service expenses ► 2,275,787.	Q	90 (2018)
832002	2 12-31-18	Form 3	JU18)

Par	t 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	х	
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-		4		x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 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			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120		12a		x
b	Schedule D, Parts XI and XII	120		
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	- 23	x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		
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	4.41		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		x
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	
832003	12-31-18	Form	990	(2018)

3

13531114 146892 632745-3

2018.05000 TIDES, INC.

Form 990 (2018)

TIDES, INC.

Form	990	(2018)	١
	000	(2010)	I

 Form 990 (2018)
 TIDES, INC.

 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			37	
00	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? <i>If</i> "Yes," <i>complete</i>				
	Schedule J	23	х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a	Х		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X	_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c		X	_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X	_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		- v	
Ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	-
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> " <i>Yes</i> ," <i>complete</i>				
	Schedule L. Part I	25b		x	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or				-
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."				
	complete Schedule L, Part II	26		x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? 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 Schedule L, Part IV				
	instructions for applicable filing thresholds, conditions, and exceptions):			v	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X	-
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b			-
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				-
	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?				-
	If "Yes," complete Schedule N, Part I	31		X	_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		X	_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х		
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X		-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 in Schedule O for Part VI, lines 11b and 19?		77		
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		-
1 ai	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	-
1я	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NU	Ī
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c			
832004	12-31-18	Form	990	(2018)
	Λ				

Form	990 (2018) TIDES, INC. 57-1138	099	Р	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 0											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	х									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O											
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	If "Yes," enter the name of the foreign country:											
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		77								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
_	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).	-		x								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 75										
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		x								
А		7c										
	, , , , , , , , , , , , , , , , , , , ,	7e		x								
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X								
fg	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		- 23								
-	If the organization received a contribution of qualified intellectual property, did the organization merior boost as required in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/										
U	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders											
	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
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?	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	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2018)

