

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TIDES CENTER		D Employer identification number 94-3213100
	Doing business as		E Telephone number (415) 561-6300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 29907		G Gross receipts \$ 151,140,676.
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129-0907		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: TUTI SCOTT SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: ▶ WWW.TIDES.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	935
	6 Total number of volunteers (estimate if necessary)	6	1000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,503.
b Net unrelated business taxable income from Form 990-T, line 38	7b	157,678.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	140,696,542.	137,116,829.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,744,275.	11,480,746.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,375,063.	1,919,407.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-338,066.	-57,827.
		152,477,814.	150,459,155.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,170,490.	21,752,568.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,943,697.	66,443,013.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	513,511.	200,040.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,863,337.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,685,570.	59,414,796.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	124,313,268.	147,810,417.	
19 Revenue less expenses. Subtract line 18 from line 12	28,164,546.	2,648,738.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	114,897,778.	122,229,712.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,910,586.	20,645,744.
		99,987,192.	101,583,968.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ JUDITH HILL, CFO/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	11/13/19		P00366884
Firm's name ▶ MOSS ADAMS LLP			Firm's EIN ▶ 91-0189318		
Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no. 415-956-1500		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TIDES ACCELERATES THE PACE OF SOCIAL CHANGE, WORKING WITH INNOVATIVE PARTNERS TO SOLVE SOCIETY'S TOUGHEST PROBLEMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 110,212,360. including grants of \$ 19,561,923.) (Revenue \$ 11,587,178.) EQUITY: WITHIN OUR LARGEST AREA OF IMPACT, TIDES PROJECTS WORK MULTILATERALLY TO CREATE MORE EQUAL OPPORTUNITY AND EQUITABLE TREATMENT FOR ALL. PROJECTS FOCUS ON ETHNIC AND RACIAL EQUITY, ECONOMIC OPPORTUNITY, HUMAN RIGHTS POLICIES, REPRODUCTIVE JUSTICE, REFUGEE AID, AND INCREASED CIVIC ENGAGEMENT. SEVERAL PROGRAMS WORKED TO END HOMELESSNESS BY PROVIDING TRANSITIONAL HOUSING AND SOCIAL SERVICES. OTHERS ADVOCATED FOR ISSUES SUCH AS THE SOCIAL AND ECONOMIC EMPOWERMENT OF WOMEN AND GIRLS, ACCESS TO QUALITY HEALTH CARE, AND CRIMINAL JUSTICE REFORM.

4b (Code:) (Expenses \$ 7,841,076. including grants of \$ 1,927,884.) (Revenue \$ 662,393.) EDUCATION: IN 2018, TIDES PROJECTS ENRICHED THE EDUCATION OF YOUTH AND ADULTS LIVING IN LOCAL, UNDER-SERVED COMMUNITIES, FOCUSING ON AREAS SUCH AS LEADERSHIP DEVELOPMENT, ARTS EDUCATION, HEALTH AND NUTRITION, FAMILY SELF-SUFFICIENCY, AND STEM. INTERNATIONALLY, TIDES PROJECTS PROVIDED TRAINING IN PUBLIC HEALTH PRACTICES FOR HEALTHCARE PROVIDERS AND IN EFFECTIVE CONDOM USAGE TO PREVENT THE SPREAD OF HIV/AIDS. OTHER TIDES PROJECTS INSTITUTED A VARIETY OF PROGRAMS THAT RANGED FROM EDUCATING MEN TO ADVOCATING AGAINST DOMESTIC VIOLENCE, TO SUPPORTING QUALIFIED CANDIDATES SEARCHING FOR CAREERS IN HIGHER EDUCATION, TO EXPLORING THE INTERSECTION OF THE ARTS AND SOCIAL JUSTICE.