832005 12-31-18

to line 8a, 8b, or 10b below, describe the circumstances, processes, or charges in Schedule O. See instructions. Check If Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a 1a 1a 1a 1b 1b 1c 1b 1c 1b 1a 1a 1b 1b 1c 1b 1c 1b 1c 1b 1c 1b 1c 1b 1c 1c 1c 1c <th></th> <th>990 (2018) TIDES, INC. t VI Governance, Management, and Disclosure For each "Ves" response to lines 2 to</th> <th></th> <th><u>57–113</u></th> <th></th> <th>P</th> <th>'ac</th>		990 (2018) TIDES, INC. t VI Governance, Management, and Disclosure For each "Ves" response to lines 2 to		<u>57–113</u>		P	'ac
Check If Scheduls 0 contains a response or note to any line in this Part II Section A. Governing Body and Management 1a Enter the number of volting members of the governing body at the end of the tax year Image members of the governing body at the end of the tax year 1a Enter the number of volting members of the governing body, or if the governing body at the end of the tax year Image members of the governing body at the end of the tax year 2 Did any officer, director, trustee, or key employees tax a family relationsing or a business relationsitip with any other officer, director, seture, or key employees to a management company or than person? 2 3 Did the organization hedgeate corbol over management duties customarily performed by or under the direct supervision of the organization have members or stochoiders? 6 2 4 Did the organization have any significant changes to its governing documents alions the prior FOP 000 was filed? 4 4 5 5 Did the organization have members or stochoiders? 6 2 7 2 6 Did the organization have members. stochoiders? 7 2 6 2 6 Did the organization have members. stochoiders? 7 2 2 6 2 7 Did the organization hav	I ai				a "No" re	espons	se
Bection A. Governing Body and Management Image: Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year Image: Section A. Governing Body and Management and the governing body, or 11 the governing body diaglab brain and authority to an exoculve committies or similar committies, explain in Schedulo 0. Image: Section A. Governing Body at the end of the tax year Image: Section A. Governing Body at the end of the tax year 2 Did any officer, circuict, trustee, or key employees to its governing to comments ince the prior Form B00 was filed? Image: Section A. Governing Body? Image: Section A.							[
1a Enter the number of voting members of the governing body, or if the governing body, or if the governing body, or if the governing body deligated brad authority to an excutive committee or similar committee, splain in Schedule 0. 1a 1a 4 1b 2 0.	Sec						
If there are material afferences in voting rights among members of the governing body, or if the governing body degree to an executive committee or similar committee, explain in Stratelle 0.						Yes	
b detegated brad authority to an executive committee or similar committee, explain in Schedule 0. b b c 0 b Exter the number of voting members included in line 1a, above, who are independent b 0 0 c Did any officer, director, trustee, or key employee tave a family relationship or a business relationship with any other officers, directors, or trustee, or key employees to a management company or other person? 3 c Did the organization network within the even of a significant diversion of the organization takes on the organization takes on the organization relationship of a business relationship of the organization have members or atochholders? 6 7 c Did the organization have members or atochholders? 6 7 2 c Did the organization network of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 2 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 2 b Each commitse with authority to act on behalf of the governing body? 8 2 c Did the organization network on act on behalf of the governing body? 8 2 c Did the organization nave withen policies and received by the Internal Bivenue Code. 9 c Did the organization have local chapters, branches, or affiliates? 10	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4		l
 b Enter the number of volting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing					l
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other diffeer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of diffeers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization makes any significant charges to the governing document show the prior Form 990 was filed? 4 5 Did the organization baceome aware during the year of a significant diversion of the organization aware makes to the coverning document show the prior form 990 was filed? 6 2 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7a 3 9 Did the organization contemporamously document the meetings held or written actions undertaken during the year by the following: 8a 2 9 Bach commission content organization reserved to (or subject to approval by) members, stockholders, or persons other the governing body? 8a 2 9 Bach commission document the meetings held or written actions undertaken during the year by the following: 8a 2 9 Bach commission document the governing body? 8a 2 9 Bach commission document the governing body?		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					l
officer, director, trustees, or key employees 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 5 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 3 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 5 Did the organization networks, download the governing body? 7a 6 Did the organization contemporaneously document the meetings held or written actors undertaken during the year by the following: 7a 7 Did the organization contemporaneously document the meetings held or written actors undertaken during the year by the following: 7a 8 Did the organization have notes, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, 'arowide the names and addresses in Schedule 0 9 9 Is there any officer, director, trustee, or key employees regulated to fact engineation is a schedule of the process, farity, used by the organization to reviver this form 990. 1a	b	Enter the number of voting members included in line 1a, above, who are independent	1b		0		l
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7 Did the organization nave members or stockholders? 8 Did the organization nave members or stockholders? 9 Did the organization nave members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization nave memore stockholders. 9 Section B. Policies (<i>This Section B. requests information about policies not required by the Internal Revenue Code.</i>) 9 Did the organization have written policies and procedures governing body before filing the form? 10 Did the organization have written policies and procedures governing body before filing the form? 10 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 or volve this Form 990. 12 Did the organization have written policies and procedures governing body before filing the form? 10 Did the organization have written policies and procedures governing heady by before filing the form? 10 Did the organization have written policin and enforce complance with the policy? If "Yes," de	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with ar	ny other			l
of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members, stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members and the power to elect or appoint one or more members of the governing body? 7a 2 D A era my governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons ofter than the governing body? 7b 8 Did the organization have members, stockholders? 7a 2 be arm governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons ofter instituting migody? 8a 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization instituting decisions of the organization sectors (<i>Trustee, or key employee)</i> tisted in Part VII, Section A, who cannot be reached at the organization fave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization institution of the organization to review this Form 990. 1a 10a Did the organization neave a written conflict of interest policy? <i>II''No', go to ine 13</i> 1a 1		officer, director, trustee, or key employee?			2		ļ
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members of the powerning body? 9 Ar any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Ar any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Beah commute with authority to act on behalf of the governing body? 9 Beah commute with authority to act on behalf of the governing body? 9 Beah commute with authority to act on behalf of the governing body commutes and addesses in Schedule 0 9 Section B. Policies <i>This Section B requests information about policies not required by the Internal Revenue Code</i>. 10 Did the organization have witten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 11 a Zie Did the organization have witten conflict of Interest polic? <i>I No</i>, <i>'go to line final</i> 12 2 Did the organization have witten conflict of Interest polic? <i>I No</i>, <i>'go to line final</i> 13 2 Did the organization have awitten conflict of Interest polic? <i>I No</i>, <i>'go to line final</i> 14 2 Did the organization have awitten conflict of Interest polic? <i>I No</i>, <i>'go to line final</i> 14 2 Did the organization have awitten conflict of Interest polic? <i>I No</i>, <i>'go to line final</i> 14 2 Did the organization have awitten conflict of Interest polic? <i>I No</i>, <i>'go to line final</i> 14 2 Did the organization have awitten conflict of Interest polic? <i>I </i>	3	Did the organization delegate control over management duties customarily performed by or under the	e direct :	supervision			l
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 7 A zama or any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or members, stockholders, or organization have mothering body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? a The governing body? b acter any officer, director, trustee, or key amployee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have for key amployee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990. b Beschein D, Schedul O D have process, if any, used by the organization to review this Form 990. b Did the organization have a written withsteed process in schedule O inter 13 b Schedulo O how this was done b Did the organization have a written withsteed word and decission? b Did the organization have a written withsteed organization to review and approval by independent persons. Comparability data, and contemporaneous substantiation of the decision? b Did the organization have a written withsteed organization of the dible brant and decision? b Did the organizati		of officers, directors, or trustees, or key employees to a management company or other person?			. 3		ļ
 Bid the organization have members or stockholders? 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? Dra any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing the control to the Internal Revenue Code.) Yue and branches to ensure their operations are consistent with the organization rowing body before filing the form? I beach commission provided a complete copy of this Form 990. Beach and branches to ensure their operations are consistent with the organization rowing body defore filing the form? I beach commission regularly and consistently monitor and enforce compliance with the policits? I beach organization provides of the governing beross rolicit deform geness or fueld are with a taxable on the governing other structures. I beach or of the organization rowing with a document retention and destruction policy? I beach organization rowing with aconsistently monitor an	4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	. 4		ļ
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 Z 8 D Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Z 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Z 9 Is there any officer, director, trustee, or key employee listed the Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," arounde the names and addresses in Schedule O 9 9 Is there any officer, director, trustee, or key employee listed the names and addresses in Schedule O 9 9 Did the organization have local chapters, branches, or affiliates? 10a 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operasity, any used by the organization to review this Form 900. 11a 12 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and key employee sere to policy? If 'No, 'go to line 13 12b 12 Did the organization have a written onstitute of interest policy? If 'No, 'go to line 13 12c 2 12 Did the organization have	5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5		ļ
more members of the governing body? 7a 2 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 2 c Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 2a a The governing body? 8a 2a 2a 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization is mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9 Section B. Policies (This Section A requests information about policies not required by the Internal Revenue Code. Y 10a Did the organization have local chapters, branches, or affiliates? 10a 11a Has the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990. 11a 12a Did the organization nave a written ordici interest policy If 'N'o,' go to tine 13 12a 12b Did the organization have a written ordici on addestruction policy? 13a 12a 12b Did the organization have a written ordici on the destruction policy? 13a 12a 2a </td <td>6</td> <td>Did the organization have members or stockholders?</td> <td></td> <td></td> <td>6</td> <td>Х</td> <td>l</td>	6	Did the organization have members or stockholders?			6	Х	l
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 75 2 a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 88 2 a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 88 2 b Each committee with authority to act on behalf of the governing body? 88 2 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 b 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? 10a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a 2 Did the organization regulary and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this was done 12a 3 Did the organization regulary and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this was done 12a 3 Did the organizati	7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint or	ne or			l
persons other than the governing body? 7b 2 8 Did the organization contemporaneosity document the meetings held or written actions undertaken during the year by the following: 8a 2 9 Each committee with authority to act on behalf of the governing body? 8b 2 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maling address? If 'yes,' provide the names and addresses in Schedule O 9 9 Bid the organization have local chapters, branches, or affiliates? 10a 10a 104 Did the organization have local chapters, branches, or affiliates? 10a 10a 115 H*S*," did the organization nave written opcicios and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a 116 Has the organization nave a written onfilic of interest policy? If 'No, 'go to line 13 12a 12 125 Did the organization nave a written onfilic of interest policy? If 'No, 'go to line 13 12a 12 126 Did the organization nave a written onfilowing persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the dilbwring comparization inves written document retention and destruction policy? 14 1		more members of the governing body?			7a	Х	
persons other than the governing body? 7b 2 8 Did the organization contemporaeously document the meetings held or written actions undertaken during the year by the following: 8a 2 9 Bach committee with authority to act on behalf of the governing body? 8b 2 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? <i>II'</i> 'yes, " crovide the names and addresses in <i>Schedule O</i> 9 9 Bid the organization have local chapters, branches, or affiliates? 10a 10a 10a Did the organization have local chapters, branches, or affiliates? 10a 10a 11a Has the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10b 11a 12a Did the organization nave a written conflict of interest policy? If 'No,'' go to line 13 12a 12 2b Did the organization nave a written conflict of interest policy? If 'No,'' go to line 13 12a 12 2b Use the organization nave a written conflict on interest policy? If 'No,'' go to line 13 12a 12 12 12 12 12 12 12 12 <t< td=""><td>b</td><td></td><td></td><td></td><td></td><td></td><td>ľ</td></t<>	b						ľ
 B bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? g 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? // 'Yes,'' provide the names and addresses in Schedule O g 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? // 'Yes,'' provide the names and addresses in Schedule O g Did the organization have local chapters, branches, or affiliates? b I' 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 comparization have written policies on procedures governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nequilary and consistently monitor and enforce compliance writh the policy? // 'Yes,'' describe in Schedule O how this was done D Did the organization have a written whisteblower policy? D Did the organization have a written document retention and destruction policy? D Did the organization have a written process in Schedule O gersons include a review and approval by independent persons (or trustes, and texperses that on of the deliberation and decision? a The organization have a written porcess in Schedule O (see instructions). D Did the organization have a written porcess in Schedule O (see instructions). B Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements withs a form 1023 (1024 or 1					_7b	Х	
b Each committee with authority to act on behalf of the governing body? Bb 2 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? (<i>I</i> *Yes, <i>i</i> rowide the mames and address in Schedule 0 9 ieection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code</i>) Y ieection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code</i>) Y ieection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code</i>) Y if *Yes, * did the organization have written policies and procedures governing body before filing the form? Y ieection B. Policies (<i>This Section B requests information about policies or sevent purposes</i> ? 10a ii the ass the organization novided a complete copy of this Form 990. 11a 22a ii the organization have a written conflict of interest policy? If *No,* go to line 13 12a 2 ii the organization have a written document retention and destruction policy? 14a 2 2 ii the organization have a written whisteblower policy? 14a 2 3 3 3 3 3 3 3 3 3 3 3 3	8						ſ
b Each committee with authority to act on behalf of the governing body? Bb 2 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? (If *Yes, "provide the names and addresses in Schedule 0 9 9 Did the organization have local chapters, branches, or affiliates? Yr 100 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? 10a 111 12 12 12 121 124 the organization provided a complete copy of this Form 990. 12a 12b 122 12b Did the organization have a written conflict of interest policy? (If *No," go to line 13 12a 12b 123 Did the organization neva a written whisteblower policy? 11a 12b 12c 12b 124 Did the organization have a written whisteblower policy? 11a 12b 12c 12b 125 Did the organization on ea written whisteblower policy? 11a 12c 12c 12b 124 Did the organization have a written whisteblower policy? 11a 12c 12b 12b <	а	The governing body?			8a	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," crowide the names and addresses in Schedule O 9 10e Did the organization have local chapters, branches, or affiliates? Ye 10e Did the organization have local chapters, branches, or affiliates? Ye 10e Did the organization have withen 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? 12a 12 Did the organization nave awritten conflict of interest policy? 17a, "go to line 13 12a 12 Did the organization nave a written whistleblower policy? 13a 12a 13 Did the organization have a written document retention and destruction policy? 14a 2a 14 Did the organization have a written document retention and destruction policy? 14a 2a 14 Did the organization have a written document retention and destruction policy? 14a 2a 15 Did the organization have a written document retention and destructions). 15a 15b 16<					8b	Х	Ι
isection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Y 10a Did the organization have local chapters, branches, or affiliates? 10a 11a 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 12b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization nave a written conflict of interest policy? (If 'No, 'g oto line 13 12a 2 Did the organization have a written document retention and destruction policy? 12a 13 Did the organization have a written document retention and destruction policy? 12a 14 Did the organization have a written document retention and destruction policy? 12a 14 Did the organization have a written document retention and destruction solicule a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 13a 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<	-						Ι
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Y 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 12b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12a 13 Did the organization have a written document retention and destruction policy? 14 14 Did the organization have a written document retention and destruction policy? 14 14 Did the organization have a written document retention and destruction and decision? 15a 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a 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? 15a		organization's mailing address? If "Yes." provide the names and addresses in Schedule O			. 9		l
10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 2 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 2 Did the organization nave a written conflict of interest policy? 12a 2 Did the organization nave a written whistleblower policy? 12a 2 Did the organization nave a written ducument retention and destruction policy? 13 3 Did the organization have a written ducument retention and destruction policy? 14 4 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a 5 Did the organization follow a written policy or procedure requiring the organization's exempt purposes 16a 6 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 6 Did the organization follow a written polic	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Bu	evenue C	Code)			
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization nave a written conflict of interest policy? If "No," go to line 13 12a Did the organization regularly and consistent ty monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization nave a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destructions. 15 Did the organization is CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 16 'Yes''s to line 15a or 15b, describe the process in Schedule O (see instructions). 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," did the organization follow a written policy or procedure requiring the organization is exempt status with mich a copy of this Form 990 is required to be filed ▶CA 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A if applicable), 990, and 990-T (Section 501(c)(3) sonly) ava for public inspection. Indicate how you made these available. Check all that apply. 20 Other (explain in Schedule O) 21 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial sta						Yes	Ι
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 101 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 2 Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> 12c 3 Did the organization have a written whisteblower policy? 13 4 Did the organization have a written definition and destruction policy? 14 5 Did the organization have a written definition of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b ff "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a b If "Yes," did the organization to make its Form 900 is required to be filed ▶CA 16b i	0a	Did the organization have local chapters, branches, or affiliates?			10a		Ī
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 12 Did the organization have a written conflict of interest policy? <i>II</i> "No," go to line 13 12a 2 Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>II</i> "Yes," describe in Schedule O how this was done 12a 3 Did the organization have a written whistebiower policy? 14a 4 Did the organization have a written document retention and destruction policy? 14a 2 Did the organization have a written document retention and destruction policy? 14a 2 Did the organization have a written document retention and destructions. 15a 2 Did the organization have a written document retention and destructions. 15a 15 Did the organization invest in, contribute assets to, or participate in a joint venture arrangement with a taxable entity during the year? 15a 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 16a If "Yes," did the organization to make its Form 990 is required to be filed ▶CA 16b							t
1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule 0 the process, if any, used by the organization to review this Form 990. 22 Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule 0 how this was done 3 Did the organization have a written whistleblower policy? 4 Did the organization are a written whistleblower policy? 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? a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? 6 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture and persons locable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 6 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? 6 If "Yes," did the organ					10b		l
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 13 2 14 Did the organization have a written document retention and destruction policy? 14 2 15 Did the organization is a an othermporaneous substantiation of the deliberation and decision? 15a a The organization is CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15a 15 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement sunder applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization is set in, contribute assets to, or participate in a joint venture or simi	1a					Х	t
22a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 3 Did the organization have a written whistleblower policy? 13 4 Did the organization have a written whistleblower policy? 14 5 Did the organization have a written document retention and destruction policy? 14 4 Did the organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization's executive Disclose the process in Schedule O (see instructions). 16a 6 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year? 16a b If "Yes," did the organization to			9 801010	ning the form.	110		t
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 2 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 2 13 Did the organization have a written whistleblower policy? 13 2 14 Did the organization have a written document retention and destruction policy? 14 2 15 Did the organization have a written one destruction of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a 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? 16a Feetion C. Disclosure If Upon request Other (explain in Schedule O) 16b Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply.					12a	х	l
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c 13 Did the organization have a written whistleblower policy? 13 2 14 Did the organization have a written whistleblower policy? 14 2 15 Did the organization have a written document retention and destruction policy? 14 2 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization 's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization 15b if "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 15b 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 b If "Yes," tait the states with which a copy of this Form 990 is required to be filed ▶CA 5c 8 Section 6.04 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3) s only) ava for public inspection. Indicate how you made these available. Check all that apply. 16b						X	t
in Schedule O how this was done 12c 2 13 Did the organization have a written whistleblower policy? 13 2 14 Did the organization have a written document retention and destruction policy? 14 2 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 2 a The organization's CEO, Executive Director, or top management official 15a 15b 15b b Other officers or key employees of the organization 15b 15b 15b 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 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? 16a 16b Ection C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 16a 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(. 120		t
13 Did the organization have a written whistleblower policy? 13 2 14 Did the organization have a written document retention and destruction policy? 14 2 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a The organization's CEO, Executive Director, or top management official 15 b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b 16 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? 16a Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. Image: Own website Another's website Upon request	C		,		120	х	l
14 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b 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 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 Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. □ Own website A nother's website X Upon request Other (explain in Schedule O) <tr< td=""><td>12</td><td></td><td></td><td></td><td></td><td>X</td><td>t</td></tr<>	12					X	t
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b 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? 16a b 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 19 19 Own website Another's website X Upon request Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.<						X	t
a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a if "Yes," 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 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 Section C. Disclosure 16b 20 0.0 wn website Another's website Image: Construction of 104 requires an organization to make its Form 900 is required to be filed ▶CA 0.0 wn website 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. 0 Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 the resplain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic					14		ł
a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b IGa 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 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? 16a Feettion C. Disclosure 16b Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records	15		ai by inde	ependent			l
 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). If6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b 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? Cection C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶					45		l
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). I6a 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 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? 16a Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ □ Own website If upon request 0 Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶							╀
 Ida Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b 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? isection C. Disclosure If "List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ↓ JUDITH HILL - (415) 561-6400 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129 	b				15b		╞
taxable entity during the year? 16a 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? 16a Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ □ Own website Another's website X 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶							l
 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 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website X Upon request ○ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16a						l
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ □ Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records □ <u>JUDITH HILL - (415) 561-6400</u> 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129					16a		ļ
exempt status with respect to such arrangements? 16b Section C. Disclosure 17 If List the states with which a copy of this Form 990 is required to be filed ▶CA CA If Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) If Own website Another's website X Upon request Other (explain in Schedule O) If Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	b			-			I
 Faction C. Disclosure Ist the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶							l
 If List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) ava for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶					16b		1
 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JUDITH HILL - (415) 561-6400 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129 	ec						_
for public inspection. Indicate how you made these available. Check all that apply. Own website Own website Another's website M Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. M State the name, address, and telephone number of the person who possesses the organization's books and records JUDITH HILL - (415) 561-6400 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129	17						
 Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JUDITH HILL - (415) 561-6400 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129 	18		nd 990-T	(Section 501(c)(3	3)s only)	availat	С
 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JUDITH HILL - (415) 561-6400 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129 							
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JUDITH HILL - (415) 561-6400 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129		Upon request Other (explaining the content of the c	n in Sche	edule O)			
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of i	nterest policy, ar	nd financ	ial	
JUDITH HILL - (415) 561-6400 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129		statements available to the public during the tax year.					
1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129	20		oks and	records 🕨 🔄			
32006 12-31-18 Form 9		1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129					_
	32006) 12-31-18			Form	9 90	(
6		б					

Form 990 (2018)	TIDES, INC.	57-1138099 Page	7									
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
Employees, and Independent Contractors												
Check if Sch	nedule O contains a response or note to any line in this Part VII											
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated	d Employees	_									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(C)		out	(D)	(E)	(F)
Name and Title	Average hours per		not c		more	1 than (is both		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	e or di	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) KRISS DEIGLMEIER	2.00								100 000	
CHAIR / CEO	48.00	Х		X		-		0.	460,068.	66,467.
(2) JUDITH HILL	2.00	x		x				0	201 202	25 052
TREASURER / CFO (3) AMANDA KETON	2.00	^	-	<u> </u>		\vdash		0.	391,203.	35,853.
SECRETARY	48.00	x		x				0.	302,840.	50,436.
(4) DAVID SCHRAYER	2.00					-		0 •	502,010	50,4500
DIRECTOR START 10/2018	48.00	x						0.	55,984.	1,533.
(5) KIM SARNECKI	2.00									
DIRECTOR THROUGH 10/2018	48.00	х						0.	120,323.	21,694.
(6) JENNIFER MARIE LANDIG	2.00									
ASSISTANT SECRETARY	48.00			х				0.	110,339.	23,520.
						-				
						\vdash				
		1								
		1								
		L								
										000
832007 12-31-18										Form 990 (2018)

7

	NC.								57-1	138	099	Pa	age 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck ss per	more rson i	1 than d is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from relate	on	am	(F) imate ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MI	ns	compens from t organiz and rela		e on ed
		-											
		-											
		-											
		-											
		-											
		-						0	1,440,7	57	100	50	<u> </u>
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.	1,440,7	0. 57.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	e		Yes	0 No
 3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i> 4 For any individual listed on line 1a, is the s 	such individual							• ·			3		X
and related organizations greater than \$15Did any person listed on line 1a receive or	0,000? <i>If</i> "Yes, accrue comper	" co nsati	<i>mple</i> on fr	ete S rom	Sche any	edule unre	e <i>J f</i> elate	or such individual ed organization or indivic	lual for services		4	X	v
rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors	<u>nplete Schedul</u>	e J fe	or sl	ich i	bers	on .					5		X
1 Complete this table for your five highest or the organization. Report compensation for	•	•							•	pensat	ion froi	n	
(A) Name and busines	s address	NC	ONE	2				(B) Description of s	ervices	с	(C) ompen		1
2 Total number of independent contractors \$ \$100,000 of compensation from the organ		ot lir	niteo	d to	thos (ted	above) who received mo	ore than		Form 9	990 (c	2018)
												- \ <u>~</u>	

832008 12-31-18

<u>m 99</u> art \		2018) TIDES, INC. Statement of Revenue				57-1138	099 Pag
	• • • •	Check if Schedule O contains a response of	ar noto to ony lin	o in this Dart VIII			Г
		Check in Schedule O contains a response ((A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue exclu from tax und sections 512 - 514
a 4		Federated campaigns 1a			revenue	revenue	512 - 514
and Other Similar Amounts L							
nou							
A		Fundraising events 1c	250 000				
a			350,000.				
		Government grants (contributions) 1e					
5	f	All other contributions, gifts, grants, and	_				
		similar amounts not included above	5.				
פ	g	Noncash contributions included in lines 1a-1f: \$					
7	h	Total. Add lines 1a-1f	►	350,005.			
			Business Code				
2		RENTAL REV - NP ORGS		3,085,215.			
Ð		TENANT REIMBURSEMENTS	532000	35,151.			
enu		COST-SHARING	532000	25,249.			
év	d	STORAGE FEES	532000	21,085.	21,085.		
2 anuavan	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	►	3,166,700.			
3	3	Investment income (including dividends, interest	st, and				
		other similar amounts)	►	1,498.			1,49
4	ŀ	Income from investment of tax-exempt bond pi					
5	5	Royalties					
		(i) Real	(ii) Personal				
6	6 a	Gross rents 770, 314.					
	b	Less: rental expenses 582,104.					
	с	Rental income or (loss) 188,210.					
		Net rental income or (loss)	►	188,210.		188,210.	
7		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	h	Less: cost or other basis					
	D						
	-	and sales expenses Gain or (loss)					
		. ,					
		Net gain or (loss)					
8	sa	Gross income from fundraising events (not					
		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 a					
		Less: direct expenses b					
		Net income or (loss) from fundraising events	····· >				
9) a	Gross income from gaming activities. See					
		Part IV, line 19 a					
	b	Less: direct expenses b					
	с	Net income or (loss) from gaming activities	🕨				
10) a	Gross sales of inventory, less returns					
		and allowances a					
	b	Less: cost of goods sold b					
	с	Net income or (loss) from sales of inventory	►				
			Business Code				
11	la	PARKING REFUND	900099	37,442.			37,44
	b						
	с						
	d	All other revenue					
				0 - 440			
		Total. Add lines 11a-11d	🕨	37,442.			