4c (Code:) (Expenses \$ 2,921,762. including grants of \$ 262,761.) (Revenue \$ 369,697.) ENVIRONMENT: IN 2018, TIDES PROJECTS WORKED IN THE AREAS OF ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE, AND SUSTAINABLE AGRICULTURE PRACTICES. PROGRAMS WORKED AT THE LOCAL LEVEL TO ADDRESS ENVIRONMENTAL ISSUES FACING LOW-INCOME, MARGINALIZED COMMUNITIES, AS WELL AS THE NATIONAL AND INTERNATIONAL LEVELS TO SPEARHEAD CAMPAIGNS FOR THE PRESERVATION OF OUR NATURAL ENVIRONMENT AND ANIMAL WELFARE. TIDES PROJECTS ADVOCATED FOR A MORE JUST, CLEAN, AND SUSTAINABLE WORLD FROM A VARIETY OF PERSPECTIVES, FROM REDUCING ENVIRONMENTAL MERCURY EXPOSURE TO DEVELOPING REGIONAL FOOD SYSTEMS AND ENHANCING FOOD SECURITY TO SUPPORTING THE FARM TO SCHOOL FOOD MOVEMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 120,975,198.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1229	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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 make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did 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?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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 have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [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
JUDITH HILL - (415) 561-6300
1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL FERNANDEZ CHAIR	2.00 2.00	X		X				0.	0.	0.
(2) CHERYL ALSTON DIRECTOR	2.00 2.00	X						0.	0.	0.
(3) EDWARD LLOYD DIRECTOR	2.00 2.00	X						0.	0.	0.
(4) PETER MELLEN DIRECTOR	2.00 2.00	X						0.	0.	0.
(5) SUZANNE NOSSEL DIRECTOR	2.00 2.00	X						0.	0.	0.
(6) DEEPAK PURI DIRECTOR	2.00 2.00	X						0.	0.	0.
(7) TUTI SCOTT DIRECTOR	2.00 2.00	X						0.	0.	0.
(8) JASON WINGARD DIRECTOR	2.00 2.00	X						0.	0.	0.
(9) KRISS DEIGLMEIER CEO	16.00 34.00			X				0.	460,068.	66,467.
(10) JUDITH HILL CFO/TREASURER	16.00 34.00			X				0.	391,203.	35,853.
(11) AMANDA KETON SECRETARY	16.00 34.00			X				0.	302,840.	50,436.
(12) JENNIFER MARIE LANDIG ASSISTANT SECRETARY	16.00 34.00			X				0.	110,339.	23,520.
(13) LENORE ANDERSON DIR. - ALLIANCE FOR SAFETY & JUSTICE	40.00 0.00					X		270,762.	0.	36,233.
(14) CHARLES EDWARD CARTER SENIOR EVIDENCE DIRECTOR	40.00 0.00					X		258,217.	0.	66,719.
(15) BRITISH ROBINSON CEO - WOMEN'S HEART ALLIANCE	40.00 0.00					X		290,892.	0.	11,464.
(16) MARK SMOLINSKI DIRECTOR - ENDING PANDEMICS	40.00 0.00					X		304,172.	0.	24,667.
(17) KELLY FITZSIMMONS DIRECTOR - PROJECT EVIDENT	40.00 0.00					X		379,262.	0.	53,402.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							1,503,305.	1,264,450.	368,761.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,503,305.	1,264,450.	368,761.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **108**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DAVID BINDER RESEARCH INC., 44 PAGE STREET #404, SAN FRANCISCO, CA 94102	CONSULTING SERVICES	500,400.
DELOITTE CONSULTING LLP P.O. BOX 844717, DALLAS, TX 75284-4717	CONSULTING SERVICES	477,383.
M&R STRATEGIC SERVICES, 1101 CONNECTICUT AVE NW 7TH FLOOR, WASHINGTON, DC 20036	CONSULTING SERVICES	440,614.
SEVEN INTERNATIONAL, 660 4TH STREET #227, SAN FRANCISCO, CA 94107	CONSULTING SERVICES	438,734.
HOME FRONT COMMUNICATIONS LLC 1201 NEW YORK AVE NW, WASHINGTON, DC 20005	CONSULTING SERVICES	373,417.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **49**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	992,428.				
	d Related organizations	1d	6,916,071.				
	e Government grants (contributions)	1e	19,204,596.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	110,003,734.				
	g Noncash contributions included in lines 1a-1f: \$		6,821,705.				
	h Total. Add lines 1a-1f		137,116,829.				
	Program Service Revenue	2 a CONTRACT FEES	Business Code	541900	2,990,850.	2,990,850.	
b RENTAL INCOME - NP ORGS			531120	2,572,654.	2,572,654.		
c MEMBERSHIP REVENUE			900099	2,057,372.	2,057,372.		
d GOVERNMENT CONTRACTS			900099	1,557,000.	1,557,000.		
e							
f All other program service revenue			900099	2,302,870.	2,302,870.		
g Total. Add lines 2a-2f				11,480,746.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			1,722,664.		1,722,664.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses			230,457.		
		c Gain or (loss)			196,743.		
	d Net gain or (loss)			196,743.		196,743.	
	8 a Gross income from fundraising events (not including \$ 992,428. of contributions reported on line 1c). See Part IV, line 18	a			205,264.		
		b Less: direct expenses			442,522.		
c Net income or (loss) from fundraising events				-237,258.		-237,258.	
9 a Gross income from gaming activities. See Part IV, line 19	a			23,630.			
	b Less: direct expenses			8,542.			
	c Net income or (loss) from gaming activities			15,088.		15,088.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a THIRD-PARTY REIMBURSEMENT		900099	162,840.			162,840.	
b ADVERTISING		541800	1,503.		1,503.		
c							
d All other revenue							
e Total. Add lines 11a-11d			164,343.				
12 Total revenue. See instructions			150,459,155.	11,480,746.	1,503.	1,860,077.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	19,734,961.	19,734,961.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	319,602.	319,602.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,698,005.	1,698,005.		
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	52,569,518.	36,773,438.	9,036,666.	6,759,414.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,893,084.	1,324,250.	325,420.	243,414.
9 Other employee benefits	7,974,393.	5,537,882.	1,393,886.	1,042,625.
10 Payroll taxes	4,006,018.	2,802,290.	688,632.	515,096.
11 Fees for services (non-employees):				
a Management				
b Legal	434,731.		434,731.	
c Accounting	275,413.		275,413.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	200,040.			200,040.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	27,544,363.	27,544,363.		
12 Advertising and promotion	1,841,586.	1,841,586.		
13 Office expenses	6,230,868.	6,230,868.		
14 Information technology	906,636.	906,063.		573.
15 Royalties				
16 Occupancy	4,905,575.	4,905,575.		
17 Travel	5,726,252.	5,701,761.		24,491.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,591,145.	3,591,145.		
20 Interest	901.	901.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,105.	71,105.		
23 Insurance	576,408.	576,408.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMIN, IT, HR	5,817,000.		5,817,000.	
b OTHER PROJECT EXPENSES	948,303.	948,303.		
c UBI TAX EXPENSE	134.		134.	
d _____				
e All other expenses _____	544,376.	466,692.		77,684.
25 Total functional expenses. Add lines 1 through 24e	147,810,417.	120,975,198.	17,971,882.	8,863,337.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,578,965.	1	-101,985.
	2 Savings and temporary cash investments	18,298,689.	2	25,008,449.
	3 Pledges and grants receivable, net	24,423,350.	3	22,654,588.
	4 Accounts receivable, net	760,182.	4	2,349,736.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	307,378.	9	626,539.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,202,242.		
	b Less: accumulated depreciation	10b 2,089,483.	10c	1,112,759.
	11 Investments - publicly traded securities	65,763,918.	11	69,192,294.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	698,133.	15	1,387,332.
16 Total assets. Add lines 1 through 15 (must equal line 34)	114,897,778.	16	122,229,712.	
Liabilities	17 Accounts payable and accrued expenses	8,518,681.	17	10,336,329.
	18 Grants payable	1,108,769.	18	97,680.
	19 Deferred revenue	3,068,819.	19	1,113,427.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	417,697.	21	336,652.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,796,620.	25	8,761,656.
	26 Total liabilities. Add lines 17 through 25	14,910,586.	26	20,645,744.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	61,755,601.	27	53,182,828.
	28 Temporarily restricted net assets	38,231,591.	28	48,401,140.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	99,987,192.	33	101,583,968.	
34 Total liabilities and net assets/fund balances	114,897,778.	34	122,229,712.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,459,155.
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,810,417.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,648,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,987,192.
5	Net unrealized gains (losses) on investments	5	-821,875.
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	-230,087.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,583,968.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	83006016.	90488342.	97647384.	140466455	137116829	548725026
2 Tax revenues levied for the organization'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	83006016.	90488342.	97647384.	140466455	137116829	548725026
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)						18051752.
6 Public support. Subtract line 5 from line 4.						530673274

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	83006016.	90488342.	97647384.	140466455	137116829	548725026
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	403,407.	593,590.	671,144.	1273700.	1722664.	4664505.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	12,046.	2,494.	0.	14,540.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					162,840.	162,840.
11 Total support. Add lines 7 through 10						553566911
12 Gross receipts from related activities, etc. (see instructions)					12	60,587,028.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.86 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	94.15 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

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

REIMBURSEMENTS

2018 AMOUNT: \$ 162,840.

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization TIDES CENTER	Employer identification number 94-3213100
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>9,792,734.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>9,307,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>8,333,684.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>8,036,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>6,911,411.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TIDES CENTER	Employer identification number 94-3213100
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization TIDES CENTER	Employer identification number 94-3213100
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		90.
d Mailings to members, legislators, or the public?	X		4,204.
e Publications, or published or broadcast statements?	X		13,061.
f Grants to other organizations for lobbying purposes?	X		930,999.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		732,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		9,454.
i Other activities?	X		15,422.
j Total. Add lines 1c through 1i			1,705,230.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TIDES CENTER, THROUGH ITS FISCALLY SPONSORED PROJECTS, ENGAGES IN LOBBYING ACTIVITIES IN SUPPORT OF A WIDE VARIETY OF ISSUES AND CAUSES TO ADVANCE TIDES' MISSION TO ACCELERATE THE PACE OF SOCIAL CHANGE, INCLUDING IN THE AREAS OF EDUCATION, ENVIRONMENT, AND EQUITY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,459,402.	1,377,261.	1,082,141.
d Equipment		730,840.	712,222.	18,618.
e Other		12,000.		12,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,112,759.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	203,991.
(3) DUE TO RELATED ORGANIZATIONS	8,557,665.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,761,656.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

DURING 2018, THE ORGANIZATION HELD FUNDS IN AN AGENCY CAPACITY (ON BEHALF OF THE THOMAS J. LONG FOUNDATION, WHICH IS WINDING DOWN OPERATIONS) FOR THE ULTIMATE BENEFIT OF LINCOLN ELEMENTARY SCHOOL IN THE WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT. TIDES CENTER HAS NO VARIANCE POWER IN DETERMINING THE GRANTEE, AND THUS RECORDED AN ASSET (CASH) AS WELL AS A CORRESPONDING LIABILITY UPON RECEIPT OF THE PASS-THROUGH FUNDS; ITEMS ARE NOT RECORDED WITHIN REVENUES OR EXPENSES IN REGARDS TO THIS ARRANGEMENT.

PART X, LINE 2:

MANAGEMENT EVALUATED TIDES ORGANIZATIONS' TAX POSITIONS AND CONCLUDED THAT THEY HAD MAINTAINED THEIR TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX

Part XIII Supplemental Information (continued)

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		151,216.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		488,138.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		249,379.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		267,055.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		210,088.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		18,743.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		93,816.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		219,570.
3 a Subtotal	0	0			1,698,005.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,698,005.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HUMAN RIGHTS, HEALTH, CIVIC ENGAGEMENT	25,788.	WIRE	0.		
		SUB-SAHARAN AFRICA	HUMAN RIGHTS, HEALTH, CIVIC ENGAGEMENT	22,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	HUMAN RIGHTS, HEALTH, CIVIC ENGAGEMENT	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HUMAN RIGHTS, HEALTH, CIVIC ENGAGEMENT	22,928.	WIRE	0.		
		SUB-SAHARAN AFRICA	HUMAN RIGHTS, HEALTH, CIVIC ENGAGEMENT	40,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, CIVIC ENGAGEMENT, HEALTHY COMMUNITIES	33,701.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, CIVIC ENGAGEMENT, HEALTHY COMMUNITIES	51,120.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, CIVIC ENGAGEMENT, HEALTHY COMMUNITIES	147,817.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **24**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, CIVIC ENGAGEMENT, HEALTHY COMMUNITIES	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, CIVIC ENGAGEMENT, HEALTHY COMMUNITIES	60,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, CIVIC ENGAGEMENT, HEALTHY COMMUNITIES	12,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, CIVIC ENGAGEMENT, HEALTHY COMMUNITIES	163,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	10,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	EDUCATION, SOCIOECONOMIC DEVELOPMENT	232,379.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	EDUCATION, SOCIOECONOMIC DEVELOPMENT	17,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HUMAN RIGHTS, HEALTHY COMMUNITIES	247,055.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HUMAN RIGHTS, HEALTHY COMMUNITIES	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	210,088.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUMAN RIGHTS, HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	14,000.	WIRE	0.		
		NORTH AMERICA	HUMAN RIGHTS, HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	93,816.	WIRE	0.		
		SOUTH AMERICA	HUMAN RIGHTS, HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	20,000.	WIRE	0.		
		SOUTH AMERICA	HUMAN RIGHTS, HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	143,600.	WIRE	0.		
		SOUTH AMERICA	HUMAN RIGHTS, HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	5,970.	WIRE	0.		
		SOUTH AMERICA	HUMAN RIGHTS, HEALTHY COMMUNITIES, CIVIC ENGAGEMENT	50,000.	WIRE	0.		

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE WHETHER A GROUP WILL BE AN APPROPRIATE GRANTEE. POTENTIAL RECIPIENTS ARE REQUIRED TO PROVIDE PROOF OF TAX STATUS AND/OR REGISTRATION DOCUMENTS AND THEIR ORGANIZATIONAL DOCUMENTS. ALL GRANTEES ARE NOTIFIED OF THE TERMS AND CONDITIONS OF EACH GRANT SHOULD IT BE AWARDED AND GRANTEES INDICATE ACCEPTANCE BY SIGNATURE. ALL INTERNATIONAL GRANTS ARE RESTRICTED TO A CLEARLY CHARITABLE PURPOSE AND MUST BE USED EXCLUSIVELY FOR ACTIVITIES CONDUCTED OUTSIDE OF THE UNITED STATES. ALL GRANTEES RECEIVE A WRITTEN GRANT AGREEMENT, AND BY ACCEPTING PAYMENT, THE GRANTEE AGREES TO THE CONDITIONS OF THE AWARD.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WORK THE ROOM PRODUCTIONS INC. - 215 S. TOWER DRIVE #C,	CONSULTING		X	0.	30,794.	-30,794.
THE SUDDER GROUP FOR IMPACT - 655 METRO PLACE SOUTH #830,	CONSULTING		X	0.	20,196.	-20,196.
BETH SANDEFUR EVENTS - 101 W AMERICAN CANYON RD, SUITE	CONSULTING		X	0.	13,420.	-13,420.
WIZARD STUDIOS NORTH, INC. - 305 TEN EYCK ST., BROOKLYN,	CONSULTING		X	0.	11,000.	-11,000.
LYNN ENGLISH CONSULTING, INC. - 6710 WESTERN AVE, CHEVY	CONSULTING		X	0.	10,900.	-10,900.
CHAPMAN MONUMENT CO., INC. - 800 ATLANTIC ST, ROSEVILLE,	CONSULTING		X	0.	10,000.	-10,000.
STUDIO 4FORTY LLC - 440 CRYSTAL SPRINGS RD, SAINT	CONSULTING		X	0.	10,000.	-10,000.
ROSS MUDRICK - 35-17 29TH ST. 1R, ASTORIA, NY 11106	CONSULTING		X	0.	9,310.	-9,310.
BING CONSULTING SERVICES, INC. - 3361 MISSION STREET,	CONSULTING		X	0.	9,000.	-9,000.
CATHERINE JUNIA - 2650 N LAKEVIEW AVE UNIT 1008,	CONSULTING		X	0.	8,280.	-8,280.
Total					132,900.	-132,900.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		LIGHT IN THE GROVE (event type)	CREATING HOPE (event type)	15 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	303,664.	254,045.	639,983.	1,197,692.
	2	Less: Contributions	284,534.	222,895.	484,999.	992,428.
	3	Gross income (line 1 minus line 2)	19,130.	31,150.	154,984.	205,264.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	208.		3,280.	3,488.
	8	Entertainment				
	9	Other direct expenses	59,146.	43,778.	336,110.	439,034.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				442,522.
11	Net income summary. Subtract line 10 from line 3, column (d)				-237,258.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			23,630.
Direct Expenses	2	Cash prizes			8,542.	8,542.
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				8,542.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				15,088.	