	Check if Schedule O contains a respon	se or note to any line in t (A)	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,900.	10,900.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
a	Management	772,950.		772,950.	
b	Legal	11275000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c	Accounting	18,000.		18,000.	
		10,000.		10,000.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e 4					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	677,055.	677,055.		
~	column (A) amount, list line 11g expenses on Sch 0.)	077,055.	077,055.		
2	Advertising and promotion	25,443.	25,443.		
3	Office expenses	25,445.	25,445.		
4	Information technology				
5	Royalties	762 026	762 026		
6	Occupancy	762,936.	762,936.		
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	205 001	205 001		
0	Interest	327,991.	327,991.		
1	Payments to affiliates	0.5.6 - 5.6.6	056 504		
2	Depreciation, depletion, and amortization	256,524.	256,524.		
3	Insurance	44,587.	44,587.		
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OVERHEAD ALLOCATION	361,249.		361,249.	
b	REPAIRS & MAINTENANCE	164,555.	164,555.		
с	UBI TAXES	25,452.		25,452.	
d					
е	All other expenses	5,796.	5,796.		
5	Total functional expenses. Add lines 1 through 24e	3,453,438.	2,275,787.	1,177,651.	C
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 The infollowing SOP 98-2 (ASC 958-720)				

832010 12-31-18

13531114 146892 632745-3

Form 990 (2018) TIDES , INC .
Part IX Statement of Functional Expenses

Form 990 (2018) TIDES, INC.
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,105,804.	1	1,400,813.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	46,529.	4	45,202.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţs		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۲	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	51,436.	9	47,113.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a12,274,234.Less: accumulated depreciation10b4,811,562.			
	b		7,646,025.	10c	7,462,672.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0 101 550	14	0 100 455
	15	Other assets. See Part IV, line 11	2,181,559.	15	2,190,455.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,031,353.	16	11,146,255.
	17	Accounts payable and accrued expenses	282,489.	17	172,270.
	18	Grants payable	20 607	18	00 (50
	19	Deferred revenue	32,627.	19	82,658.
	20	Tax-exempt bond liabilities	8,475,000.	20	7,935,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1,435,452.	0.5	961,182.
	06	Schedule D Total liabilities. Add lines 17 through 25	10,225,568.	25 26	9,151,110.
	26	Organizations that follow SFAS 117 (ASC 958), check here ► X and	10,223,300.	20	,131,110.
		complete lines 27 through 29, and lines 33 and 34.			
ces	27		1,805,785.	27	1,995,145.
lano	27 28	Unrestricted net assets Temporarily restricted net assets	1,005,705.	21	1,555,1450
Ва	20 29			20	
pur	25	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
ŗ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,805,785.	33	1,995,145.
	34	Total liabilities and net assets/fund balances	12,031,353.	34	11,146,255.
			,,,	J.	Form 990 (2018

Form 990 (2018)

832011 12-31-18

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VIII, column (A), line 12) I 3,743,855 2 Total expenses (must equal Part IX, column (A), line 25) I 3,453,438	
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,743,855	
2 Total expenses (must equal Part IX column (A) line 25)	
3 Revenue less expenses. Subtract line 2 from line 1 3 290, 417	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,805,785	
5 Net unrealized gains (losses) on investments 5 -101,057	•
6 Donated services and use of facilities 6	_
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	
column (B))	•
Part XII Financial Statements and Reporting	_
Check if Schedule O contains a response or note to any line in this Part XII	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	0
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	,
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Xa	<u> </u>
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: Image: Consolidated basis in the separate baseparate baseparate basis in the separate basis in the s	
b Were the organization's financial statements audited by an independent accountant?	_
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	_
Act and OMB Circular A-133?	ζ
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2018)

SCHE	DUL	.E A
------	-----	------

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public Inspection

Intern	al Rever	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.		Ins	pection
Nam	ne of t	the organizati	on								ation numbe
_	_		TIDE	S, INC.						7-113	8099
Pa	rt I	Reason	for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	e instructions	3.		
The	organ	ization is not a	a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4		A medical res	search organiza	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospi	tal's name,
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	\square		-	-	ntial part of its support fr				ne deneral i	oublic des	cribed in
		-		omplete Part II.)		3			J J		
8		-			(1)(A)(vi). (Complete Par	· II)					
9	\square	-			in section 170(b)(1)(A)(-	ed in coniu	inction with a	land-grant	college	
-		0			ulture (see instructions).	· ·			°,	°,	
		university:		grant bollege of agric			name, eny	, and state of	the bollege		
10	X	· _	on that norma	Ily receives: (1) more	than 33 1/3% of its supp	ort from o	contributio	ns members	hin fees an	d aross re	ceints from
10					ct to certain exceptions,						
					(less section 511 tax) fro					-	
				mplete Part III.)			sses acqui		janization e		50, 1975.
11				• •	vely to test for public sat	aty Soo	coction 5(O(a)(4)			
12	H	0	0	•	vely for the benefit of, to	•			rn out tho	nurnosos	of one or
12		-	-	-	d in section 509(a)(1) o				•		
				-							
~		7	•	• •	f supporting organization		-		-	aivina	
а					upervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority c		tors or truste		ipporting	
L		¬ -		complete Part IV, Se		ion with it.		d organizatio	n(a) hy hay	ina	
b				-	or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	Donted	
_		¬ -		t complete Part IV,						ما د ام	
с			-		g organization operated				lly integrate	ed with,	
	_	¬ ··	0	.,.,). You must complete I	-	-				
d			-		orting organization oper				-		
				•	ation generally must sat			•	an attentiv	/eness	
		7			nplete Part IV, Sections						
е		_	0		written determination fro			Туре I, Туре	II, Type III		
_				or Type III non-functionally integrated supporting organization.							
f			of supported o	•							
g		i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Am	ount of other
	,	organizatior			(described on lines 1-10	in your governi	ing document?	support (see in	-		ee instructions
					above (see instructions))	Yes	No				
Tota	ıl										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 TIDES, IN

С.	57-11380)99
is Described in Sections	s 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	

Part II Support Schedule for Organization (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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•		•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2018. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
k	33 1/3% support test - 2017. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
k	0 10% -facts-and-circumstances test	- 2017. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s >
					<u> </u>	adula A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Page 2

Schedule A (Form 990 or 990-EZ) 2018 TIDES, INC. 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								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not			_					
	include any "unusual grants.")	0.	б.	5.	300,011.	350,005.	650,027.		
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	2768251.	2732248.	2877998.	3222983.	3166700.	14768180.		
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
4	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								
	Total. Add lines 1 through 5	2768251.	2732254.	2878003.	3522994.	3516705.	15418207.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.		
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			1796721.	2015632.	2048534.	5860887.		
c	Add lines 7a and 7b			1796721.	2015632.	2048534.	5860887.		
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						9557320.		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6	2768251.	2732254.	2878003.	3522994.	3516705.	15418207.		
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,098.	57,098.	0.	89.	1,498.	115,783.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975	73,531.		162,679.	131,109.	129,129.			
	Add lines 10a and 10b	130,629.	165,595.	162,679.	131,198.	130,627.	720,728.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	42,424.	41,472.	53,420.		37,442.	235,229.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	2941304.	2939321.	3094102.	3714663.	3684774.	16374164.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,		
Sec	check this box and stop here	c Support Per					·····		
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>58.37 %</u>		
	Public support percentage from 2017					16	%		
	ction D. Computation of Inves		•			r - 1			
	Investment income percentage for 20 Investment income percentage from a					17 18	<u>4.40 %</u> %		
	a 33 1/3% support tests - 2018. If the								
	more than 33 1/3%, check this box ar	-					► X		
b	33 1/3% support tests - 2017. If the	-	•						
	line 18 is not more than 33 1/3%, che	0					. —		
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
83202	23 10-11-18				Sche	edule A (Form 990	or 990-EZ) 2018		
			15						

1

Yes No

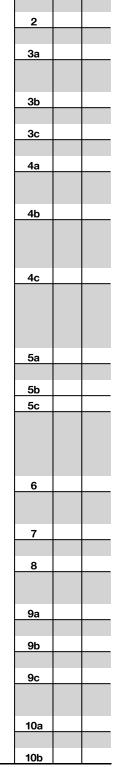
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 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.)

832024 10-11-18



Schedule A (Form 990 or 990-EZ) 2018

			V I	••
	Lies the exception eccentral a gift or contribution from any of the following a super-2		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 in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	<u>11a</u> 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr Activities Test, Answer (c) and (b) below	uctions,	Yes	Na
2	Activities Test. Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes." <i>then in</i> Part VI identify			
	the supported organization s no which the organization was responsive? If "yes," then in Part Vildentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
				0040

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

17

	(Form 990 or 990-EZ) 2018				
Part V	Type III Non-Function	onally Integ	rated 509(a)(3)	Supporting (Organizations

1	Chack have if the examination estimated the Integral Part Test as a gualifyin			Dort V(L) Soc instructions AL
•	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must co	-		art vi.) See instructions. Ar
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		
Sect	ion 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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

acti	t V Type III Non-Functionally Integrated 509		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mot purposos		Guitent Teal
-				
2	organizations, in excess of income from activity			
2	Administrative expenses paid to accomplish exempt purpose			
<u>3</u> ⊿		es of supported organizations		
4 5	Amounts paid to acquire exempt-use assets			
<u>5</u>	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u> 7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
7 0				
8	Distributions to attentive supported organizations to which the	he organization is responsive		
_	(provide details in Part VI). See instructions.			
<u>9</u>	Distributable amount for 2018 from Section C, line 6			
0	Line 8 amount divided by line 9 amount	(1)	(**)	()
		(i)	(ii) Underdistributions	(iii) Distributable
ecti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 TIDES, INC. 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 III, LINE 12, EXPLANATION FOR OTHER INCOME:

832028 10-11-18 31114 146892 632		20	Sched	ule A (Form 990 or 990-EZ) 2018 6 3 2 7 4
2018 AMOUNT: \$	37,442.			
2017 AMOUNT: \$	60,471.			
2016 AMOUNT: \$	53,420.			
2015 AMOUNT: \$	41,472.			
2014 AMOUNT: \$	42,424.			

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY	* *
---------------------------	-----

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

-		
	TIDES, INC.	57-1138099
Organization type	e (check one):	
Filers of:	Section:	

Form 990 or 990-EZ	\boxed{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

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

Special Rules

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

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

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

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

	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
Name of or	ganization	Emp	loyer identification number
TIDES,	, INC.	5	7-1138099
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-08-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

632745-1

	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page 3	
Name of or	rganization		Employer identification number	
TIDES,	, INC.		57-1138099	
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Liste received	
		 \$		
823453 11-08-	-18	Schedule	3 (Form 990, 990-EZ, or 990-PF) (2018)	

Name of or	ganization	Employer identification number		
פשטדי	INC.		57-1138099	
Part III		a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
-		(e) Transfer of gift		
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
ŀ		(e) Transfer of gift		
-	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Rela		
23454 11-08-	-18	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2018	

13531114 146892 632745-3

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.



Name	of the	organ	izatio

Name	e of the organization TIDES, INC •		Employer identification number 57-1138099
Par		or Other Similar Fund	
Fai			S OF ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	Donor advised funds	(b) Funds and other accounts
		Donor advised funds	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	are the organization's property, subject to the organization's exclusive le		
6	Did the organization inform all grantees, donors, and donor advisors in v		
	for charitable purposes and not for the benefit of the donor or donor ad-		
Der	impermissible private benefit?		Yes No
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (e.g., recreation or education)		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а			
b			
С	Number of conservation easements on a certified historic structure inclu		
d	Number of conservation easements included in (c) acquired after 7/25/0	•	
-	listed in the National Register		
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation easement is lo		-
5	Does the organization have a written policy regarding the periodic moni		
~			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	r violations, and enforcing cor	iservation easements during the year
-	Amount of expenses incurred in monitoring, inspecting, handling of viol-	ations and anti-action according	
7	Amount of expenses incurred in monitoring, inspecting, handling of violation in the second	ations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the	o requirements of costion 170	
0		•	
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easeme		
9	include, if applicable, the text of the footnote to the organization's finan-	•	
	conservation easements.		
Par	t III Organizations Maintaining Collections of Art, His	torical Treasures, or O	other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, edu	•	
	the text of the footnote to its financial statements that describes these i		,,,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nt and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, education, o	•	
	relating to these items:	· · · · · · · · · · · · · · · · · · ·	
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or of		al gain, provide
-	the following amounts required to be reported under SFAS 116 (ASC 95		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
			····· 🚩 🦞

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

13531114 146892 632745-3

Sche	dule D (Form 990) 2018 TIDES ,							<u>57-11</u>			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following tha	t are a si	ignificant ι	use of its c	ollection	items	;
	(check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	ams					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exei	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical treas	sures, or othe	er similaı	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" or	n Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						<u>1c</u>				
d	Additions during the year						. 1d				
е	Distributions during the year						1e				
f	Ending balance						1 f		_		
	Did the organization include an amount on F						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Par	TV Endowment Funds. Complete										
_		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	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										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr		. (line 1 c								
2	Board designated or quasi-endowment	•		, column (a	jji fielu as.						
a h	Permanent endowment	%	70								
b	Temporarily restricted endowment										
С	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse	-	ation that	t are held ar	nd administe	red for th	ne organiz	ation			
ou	by:						ie erganizi		1	Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	-									
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr			t or other (other)		Accumulate preciation		(d) Boo	k valu	е
1 a	Land										
	Buildings			10,34	6,602.		379,0		6,96		
	Leasehold improvements				8,745.	1,	429,8	29.	48	8,9:	16.
	Equipment										
	Other				8,887.		2,6			6,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. colur	nn (B), line 1	0c.)				7,46	2,6	72.
								~ · · ·			

Schedule D (Form 990) 2018

13531114 146892 632745-3

Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•	·	
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 1	15.
	Description		(b) Book value
(1) UNAMORTIZED BOND ISSUANCE	COSTS		89,885.
(2) DUE FROM RELATED ORGANIZAT	FIONS		21,500.
(3) NOTES RECEIVABLE - RELATEI	O ORGANIZAT	ION	2,078,070.
(4) DEPOSITS			1,000.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		▶ 2,190,455.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part X	, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SECURITY DEPOSITS		286,596.	
(3) DEFERRED LEASE LIABILITY		56,278.	
(4) DUE TO RELATED ORGANIZATIO	ONS	428,492.	
(5) INTEREST RATE SWAP LIABIL	ITY	189,816.	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	≥ 25.)►	961,182.	
2 Liability for uncortain tax positions. In Part XIII, provide	,	•	

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

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 TIDES, INC.		57-1138099 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 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		
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 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
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	2c	
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:		
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

MANAGEMENT EVALUATED TIDES ORGANIZATIONS' TAX POSITIONS AND CONCLUDED THAT

THEY HAD MAINTAINED THEIR TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL

STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS

BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

832054 10-29-18

13531114 146892 632745-3

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for	m 990. or the latest inforn	nation.		Open to Public Inspection
Name of the organization TIDES	, INC.						Employer identification number 57-1138099
Part I General Information on G							
1 Does the organization maintain r criteria used to award the grants	or assistance?						
2 Describe in Part IV the organizat Part II Grants and Other Assista					nization answard "V	an Form 000 Dad	N/ line 21 for onv
recipient that received mo					anization answered f	es on Form 990, Fan	TV, III 2 T, IOF any
1 (a) Name and address of organiz or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE PRESIDIO TRUST 103 MONTGOMERY STREET PO BOX SAN FRANCISCO, CA 94129		U.S. GOVT AGENCY	8,500.	0.			TO SUPPORT SHUTTLE OPERATIONS
 2 Enter total number of section 50 3 Enter total number of other organization 	nizations listed in the line 1	table					

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

			r
	-	а	

TIDES, INC.

57-1138099

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.

(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

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

PART I, LINE 2:

Schedule I (Form 990) (2018)

TIDES, INC.'S PRIMARY ACTIVITY IS PROVIDING WORKSPACE, AND ONLY MAKES A

LIMITED NUMBER OF GRANTS. ALL GRANTS ARE SUBJECT TO REVIEW BY MANAGEMENT.

TIDES, INC. DOES NOT HAVE A FORMAL GRANT MAKING POLICY. ON CERTAIN

OCCASIONS, IT MAKES A FEW GRANTS TO PRE-SELECTED CHARITABLE ORGANIZATIONS.

THE GRANT TO THE PRESIDIO TRUST WAS MONITORED VIA FIRST HAND OBSERVATION,

AS THE ORGANIZATION IS DOMICILED IN THE PRESIDIO WHERE THE SHUTTLE

OPERATIONS (WHICH WAS THE PURPOSE OF THE GRANT) TAKES PLACE.