9 Enter the state(s) in which the organization conducts gaming activities: CA
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	.00 %
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JUDITH HILL

Address ▶ P.O. BOX 29907 - SAN FRANCISCO, CA 94129-0907

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ VARIOUS - SEE PART IV

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ THE ORGANIZATION HELD 5 RAFFLES IN 2018. RAFFLES WERE MANAGED BY THE FOLLOWING INDIVIDUALS: JENNIFER PERRY (EMPLOYEE), KELLY ERNST FRIEDMAN (EMPLOYEE), JENNIFER BING

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 21,267.

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

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

(I) NAME OF FUNDRAISER: WORK THE ROOM PRODUCTIONS INC.

(I) ADDRESS OF FUNDRAISER: 215 S. TOWER DRIVE #C, BEVERLY HILLS, CA 90211

(I) NAME OF FUNDRAISER: THE SUDES GROUP FOR IMPACT

(I) ADDRESS OF FUNDRAISER: 655 METRO PLACE SOUTH #830, DUBLIN, OH 43017

(I) NAME OF FUNDRAISER: BETH SANDEFUR EVENTS

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

101 W AMERICAN CANYON RD, SUITE 508-268, AMERICAN CANYON, CA 94503

(I) NAME OF FUNDRAISER: WIZARD STUDIOS NORTH, INC.

(I) ADDRESS OF FUNDRAISER: 305 TEN EYCK ST., BROOKLYN, NY 11206

(I) NAME OF FUNDRAISER: LYNN ENGLISH CONSULTING, INC.

(I) ADDRESS OF FUNDRAISER: 6710 WESTERN AVE, CHEVY CHASE, MD 20815

(I) NAME OF FUNDRAISER: CHAPMAN MONUMENT CO., INC.

(I) ADDRESS OF FUNDRAISER: 800 ATLANTIC ST, ROSEVILLE, CA 95678

(I) NAME OF FUNDRAISER: STUDIO 4FORTY LLC

(I) ADDRESS OF FUNDRAISER: 440 CRYSTAL SPRINGS RD, SAINT HELENA, CA 94574

(I) NAME OF FUNDRAISER: BING CONSULTING SERVICES, INC.

(I) ADDRESS OF FUNDRAISER: 3361 MISSION STREET, SAN FRANCISCO, CA 94110

(I) NAME OF FUNDRAISER: CATHERINE JUNIA

(I) ADDRESS OF FUNDRAISER:

2650 N LAKEVIEW AVE UNIT 1008, CHICAGO, IL 60614

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

THE ORGANIZATION HELD 5 RAFFLES IN 2018. RAFFLES

WERE MANAGED BY THE FOLLOWING INDIVIDUALS: JENNIFER PERRY

(EMPLOYEE), KELLY ERNST FRIEDMAN (EMPLOYEE), JENNIFER BING

(INDEPENDENT CONSULTANT), LARA KISWANI (EMPLOYEE), AND AIMEE NICHOLS

(EMPLOYEE).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ENVIRONMENTALISM THROUGH INSPIRATION AND NON VIOLENT ACTION - 2010 LINDEN AVENUE - VENICE, CA 90291	47-3427148	501(C)(3)	50,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
JOHNS HOPKINS UNIVERSITY - OFFICE OF THE PROVOST - 3400 NORTH CHARLES STREET - BALTIMORE, MD 21218	52-0595110	501(C)(3)	349,649.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
WASHINGTON STUDENT ACHIEVEMENT COUNCIL - 917 LAKERIDGE WAY SW - OLYMPIA, WA 98502		STATE OF WA	18,478.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
STILL STANDING INC. 7310 WOODWARD AVENUE - SUITE 445 DETROIT, MI 48202	45-3126485	501(C)(3)	7,500.	0.			GENERAL SUPPORT
LINCOLN 1266 14TH STREET OAKLAND, CA 94607	94-1156501	501(C)(3)	106,897.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
CENTER ON RACE, POVERTY, AND THE ENVIRONMENT - 1999 HARRISON STREET - SUITE 650 - OAKLAND, CA 94612	05-0557231	501(C)(3)	73,142.	0.			SPECIFIC PROJECT - COMMUNITY ORGANIZING AND LEADERSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **124.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 3400 NORTH CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	45,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
INSTITUTE OF THE BLACK WORLD 21ST CENTURY INC. - 31-35 95TH STREET - EAST ELMHURST, NY 11369	30-0186895	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION - 1018 KANAWHA BOULEVARD EAST - CHARLESTON, WV 25301		STATE OF WV	37,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM STREET - 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(4)	100,000.	0.			SPECIFIC PROJECT - PUBLIC HEALTH
NEW JERSEY POLICY PERSPECTIVES INC. - P.O. BOX 22766 - TRENTON, NJ 08607	22-3492715	501(C)(3)	50,000.	0.			GENERAL SUPPORT
KOREAN RESOURCE CENTER INC 900 CRENSHAW BOULEVARD LOS ANGELES, CA 90019	95-3879699	501(C)(3)	150,000.	0.			SPECIFIC PROJECT - LEADERSHIP DEVELOPMENT
HARDIN SCHOOL DISTRICT 17H&1 401 PARK ROAD HARDIN, MT 59034	81-6000032	STATE OF MT	8,000.	0.			SPECIFIC PROJECT - FARM TO SCHOOL ACTIVITIES
HYDABURG CITY SCHOOL DISTRICT 100 TOTEM LANE HYDABURG, AK 99922	92-6007030	STATE OF AK	8,000.	0.			SPECIFIC PROJECT - FARM TO SCHOOL ACTIVITIES
INDIAN TOWNSHIP PASSAMAQUODDY SCHOOL COMMITTEE - 13 SCHOOL DRIVE - PRINCETON, ME 04668	01-0502197	STATE OF ME	8,000.	0.			SPECIFIC PROJECT - FARM TO SCHOOL ACTIVITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY SCHOOL DISTRICT P.O. BOX 1269 WARM SPRINGS, OR 97761	93-6000537	COUNTY OF JEFFER	8,000.	0.			SPECIFIC PROJECT - FARM TO SCHOOL ACTIVITIES
MALAMA KAUA'I P.O. BOX 1414 KILAUEA, HI 96754	20-5174880	501(C)(3)	8,000.	0.			SPECIFIC PROJECT - FARM TO SCHOOL ACTIVITIES
WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION - 3035 CENTER GREEN DRIVE - SUITE 200 - BOULDER, CO 80301-2204	84-6008945	501(C)(3)	6,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
THE DREAM CORPS 436 14TH ST, SUITE 920 OAKLAND, CA 94612	26-1140201	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET - SUITE G-1 LANSING, MI 48906-4369	38-1360557	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GENERATIVE SOMATICS 2900 LAKESHORE AVENUE OAKLAND, CA 94610	27-0044294	501(C)(3)	160,000.	0.			GENERAL SUPPORT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	17,632.	0.			GENERAL SUPPORT
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 36, 87 PROSPECT AVENUE PRINCETON, NJ 08544	21-0634501	501(C)(3)	49,800.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE RESEARCH
OPEN GOVERNMENT PARTNERSHIP SECRETARIAT - 1110 VERMONT AVENUE NW - SUITE 500 - WASHINGTON, DC 20005	81-1867464	501(C)(3)	35,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SPEAKS 1 EAST 33RD STREET - 4TH FLOOR NEW YORK, NY 10016	20-2329938	501(C)(3)	25,000.	0.			GENERAL SUPPORT
RESURRECTION HOUSE MISSION INC. 37240 LOCK STREET DADE CITY, FL 33523	48-1270857	501(C)(3)	9,000.	0.			GENERAL SUPPORT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	222,322.	0.			GENERAL SUPPORT
THE UNIVERSITY OF ALABAMA BOX 870104 TUSCALOOSA, AL 35487-0104	63-6001138	STATE OF AL	34,413.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	10,151.	0.			GENERAL SUPPORT
OPEN GOVERNMENT PARTNERSHIP SECRETARIAT - 1110 VERMONT AVENUE NW - SUITE 500 - WASHINGTON, DC 20005	81-1867464	501(C)(3)	499,999.	0.			GENERAL SUPPORT
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	STATE OF OH	79,200.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
OPEN GOVERNMENT PARTNERSHIP SECRETARIAT - 1110 VERMONT AVENUE NW - SUITE 500 - WASHINGTON, DC 20005	81-1867464	501(C)(3)	57,684.	0.			GENERAL SUPPORT
FAITH IN ACTION NETWORK 999 NORTH CAPITOL STREET NE - SUITE WASHINGTON, DC 20002	94-2206497	501(C)(3)	50,875.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND - 784 HERCULES DRIVE - SUITE 110 - COLCHESTER, VT 05446	03-0222941	501(C)(3)	12,000.	0.			SPECIFIC PROJECT - CIVIC ENGAGEMENT
AUTISM SPEAKS 1 EAST 33RD STREET - 4TH FLOOR NEW YORK, NY 10016	20-2329938	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INDIANAPOLIS CONGREGATION ACTION NETWORK - 337 N. WARMAN AVENUE - INDIANAPOLIS, IN 46222	45-2349567	501(C)(3)	23,670.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
MASSACHUSETTS VOTER EDUCATION 41 WEST STREET - SUITE 700 BOSTON, MA 02111	04-3574060	501(C)(3)	23,670.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TRANSGENDER LAW CENTER P.O. BOX 70976 OAKLAND, CA 94612-0976	05-0544006	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
BROOKLYN UNITED METHODIST CHURCH 7200 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429	11-1661349	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVENUE WEST - SUITE ST. PAUL, MN 55114	41-1830619	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TIDES CENTER P.O. BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	1,000,000.	0.			SPECIFIC PROJECT - ARTS & CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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THE OHIO ORGANIZING COLLABORATIVE 25 E BOARDMAN STREET - SUITE 230 YOUNGSTOWN, OH 44503	26-1601472	501(C)(3)	31,560.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TRANS UNITED 1741 LANIER PLACE NW - #33 WASHINGTON, DC 20009	26-3728794	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
MIAMI WORKERS CENTER INC 745 NW 54TH STREET MIAMI, FL 33137	65-0942224	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
NEW FLORIDA MAJORITY EDUCATIONAL FUND INC - 10800 BISCAYNE BOULEVARD - SUITE 1050 - MIAMI, FL 33161	45-3956785	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
NEW MEXICO NOW PO BOX 7748 ALBUQUERQUE, NM 87194	82-3753009	501(C)(3)	30,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM (NAPAWF) - PO BOX 13255 - CHICAGO, IL 60613	36-4799986	501(C)(3)	834,505.	0.			GENERAL SUPPORT
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	50,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
STATE VOICES 1625 MASSACHUSETTS AVENUE NW - SUIT WASHINGTON, DC 20036	20-1115618	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