SC	HEDULE J		OMB No. 1545-0047						
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10)			
		Compensated Employees		20	10)			
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organization				fication number				
		TIDES, INC.	57-1	1138099	9				
Ра	rt I Question	s Regarding Compensation							
					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	i i i i i i i i i i i i i i i i i i i							
	Travel for com								
		ation and gross-up payments							
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chet)						
Ŀ.	If any of the here-	on line to ave absolved, did the even institute follows with the pollow security of							
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41					
0		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's						
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the orga							
		ation of the CEO/Executive Director, but explain in Part III.	511 10						
	Compensation								
	·	ompensation consultant							
	·	ther organizations Approval by the board or compensation of	ommittee						
			onninttoo						
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		ceive payment from, a supplemental nonqualified retirement plan?				X			
с		ceive payment from, an equity-based compensation arrangement?				X			
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n						
	contingent on the r	evenues of:							
						X			
	Any related organiz	ation?				X			
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the r	-							
а						X			
b		ation?		6b		X			
		r 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	le						
				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
	Regulations section								
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2018			

832111 10-26-18

13531114 146892 632745-3

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KRISS DEIGLMEIER	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIR / CEO	(ii)	423,724.	35,000.	1,344.	19,768.	46,699.	526,535.	0.
(2) JUDITH HILL	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER / CFO	(ii)	337,890.	51,342.	1,971.	17,087.	18,766.	427,056.	0.
(3) AMANDA KETON	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	254,143.	48,444.	253.	9,385.	41,051.	353,276.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Page 2

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, INC. PAYS TIDES NETWORK AN ALLOCATED PORTION OF THE

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

ESTABLISH COMPENSATION FOR THE CEO: INDEPENDENT COMPENSATION CONSULTANT,

COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE HUMAN CAPITAL COMMITTEE

OF THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2018

(Forr Depart	HEDULE K Supplemental Information on Tax-Exempt Bonds Image: strengt difference in the strengt										OMB No. 1545-0047 2018 Open to Public Inspection			
Name	e of the organization TIDES, INC.												n num	ber
Part	Bond Issues				_								-	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d) Date issued (e) Issue price (f) Description of purpose (g) Defeased					(h) On	h) On behalf (i) Poole			
												of issuer		icing
									Yes	No	Yes	No	Yes	No
							REFUND B	OND DATED						
ΑI	UBLIC FINANCE AUTHORITY	27-3866124	000000000	09/20/18	7,935	,000.	12/24/20	13		x		x	x	
						-								
в														
С														
D														
Part	II Proceeds						1							
				Α			В	С			D			
1	Amount of bonds retired							v						
2	Amount of bonds legally defeased													
3	Tatal succession of issues			7.935	7,935,000.									
4	Gross proceeds in reserve funds				555,000									
5	Capitalized interest from proceeds													
6														
7														
8	Credit enhancement from proceeds													
9														
10														
11	Other spent proceeds			7 0 2 5	,000.									
12					,									
13	Year of substantial completion													
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding i	ssue of tax-exempt h	oonds (or			103						+		
	if issued prior to 2018, a current refunding issued	•		x										
15	Were the bonds issued as part of a refunding issued as part of a refunding is											+		
10	issued prior to 2018, an advance refunding iss				x									
16	Has the final allocation of proceeds been made											+		
17	Does the organization maintain adequate book											+		
	final allocation of proceeds?			x										

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

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018 TIDES, INC.

Page **2**

Par	III Private Business Use								
		A		В		ç		D	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
-	bond-financed property?		x						
b	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								1
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by				1		1		
•	entities other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of				/0		/0		/0
Ū	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6	Total of lines 4 and 5		.00 %			%			
7	Does the bond issue meet the private security or payment test?		X		/0		/0		70
-	Has there been a sale or disposition of any of the bond-financed property to a non-								+
Ua	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		23						L
U			%		%		%		07
	of		70		70		70		70
C									
	1.141-12 and 1.145-2?								+
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under	x							
Der	Regulations sections 1.141-12 and 1.145-2?	Δ							<u> </u>
Par	IV Arbitrage	Α		В		с		D	
	Line the inquest filed Form 2020 T. Arbitrage Debate Midd Datustics and	-	-				Ĭ	-	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Δ		I				<u> </u>
	If "No" to line 1, did the following apply?		x		r		1		Т
	Rebate not due yet?		X						
	Exception to rebate?	v	A						
C	No rebate due?	Х							<u> </u>
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed	77							T
3	Is the bond issue a variable rate issue?	Х							<u> </u>

Schedule K (Form 990) 2018 TIDES, INC.

FF 111	~ ~ ^ ~	
57 - 113	8099	

Page 3

Part IV Arbitrage (Continued)								
	AB		B		ç	D		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge						_		
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X							
Part V Procedures To Undertake Corrective Action								
		<u> </u>	В		ç		D	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 10	/29/20	18						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

57-1138099

TIDES, INC.

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

TO PROVIDE ECONOMICALLY, PROGRAMMATICALLY, ENVIRONMENTALLY SUSTAINABLE

WORKPLACE FACILITIES AND RELATED SUPPORTIVE, COMMUNITY-BASED SERVICES

TO TIDES FOUNDATION AND THE TIDES CENTER, AND NONPROFIT ORGANIZATIONS

THAT FURTHER TIDES' CHARITABLE MISSION.

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

TIDES, INC. HAS ONE SOLE MEMBER, TIDES NETWORK, A CALIFORNIA NONPROFIT

PUBLIC BENEFIT CORPORATION.

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

EACH OF THE DIRECTORS OF THE TIDES, INC. 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 TIDE, INC. ON THE FOLLOWING MATTERS SHALL BE EFFECTIVE ONLY WITH THE CONSENT OF THE BOARD OF DIRECTORS OF TIDES (I) ANY CHANGE IN THE FUNDAMENTAL NATURE OR STATED PURPOSES FOR **NETWORK:** WHICH TIDES, INC. IS ORGANIZED, (II) THE ADOPTION OF THE STRATEGIC PLANS FOR TIDES, INC., (III) THE ADOPTION OF THE ANNUAL CAPITAL AND OPERATING BUDGETS FOR TIDES, INC., (IV) BORROWING MONEY FOR CAPITAL OR OPERATING NEEDS OF TIDES, INC. OR CUMULATIVE BORROWING IN EXCESS OF \$100,000 FOR ANY (V) ENTERING INTO ANY TRANSACTION IN ANY TRANSACTION INVOLVING PURPOSE, AGGREGATE CONSIDERATION OF \$1,000,000 OR MORE, (VI) PURCHASE, SALE, LEASE, MORTGAGE, DISPOSITION, OR HYPOTHECATION OF REAL PROPERTY OF TIDES, INC. IN ANY TRANSACTION INVOLVING AGGREGATE CONSIDERATION OF \$1,000,000 OR MORE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

37

Name of the organization TIDES, INC.	Employer identification number 57-1138099
(VII) MERGER, CONSOLIDATION, OR SIMILAR REORGANIZATION OF	THE CORPORATE
STRUCTURE, OR DISSOLUTION, OF TIDES, INC., (VIII) SELECTI	ON OF THE CHIEF
EXECUTIVE OFFICER AND THE AUDITORS OF THE TIDES, INC., (I	X) AMENDMENT,
REPEAL, OR ADOPTION OF THE ARTICLES OF INCORPORATION OR B	YLAWS.

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 REVIEWS 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, WHICH INCLUDES MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES, ARE REQUIRED TO SUBMIT CONFLICT OF INTEREST DISCLOSURE STATEMENTS TO THE ORGANIZATION'S CFO: (I) UPON THE OCCURRENCE OF AN EVENT BY WHICH A PERSON BECOMES A COVERED INDIVIDUAL, (II) ANNUALLY BY JULY 31ST OF EACH YEAR, AND (III) UPON OCCURRENCE OF ANY EVENT REQUIRING DISCLOSURE UNDER THE CONFLICT OF INTEREST POLICY. AT ANY TIME THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER REVIEW THE CIRCUMSTANCES TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST REQUIRES DISCLOSURE TO THE BOARD OF DIRECTORS. IN ADDITION, THE CFO CONFERS WITH EACH AFFILIATED ENTITY TO DETERMINE WHETHER OTHER CONFLICTS HAVE ARISEN IN CONNECTION WITH THE DISCLOSED MATTER. IF EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANCIAL OFFICER IS THE INTERESTED PERSON, THE OTHER SHALL MAKE THE DETERMINATION; IF BOTH ARE INTERESTED PERSONS, THE 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 38

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
TIDES, INC.	57-1138099
DISCLOSURE SHALL BE PROVIDED TO ALL OF THE DISINTERESTED M	EMBERS OF THE
BOARD OF DIRECTORS. PRIOR TO ACTING ON ANY BUSINESS TRANS.	ACTION WHERE A
CONFLICT OF INTEREST EXISTS, THE BOARD OF DIRECTORS MUST A	UTHORIZE OR
APPROVE THE TRANSACTION IN GOOD FAITH BY A VOTE OF A MAJOR	ITY OF THE
DIRECTORS THEN IN OFFICE WITHOUT COUNTING THE VOTE OF THE	INTERESTED
PERSON(S).	

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, INC. 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 IN THE FORM 990 INSTRUCTIONS. PLEASE REFERENCE THE DISCLOSURE IN SCHEDULE O OF THE TIDES NETWORK FORM 990 FOR A DISCUSSION REGARDING HOW COMPENSATION IS DETERMINED FOR THESE INDIVIDUALS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CONSULTANTS & CONTRACTORS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

832212 10-10-18

680.

0.

0.

680.

Name of the organization TIDES, INC.	Employer identification number 57-1138099
CUSTODIAL/GARBAGE SERVICES:	
PROGRAM SERVICE EXPENSES	374,209.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	374,209.
ON-SITE MANAGEMENT:	
PROGRAM SERVICE EXPENSES	195,553.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	195,553.
MANAGEMENT & ADMINISTRATION:	
PROGRAM SERVICE EXPENSES	71,803.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,803.
SAFETY & SECURITY:	
PROGRAM SERVICE EXPENSES	34,810.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,810.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	677,055.

832212 10-10-18

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.

SCHEDULE R

(Form 990)

Name of the organization

TIDES, INC.

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

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity?	
				301(0)(3))		Yes	No
TIDES FOUNDATION - 51-0198509							
P.O. BOX 29903							
SAN FRANCISCO, CA 94129	GRANTMAKING	CALIFORNIA	501(C)(3)	LINE 7	TIDES NETWORK		Х
TIDES TWO RIVERS FUND - 20-1588459	DEVELOP/OPERATE FACILITIES						
P.O. BOX 29198	MGMT AND MULTI-TENANT NON				TIDES CENTER;		
SAN FRANCISCO, CA 94129	PROFIT CENTERS	CALIFORNIA	501(C)(3)	LINE 12A, I	TIDES FOUNDATION	x	
TIDES CENTER - 94-3213100							
P.O. BOX 29907	PROJECT DEVELOPMENT &						
SAN FRANCISCO, CA 94129	MANAGEMENT	CALIFORNIA	501(C)(3)	LINE 7	TIDES NETWORK		х
TIDES NETWORK - 20-3395198							
P.O. BOX 29198	CHARITABLE GOVERNANCE AND						
SAN FRANCISCO, CA 94129	OPERATIONS	CALIFORNIA	501(C)(3)	LINE 12B, II	N/A		х

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

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 57-1138099



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	(f) Direct controlling entity	cont	g) 512(b)(13 trolled ization?
				501(c)(3))		Yes	No
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)	LINE 12A, I	TIDES FOUNDATION		Х
							-
							-
		1	1	1	1	1	1

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

	· · · · · · · · · · · · · · · · · · ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) :tion ɔ)(13) rolled .ity?		
		country)						Yes	No		
									<u> </u>		
	1										

Schedule R (Form 990) 2018 TIDES, INC.

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 or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		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
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TIDES TWO RIVERS FUND	D	2,078,070.	BOOK VALUE
(2)			
_(3)			
<u>(4)</u>			
(5)			
_(6)			

Schedule R (Form 990) 2018 TIDES, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2018

Part VII Supplemental Information.

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

832165 10-02-18

13531114 146892 632745-3

Form 990-T	Exempt Orga	NDED TO NOVE			Tax Return		OMB No. 1545-0687		
Form JJU ⁻		nd proxy tax und				' -			
	For calendar year 2018 or other tax year			, and ending			2018		
Department of the Treasury	► Go to www	.irs.gov/Form990T for in	structio		nation.				
Internal Revenue Service	Do not enter SSN number	rs on this form as it may	be ma	de public if your organi	zation is a 501(c)(3).	5	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed	Name of organization(Check box if name c	hanged	and see instructions.)			yer identification number byees' trust, see ctions.)		
B Exempt under section	Print TIDES, INC.					5	7-1138099		
X 501(c)(3)	or Number, street, and roon		k, see ir	structions.		E Unrela (See in	ted business activity code structions.)		
408(e) 220(e)	Type P.O. BOX 29	198				(,		
408A 530(a) 529(a)	529(a) SAN FRANCISCO, CA 94129 5								
C Book value of all assets at end of year	F Group exemption num	ber (See instructions.)							
11,146,2	F Group exemption num 55 G Check organization typ	e 🕨 🔀 501(c) corp	poration	n 📃 501(c) trust	401(a)	trust	Other trust		
H Enter the number of the o	organization's unrelated trades or t	ousinesses. 🕨	1	Describ	e the only (or first) un				
	SEE STATEMENT				e, complete Parts I-V.				
	lank space at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedu	e M for each addition	al trade	or		
business, then complete	Parts III-V. the corporation a subsidiary in an a	offiliated group or a parag	t ouboi	diany controlled group?		Yes	s X No		
	ind identifying number of the parer		n-subsi	ulary controlled group?	► L				
	► JUDITH HILL			Telep	hone number 🕨 (415) 561-6400		
	d Trade or Business Inc	ome		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sale	S								
b Less returns and allow	vances	c Balance ►	1c						
2 Cost of goods sold (S	chedule A, line 7)		2						
3 Gross profit. Subtract			3						
	ne (attach Schedule D)		4a						
	4797, Part II, line 17) (attach Forn		4b						
	n for trusts		4c						
	partnership or an S corporation (a		5						
6 Rent income (Schedu	,		6 7	770,314.	582,1	04	188,210.		
	ed income (Schedule E)		8	//0,514	502,1	04.	100,210.		
	a section 501(c)(7), (9), or (17) o		9						
	vity income (Schedule I)	• ()	10						
	Schedule J)		11						
12 Other income (See ins	structions; attach schedule)								
13 Total. Combine lines	3 through 12		13	770,314.	582,1	04.	188,210.		
Part II Deductio	ns Not Taken Elsewher	e (See instructions fo	or limita						
(Except for o	contributions, deductions must	be directly connected	l with t	he unrelated busines	s income.)				
	icers, directors, and trustees (Sche					14			
						15			
	ance					16			
						17			
18 Interest (attach sche19 Taxes and licenses	dule) (see instructions)					18 19	3,593.		
20 Charitable contribution	ons (See instructions for limitation		ידער	4 SEE STA	ΤΕΜΕΝΤ 2	20	18,162.		
	Form 4562)					20			
	aimed on Schedule A and elsewher					22b			
						23			
	erred compensation plans					24			
	ograms					25			
26 Excess exempt expe	nses (Schedule I)					26			
27 Excess readership co	osts (Schedule J)					27			
28 Other deductions (at	tach schedule)			SEE STA	TEMENT 3	28	2,000.		
29 Total deductions. A	dd lines 14 through 28					29	23,755.		
	axable income before net operating					30	164,455.		
	erating loss arising in tax years be			. ,		31	164,455.		
	axable income. Subtract line 31 fro or Paperwork Reduction Act Notice					32	Form 990-T (2018)		
023/01 01-09-19 LHA FO	I I APEIWOIK REUUCIIOII ACLINOLICO	, 300 matructiviis.					(2018)		

13531114 146892 632745-3

Form 990-T		TIDES, INC. Fotal Unrelated Business Taxab				57-113	38099	Page 2
Part I								
		of unrelated business taxable income compute	ed from all unrelated trades or busine	esses (see	instructions)	33	164,455.
34							34	
35		ction for net operating loss arising in tax years					35	
36		of unrelated business taxable income before s	pecific deduction. Subtract line 35 fro	rom the sui	m of			1 6 4 4 5 5
							36	<u>164,455.</u> 1,000.
37	Speci	fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)				37	1,000.
38		ated business taxable income. Subtract line	37 from line 36. If line 37 is greater	than line 3	6,			
	_						38	163,455.
Part I		Fax Computation						
39		nizations Taxable as Corporations. Multiply li					39	34,326.
40		s Taxable at Trust Rates. See instructions for						
		Tax rate schedule or Schedule D (For	rm 1041)			►	40	
41	Proxy	tax. See instructions				►	41	
42	Alterr	native minimum tax (trusts only)					42	
43	Tax o	n Noncompliant Facility Income. See instruc	tions				43	
44		. Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies				44	34,326.
Part V		Fax and Payments						
45 a	Forei	gn tax credit (corporations attach Form 1118; t	trusts attach Form 1116)		45a			
b	Other	credits (see instructions)			45b			
C	Gene				45c			
d	Credi	t for prior year minimum tax (attach Form 880	1 or 8827)		45d			
е	Total	credits. Add lines 45a through 45d					45e	
46	Subtr	act line 45e from line 44					46	34,326.
47	Other	taxes. Check if from: E Form 4255	Form 8611 Form 8697	Form 886	6 🔲 Othe	er (attach schedule)	47	
48	Total	tax. Add lines 46 and 47 (see instructions) \dots					48	34,326.
49		net 965 tax liability paid from Form 965-A or F					49	0.
50 a	Paym	ents: A 2017 overpayment credited to 2018			50a			
b	2018	estimated tax payments		[50b			
C	Tax d	eposited with Form 8868		[50c	10,000.		
		gn organizations: Tax paid or withheld at sourc			50d			
		up withholding (see instructions)			50e			
		t for small employer health insurance premium			50f			
		credits, adjustments, and payments: 🔲 Fo						
·				otal 🕨	50g			
51		payments. Add lines 50a through 50g		-			51	10,000.
52		ated tax penalty (see instructions). Check if Fo					52	302.
53	Tax d	ue. If line 51 is less than the total of lines 48,	49, and 52, enter amount owed	STAT	EMENT	5 🕨	53	24,628.
54	Over	payment. If line 51 is larger than the total of lin	nes 48, 49, and 52, enter amount over	erpaid		►	54	
55	-	the amount of line 54 you want: Credited to 2				Refunded 🕨	55	
Part V	/ {	Statements Regarding Certain	Activities and Other Infor	rmatior) (see inst	ructions)		
56	At an	y time during the 2018 calendar year, did the c	organization have an interest in or a s	signature o	r other autho	ority		Yes No
	overa	a financial account (bank, securities, or other)	in a foreign country? If "Yes," the org	ganization i	may have to	file		
	FinCE	N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the nan	ne of the fo	oreign counti	ту		
	here							X
57		g the tax year, did the organization receive a d	istribution from, or was it the granto	or of, or tra	nsferor to, a	foreign trust?		X
	lf "Ye	s," see instructions for other forms the organiz	ation may have to file.			•		
58	Enter	the amount of tax-exempt interest received or	accrued during the tax year > \$					
		der penalties of perjury, I declare that I have examined					edge and belie	ef, it is true,
Sign	CO	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which	icn preparer r	has any knowle	-		and the sector we with
Here			TRE	EASURI	ER/CFO			scuss this return with nown below (see
		Signature of officer	Date Title			ir	nstructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	9	Check	if PTIN	
Paid						self- employed		
Paid	ror	TRACY S. PAGLIA	TRACY S. PAGLIA	11.	/14/19			0366884
Use C		Firm's name ► MOSS ADAMS L			• -	Firm's EIN		-0189318
0360	, i i y		STREET SUITE 9	00				
		Firm's address 🕨 SAN FRANCI				Phone no.	415-95	56-1500
823711 01-	-09-19							orm 990-T (2018)
			48					()