HIGHLANDER RESEARCH AND EDUCATION CENTER INC - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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RUTH ELLIS CENTER 77 VICTOR STREET HIGHLAND PARK, MI 48203	38-3501697	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
SOUTHERN PARTNERS FUND INC 1 BALTIMORE PLACE - N.W. SUITE 150 ATLANTA, GA 30308	58-2409301	501(C)(3)	125,000.	0.			SPECIFIC PROJECT - EQUALITY AND HUMAN RIGHTS
ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK ROAD - SUITE 405B PHOENIX, AZ 85106	86-0348306	501(C)(3)	30,000.	0.			SPECIFIC PROJECT - EDUCATION
VOICES FOR VIRGINIA'S CHILDREN 1606 SANTA ROSA ROAD - SUITE 109 HENRICO, VA 23229	54-1726265	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STOCKTONIANS TAKING ACTION TO NEUTRALIZE DRUGS - 1209 E. 8TH STREET - STOCKTON, CA 95206	94-3179778	501(C)(3)	37,500.	0.			SPECIFIC PROJECT - NEIGHBORHOOD TRUST BUILDING
FAMILIES AND FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN (FFLIC) - 1307 ORETHA C. HALEY BOULEVARD - SUITE 303 - NEW	20-5924561	501(C)(3)	23,670.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
FATHERS AND FAMILIES OF SAN JOAQUIN - 338 E. MARKET STREET - STOCKTON, CA 95202	32-0171398	501(C)(3)	18,750.	0.			SPECIFIC PROJECT - NEIGHBORHOOD TRUST BUILDING
RESTORE 1107 N. SAN JOAQUIN STREET STOCKTON, CA 95202	45-3010479	501(C)(3)	18,750.	0.			SPECIFIC PROJECT - NEIGHBORHOOD TRUST BUILDING
JUSTICE NOW 1322 WEBSTER STREET SUITE 210 OAKLAND, CA 94612	42-1559699	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERNERS ON NEW GROUND PO BOX 11250 ATLANTA, GA 30310	61-1274170	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TEXAS ORGANIZING PROJECT EDUCATION FUND - 2404 CAROLINE STREET - HOUSTON, TX 77004	27-1481855	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TIDES ADVOCACY P.O. BOX 29229 SAN FRANCISCO, CA 94129	30-0714793	501(C)(4)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
WEPOWER 20 SOUTH SARAH STREET ST. LOUIS, MO 63108	82-3591958	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
MOSES METROPOLITAN ORGANIZING STRATEGY ENABLING STRENGTH - 220 BAGELY STREET - SUITE 212 - DETROIT, MI 48226	38-3357583	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
PICTURE THE HOMELESS 104 EAST 126TH STREET - #1B NEW YORK, NY 10035	32-0017919	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
WHEW WOMEN HEALING & EMPOWERING WOMEN - 4410 PHLOX STREET - HOUSTON, TX 77051	84-1677593	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	1,058,556.	0.			GENERAL SUPPORT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	80,808.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	45,905.	0.			GENERAL SUPPORT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	40,000.	0.			SPECIFIC PROJECT - EQUALITY AND HUMAN RIGHTS
COMMUNITY WORKS WEST 110 BROADWAY OAKLAND, CA 94607	20-5278030	501(C)(3)	30,000.	0.			GENERAL SUPPORT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	9,141.	0.			GENERAL SUPPORT
BAKERRIPLEY PO BOX 271389 HOUSTON, TX 77277	23-7062976	501(C)(3)	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	25-0965280	501(C)(3)	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
DELGADO COMMUNITY COLLEGE 615 CITY PARK AVENUE NEW ORLEANS, LA 70119	72-6012995	STATE OF LA	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
FAB FOUNDATION 50 MILK STREET 16TH FLOOR BOSTON, MA 02109	26-4836002	501(C)(3)	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
SOUTHERN VISION ALLIANCE 1410 WEST CHAPEL HILL STREET DURHAM, NC 27701	61-1639641	501(C)(3)	9,550.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE ON SOUTHWORE 2726 SKYVIEW RIDGE COURT HOUSTON, TX 77047	46-0820435	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
AI4ALL 344 20TH STREET OAKLAND, CA 94612	82-2792979	501(C)(3)	520,459.	0.			GENERAL SUPPORT
SOUTHERN VISION ALLIANCE 1410 WEST CHAPEL HILL STREET DURHAM, NC 27701	61-1639641	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND DRIVE SUITE 200 - AUSTIN, TX 78752	74-2898197	501(C)(3)	60,000.	0.			GENERAL SUPPORT
LITTLE MANILA FOUNDATION P.O. BOX 1356 STOCKTON, CA 95201	20-2661354	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CALIFORNIA STATE UNIVERSITY BAKERSFIELD - 9001 STOCKDALE HIGHWAY - 35 ADM - BAKERSFIELD, CA 93311-1022	77-0314545	STATE OF CA	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
INTERMEDIATE UNIT 1 ONE INTERMEDIATE DRIVE COAL CENTER, PA 15423	25-1214815	STATE OF PA	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
JACKSON COUNTY SCHOOL DISTRICT 12004 HIGHWAY 57 VACLEAVE, MO 39565	64-6000513	COUNTY OF JACKSO	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
CHRISTIAN LEADERSHIP FOR ECONOMIC DEVELOPMENT - 3035 ARUNAH AVENUE - BALTIMORE, MD 21216	46-5513936	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONNECTIONS FOR YOUTH INC. - 369 EAST 149TH STREET - 7TH FLOOR - BRONX, NY 10455	26-4482112	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
RECONCILIATION MOVEMENT, INC. PO BOX 741125 RIVERDALE, GA 30274	47-3238632	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
MEN AND WOMEN IN PRISON MINISTRIES 10 W. 35TH STREET CHICAGO, IL 60616	36-3850240	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	16,022.	0.			GENERAL SUPPORT
NATIONAL AWARENESS ALLIANCE 13 DIXIE DRIVE PENNS GROVE, NJ 08069	47-4974007	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
VOICE OF THE EXPERIENCED 2022 ST. BERNARD AVENUE NEW ORLEANS, LA 70117	16-1695266	501(C)(3)	120,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
TIDES ADVOCACY P.O. BOX 29229 SAN FRANCISCO, CA 94129	30-0714793	501(C)(4)	537,700.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	5,000,000.	0.			SPECIFIC PROJECT - ARTS & CULTURE
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	1,000,000.	0.			SPECIFIC PROJECT - ARTS & CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPETENCY BASED EDUCATION NETWORK (C-BEN) - 1417 HANSON DRIVE - FRANKLIN, TN 37067	82-1307652	501(C)(3)	304,668.	0.			GENERAL SUPPORT
THE OHIO ORGANIZING COLLABORATIVE 25 E BOARDMAN STREET - SUITE 230 YOUNGSTOWN, OH 44503	26-1601472	501(C)(3)	250,000.	0.			GENERAL SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS 44 MONTGOMERY STREET - SUITE 1400 SAN FRANCISCO, CA 94104	13-3615533	501(C)(3)	46,630.	0.			SPECIFIC PROJECT - COMMUNITY ORGANIZING AND LEADERSHIP
UBUNTU VILLAGE NOLA 430 NORTH GALVEZ STREET NEW ORLEANS, LA 70119	81-3458051	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	566,007.	0.			SPECIFIC PROJECT - HEALTH CARE ACCESS
THE GLOBAL DEVELOPMENT INCUBATOR, INC. - 1401 K STREET NW - SUITE 900 - WASHINGTON, DC 20005	14-1945286	501(C)(3)	121,180.	0.			SPECIFIC PROJECT - PUBLIC HEALTH
A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)(3)	50,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
UNIVERSITY OF WYOMING DEPARTMENT 3434 - 1000 EAST UNIVERS LARAMIE, WY 82071	83-0316614	STATE OF WY	30,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)(3)	25,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO JUSTICE & POLICY CENTER 215 EAST 9TH STREET - SUITE #601 CINCINNATI, OH 45202	31-1319172	501(C)(3)	200,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	95-4712641	501(C)(3)	100,000.	0.			SPECIFIC PROJECT - SUSTAINABLE ENVIRONMENT
CENTER ON JUVENILE AND CRIMINAL JUSTICE - 424 GUERRERO STREET - SUITE A - SAN FRANCISCO, CA 94110	94-3136811	501(C)(3)	50,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