13531114 146892 632745-3

Form 990-T (2018) 1	IDES,	INC.
---------------------	-------	------

57-	11	.38	099	
57	**		000	

Page 3

Schedule A - Cost of Go	ods Sold. Enter	method of invento	ory valuation 🕨 N/A					
1 Inventory at beginning of year			6 Inventory at end of yea	ar		6		
2 Purchases	2		7 Cost of goods sold. Su					
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?	·	·····			
Schedule C - Rent Incon	ne (From Real	Property and	Personal Property L	.eased	d With Real Prop	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if th rent for personal property is 10% but not more than	more than	` of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (at	ed with the income in tach schedule)	1
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of colu here and on page 1, Part I, line 6, co	() ()	ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated I		Income (see in	nstructions)					
			· ·		3. Deductions directly conr			
			Gross income from or allocable to debt-	(2)	to debt-finance Straight line depreciation	<u> </u>		
1. Description of de	ebt-financed property		financed property	(a)	(attach schedule)		(b) Other deduction (attach schedule)	IS
				S	TATEMENT 10	ST	ATEMENT	11
(1) THE PRESIDIO,	SF, CA		770,314.		58,324		523,7	80.
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1) 8,227,50	0. 7	,551,230.	100.00%		770,314		582,1	04.
(2)			%					
(3)			%					
(4)			%					
STATEMENT 8	STAT	EMENT 9			nter here and on page 1, art I, line 7, column (A).		nter here and on pag art I, line 7, column	
Totals			▶		770,314.		582,1	04.
Total dividends-received deduction	ns included in colum	 ו 8			<u> </u>			0.

Form **990-T** (2018)

823721 01-09-19

Form 990-T (2018) TIDES,	INC.								57-11	3809	9 Page 4
Schedule F - Interest, A	Innuitie	s, Royalt	ies, and					tions	s (see ins	struction	is)
				Exempt (Controlled O	rganizati	ons				
1. Name of controlled organizati	on	2. Emp identific numl	ation		related income e instructions)		al of specified nents made	includ	t of column 4 ed in the contr ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
_(2)											
_(3)											
(4)											
Nonexempt Controlled Organiz	zations	1									
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	ization's	11. De with	eductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I, 4).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						🕨			0.		0.
Schedule G - Investme (see instr		me of a S	ection	501(c)(7	7), (9), or ([.]	17) Org	ganization				
1. Descr	ription of inco	ome			2. Amount of	income	 Deduction directly conne (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals				▶		0.					0.
Schedule I - Exploited I (see instru	-	Activity	Income	e, Other	Than Adv	rtisin	g Income				
X			•		4. Net incom	ne (loss)					-
1. Description of exploited activity	unrelated incom	Gross d business ne from business		elated	from unrelated business (co minus columi gain, compute through	l trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
	page 1	ere and on 1, Part I, , col. (A).	page 1	e and on , Part I, col. (B).							Enter here and on page 1, Part II, line 26.
Totals 🚬 🕨	-	0.		0.							0.
Schedule J - Advertisir			nstruction								
Part I Income From F	Periodic	als Repo	orted or	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, comput	e 5. Circulat		6. Read		 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			1								
(2)											
(1) (2) (3) (4)											
(4)											

0 . Form **990-T** (2018)

823731 01-09-19

0.

0.

►

Totals (carry to Part II, line (5))

Form 990-T (2018) TIDES, INC.

57-1138099

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. D advertisii		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6. ⊧	Readership costs	7. Excess reader costs (column 6 m column 5, but not than column 4	ninus more
(1)										
(2)										
(3)										
(4)										
Totals from Part I 📃 🕨 🕨	0.		0.							0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter her page 1, line 11,	Part I,						Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5) 🕨	0.		0.							0.
Schedule K - Compensation	n of Officers, D	Directo	rs, and	Trustees (see in	structio	ns)				
1. Name				2. Title		 Percertime devot busines 	ed to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, li	ine 14	I								0.

Form 990-T (2018)

Page 5

2,000.

2,000.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

DEBT FINANCED RENTAL INC COMMERCIAL TENANTS

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2		
DESCRIPTION/KIND OF PROPERT	Y METHOD USED TO DETERMINE FMV	AMOUNT		
THE PRESIDIO TRUST	8,500.			
TOTAL TO FORM 990-T, PAGE 1	, LINE 20	8,500.		
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3		
DESCRIPTION		AMOUNT		

TAX PREPARATION FEES

TOTAL TO FORM 990-T, PAGE 1, LINE 28

FORM 990-T CC	NTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJ	ECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNU	SED CONTRIBUTIONS			
FOR TAX YEAR 2013				
FOR TAX YEAR 2014	8,000			
FOR TAX YEAR 2015	8,000			
FOR TAX YEAR 2016	8,000			
FOR TAX YEAR 2017	8,000			
TOTAL CARRYOVER		32,000		
TOTAL CURRENT YEAR 10% CONTR	TBUTTONS	8,500		
		0,000	_	
TOTAL CONTRIBUTIONS AVAILABL	Е	40,500		
TAXABLE INCOME LIMITATION AS	ADJUSTED	18,162		
EXCESS 10% CONTRIBUTIONS		22,338	_	
EXCESS 100% CONTRIBUTIONS		0		
TOTAL EXCESS CONTRIBUTIONS		22,338		
ALLOWABLE CONTRIBUTIONS DEDU	CTION			162
TOTAL CONTRIBUTION DEDUCTION			18,1	162

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 5
TAX FROM FORM 990-T, PAR UNDERPAYMENT PENALTY LATE PAYMENT INTEREST LATE PAYMENT PENALTY	I IV	24,326. 302. 653. 730.
TOTAL AMOUNT DUE		26,011.

FORM 990-T LATE PAYMENT INTEREST STAT							
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST	
TAX DUE	05/15/19	34,326.	34,326.	.0600			
EXTENSION PAYMENT	05/15/19	-10,000.	24,326.	.0600	46	185.	
INTEREST RATE CHANGE	06/30/19	0.	24,511.	.0500	138	468.	
DATE FILED	11/15/19		24,979.				
TOTAL LATE PAYMENT IN	TEREST					653.	

13531114 146892 632745-3

53 ST 2018.05000 TIDES, INC.

STATEMENT(S) 4, 5, 6 632745-1

TIDES,	INC.
--------	------

57-1138099

FORM 990-T	STATEMENT 7				
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	05/15/19 11/15/19	24,326.	24,326. 24,326.	6	730.
TOTAL LATE PAYMENT PENA	LTY				730.

FORM 990-T	SCHEDULE E - UNRELAT	ED DEBT-FINANCED	INCOME	STATEMENT 8
	AVERAGE AC	UISITION DEBT		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
THE PRESIDIO, SF, CA	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		8,475,000. 8,430,000. 8,385,000. 8,340,000. 8,295,000. 8,250,000. 8,250,000. 8,160,000. 8,115,000. 8,070,000. 8,025,000. 7,980,000.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR AVERAGE AQUISITION DEBT		98,730,000. 12 8,227,500.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

TIDES,	INC.
--------	------

FORM 990-T	SCHEDULE E – UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 9
		ACTIVITY	Y

AMOUNT
7,646,024. 7,456,436.
7,551,230.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 10
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	58,324.	58,324.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(A)		58,324.

TIDES,	INC.
--------	------

57-1138099

FORM 990-T	SCHEDULE E -	OTHER DEDUCTIONS	STATEMENT 11
------------	--------------	------------------	--------------

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CONSULTANTS & CONTRACTORS		170.	
SAFETY & SECURITY		8,691.	
RENT EXPENSE		70,312.	
UTILITIES		50,207.	
PHONE & INTERNET SERVICE		3,168.	
CUSTODIAL/GARBAGE SERVICES		93,432.	
REPAIRS & MAINTENANCE		41,086.	
ON-SITE MANAGEMENT		48,825.	
MANAGEMENT & ADMINISTRATION		17,928.	
SERVICE DISTRICT CHARGE		69,970.	
INTEREST EXPENSE		8,956.	
AMORTIZED COST OF ISSUANCE		6,577.	
INSURANCE		11,133.	
LICENSES		516.	
ALLOCATED EXPENSES		87,454.	
OFFICE EXPENSES		414.	
STATE REGISTRATIONS, FILINGS, & FEES		2,171.	
BANKING FEES		2,770.	
- SUBTOTAL -	1		523,780.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)	_	523,780.

13531114 146892 632745-3