IMPACT JUSTICE 2633 TELEGRAPH AVENUE - SUITE #104 OAKLAND, CA 94612	47-3363891	501(C)(3)	50,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
ADELANTE ALABAMA WORKER CENTER 2104 CHAPEL HILL ROAD HOOVER, AL 35216	46-5635459	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
GEORGIA BUDGET AND POLICY INSTITUTE - 50 HURT PLAZA SE - SUITE 720 - ATLANTA, GA 30303	55-0860376	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INLAND CONGREGATIONS UNITED FOR CHANGE SPONSORING COMMITTEE - 601 N EUCLID AVENUE - ONTARIO, CA 91762	33-0480298	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW - SUITE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INSTITUTE FOR WASHINGTON'S FUTURE 2720 VALENCIA STREET BELLINGHAM, WA 98226	91-0931421	501(C)(3)	7,200.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADIA CENTER PO BOX 583 ROCKPORT, ME 04856-0583	01-0518193	501(C)(3)	30,000.	0.			SPECIFIC PROJECT - LEADERSHIP DEVELOPMENT
NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608	94-3080408	501(C)(3)	25,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
NORTHERN ILLINOIS UNIVERSITY FOUNDATION - 105 W. MADISON - SUITE 1700 - CHICAGO, IL 60602	36-6086819	501(C)(3)	25,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
PROTEX A NETWORK FOR PROGRESSIVE TEXAS - 1714 FORT VIEW ROAD - SUITE 104 - AUSTIN, TX 78704	74-2969471	501(C)(3)	150,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
LAWYERS' COMMITTEE FOR CIVIL RIGHTS OF THE SAN FRANCISCO BAY AREA - 131 STEUART STREET # 400 - SAN FRANCISCO, CA 94105	94-2581415	501(C)(3)	33,500.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
OHIO SAFE AND HEALTHY COMMUNITIES CAMPAIGN - 545 EAST TOWN STREET - COLUMBUS, OH 43215	82-3215606	501(C)(4)	750,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 764 P STREET - SUITE 12 - FRESNO, CA 93721	46-1517800	501(C)(3)	182,989.	0.			GENERAL SUPPORT
EDUCATE MAINE 482 CONGRESS STREET PORTLAND, ME 04101	20-3559947	501(C)(3)	20,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
FUND FOR THE CITY OF NEW YORK INC. 121 6TH AVENUE- 6TH FLOOR NEW YORK, NY 10013	13-2612524	501(C)(3)	375,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - P.O. BOX 410836 - SAN FRANCISCO, CA 94141	94-3189424	501(C)(3)	295,604.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
DIGNITY AND POWER NOW 3655 SOUTH GRAND AVENUE - SUITE 240 LOS ANGELES, CA 90007	46-3064675	501(C)(3)	15,780.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
FUND FOR THE CITY OF NEW YORK INC. 121 6TH AVENUE- 6TH FLOOR NEW YORK, NY 10013	13-2612524	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
PHILADELPHIA STUDENT UNION 501 SOUTH 52ND STREET - COMMERCIAL PHILADELPHIA, PA 19143	23-2815998	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVENUE - #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	7,890.	0.			SPECIFIC PROJECT - BLACK CENSUS PROJECT
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 764 P STREET - SUITE 12 - FRESNO, CA 93721	46-1517800	501(C)(3)	196,704.	0.			GENERAL SUPPORT
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM - P.O. BOX 13255 - CHICAGO, IL 60613	36-4799986	501(C)(3)	100,000.	0.			GENERAL SUPPORT
TIDES ADVOCACY P.O. BOX 29229 SAN FRANCISCO, CA 94129	30-0714793	501(C)(4)	40,000.	0.			HEALTHY COMMUNITIES & INDIVIDUALS
OPPORTUNITY FUND COMMUNITY DEVELOPMENT - 111 WEST ST. JOHN STREET - SUITE 800, - SAN JOSE, CA 95113	31-1719434	501(C)(3)	30,000.	0.			SPECIFIC PROJECT - LEADERSHIP DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW - SUITE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)(3)	12,432.	0.			GENERAL SUPPORT
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVENUE STOCKTON, CA 95211	94-1156266	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - NEIGHBORHOOD TRUST BUILDING
COMMUNITY GROWTH EDUCATIONAL FOUNDATION - 1330 BRADDOCK PLACE - SUITE 300 - ALEXANDRIA, VA 22314	23-7204514	501(C)(3)	200,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
TIDES CENTER P.O. BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	50,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
CATHOLIC BISHOP OF CHICAGO 2651 SOUTH CENTRAL PARK AVENUE CHICAGO, IL 60623	36-2170826	501(C)(3)	47,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
ROCKEFELLER PHILANTHROPY ADVISORS 44 MONTGOMERY STREET - SUITE 1400 SAN FRANCISCO, CA 94104	13-3615533	501(C)(3)	5,891.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
VOICE OF THE EXPERIENCED 2022 ST. BERNARD AVENUE NEW ORLEANS, LA 70117	16-1695266	501(C)(3)	200,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
FOODCORPS INC 721 NW NINTH AVENUE - SUITE 200 PORTLAND, OR 97209	27-3990987	501(C)(3)	140,774.	0.			SPECIFIC PROJECT - SUSTAINABLE ENVIRONMENT
DETROIT JUSTICE CENTER 1420 WASHINGTON BOULEVARD - SUITE 3 DETROIT, MI 48226	82-2295339	501(C)(3)	100,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST LIBERTY P.O. BOX 13551 AUSTIN, TX 78711	81-3982567	501(C)(4)	100,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
PROTEX A NETWORK FOR PROGRESSIVE TEXAS - 1714 FORT VIEW ROAD - SUITE 104 - AUSTIN, TX 78704	74-2969471	501(C)(3)	100,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
TIDES ADVOCACY P.O. BOX 29229 SAN FRANCISCO, CA 94129	30-0714793	501(C)(3)	100,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
TEXAS PUBLIC POLICY FOUNDATION 901 CONGRESS AVENUE AUSTIN, TX 78701	74-2524057	501(C)(3)	85,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	75,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
SOUTHERN CENTER FOR HUMAN RIGHTS 83 POPLAR STREET NW ATLANTA, GA 30303	62-1025326	501(C)(3)	75,000.	0.			GENERAL SUPPORT
ACLU FOUNDATION OF TEXAS INC. P.O. BOX 8306 HOUSTON, TX 77288	76-0343171	501(C)(3)	50,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
COMMUNITY LEGAL SERVICES INC. 1424 CHESTNUT STREET PHILADELPHIA, PA 19102	23-1671562	501(C)(3)	40,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM
ACLU FOUNDATION OF TEXAS INC. P.O. BOX 8306 HOUSTON, TX 77288	76-0343171	501(C)(3)	27,000.	0.			SPECIFIC PROJECT - CRIMINAL JUSTICE REFORM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKERRIPLEY PO BOX 271389 HOUSTON, TX 77277	23-7062976	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
BOULDER PUBLIC LIBRARY FOUNDATION INC. - P.O DRAWER H - BOULDER, CO 80306	23-7408456	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
DENVER PUBLIC LIBRARY FRIENDS FOUNDATION - 10 W. FOURTEENTH AVENUE PARKWAY - DENVER, CO 80204	84-6036979	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
IDAHO STEM ACTION CENTER FOUNDATION - 802 W BANNOCK STREET - SUITE 900 - BOISE, ID 83702	82-2903945	501(C)(3)	10,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278-0867	35-6001673	STATE OF IN	10,000.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
BETTY BRINN CHILDREN'S MUSEUM 929 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-5406	39-1681155	501(C)(3)	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
FORT WORTH MUSEUM OF SCIENCE AND HISTORY - 1600 GENDY STREET - FORT WORTH, TX 76107	75-0755335	501(C)(3)	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
SCIENCE MUSEUM OF MINNESOTA 120 W. KELLOGG BOULEVARD ST. PAUL, MN 55102	41-0706172	501(C)(3)	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION
SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BOULEVARD SANTA ROSA, CA 95403-8246	94-6002635	STATE OF CA	7,500.	0.			SPECIFIC PROJECT - QUALITY EDUCATION

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPEND/SUPPORT/SCHOLARSHIP	10	319,602.	0.		

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

PART I, LINE 2:

THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE THE ORGANIZATION'S TAX-EXEMPT STATUS AND WHETHER THE ORGANIZATION IS APPROPRIATE FROM A MISSION PERSPECTIVE. ALL GRANTEES RECEIVE A WRITTEN GRANT AGREEMENT WHICH INDICATES WHETHER LOBBYING IS PERMISSIBLE AND BY ACCEPTING PAYMENT, THE GRANTEE AGREES TO THE CONDITIONS OF THE AWARD, WHICH PROVIDE ASSURANCE THAT FUNDS WILL NOT BE USED FOR ANY PROHIBITED PURPOSE.

IF A GRANT IS RESTRICTED TO A PARTICULAR NON-LOBBYING PURPOSE,

Part IV Supplemental Information

ORGANIZATIONS FURTHER AGREE THAT (I) ANY PORTION OF THE GRANT NOT USED FOR THE STATED PURPOSE MUST BE REPAYED, (II) ANY CHANGE OF PURPOSE MUST BE REQUESTED AND APPROVED IN ADVANCE, IN WRITING, AND (III) NOT TO USE ANY PORTION OF THE GRANT TO CARRY ON PROPAGANDA OR TO ATTEMPT TO INFLUENCE SPECIFIC LEGISLATION EITHER BY DIRECT OR GRASSROOTS LOBBYING.

BASED ON A RISK ASSESSMENT, A PROGRESS REPORT MAY BE REQUIRED FOR CERTAIN GRANTS NINE MONTHS AFTER THE GRANT AWARD. THE GRANTEE IS ASKED TO SUBMIT A TWO PAGE NARRATIVE DESCRIBING THE USE OF THE FUNDS AND ACTIVITIES UNDERTAKEN AS A RESULT OF THE GRANT (INCLUDING LOBBYING ACTIVITY, IF PERMITTED), ALONG A FINANCIAL REPORT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KRISS DEIGLMEIER CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	423,724.	35,000.	1,344.	19,768.	46,699.	526,535.	0.
(2) JUDITH HILL CFO/TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	337,890.	51,342.	1,971.	17,087.	18,766.	427,056.	0.
(3) AMANDA KETON SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	254,143.	48,444.	253.	9,385.	41,051.	353,276.	0.
(4) LENORE ANDERSON DIR. - ALLIANCE FOR SAFETY & JUSTICE	(i)	270,373.	0.	389.	11,720.	24,513.	306,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLES EDWARD CARTER SENIOR EVIDENCE DIRECTOR	(i)	257,604.	0.	613.	9,781.	56,938.	324,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRITISH ROBINSON CEO - WOMEN'S HEART ALLIANCE	(i)	122,262.	0.	168,630.	5,745.	5,719.	302,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK SMOLINSKI DIRECTOR - ENDING PANDEMICS	(i)	302,839.	0.	1,333.	12,500.	12,167.	328,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KELLY FITZSIMMONS DIRECTOR - PROJECT EVIDENT	(i)	323,572.	55,000.	690.	13,200.	40,202.	432,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION'S CEO IS COMPENSATED BY TIDES NETWORK, A RELATED ORGANIZATION AND THE CEO'S LEGAL EMPLOYER. THROUGH A COST SHARING ARRANGEMENT, THE TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION OF SUCH PERSONS' 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.

PART I, LINE 4A:

BRITISH ROBINSON RECEIVED SEVERANCE OF \$147,500 DURING THE 2018 TAX YEAR, WHICH HAS BEEN REPORTED WITHIN "OTHER REPORTABLE COMPENSATION" ON SCHEDULE J, PART II, COLUMN (B)(III). ADDITIONAL INFORMATION IS AVAILABLE TO THE IRS UPON REQUEST.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29	2,222,543.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	23	15,344.	FMV
20 Drugs and medical supplies	X	3	4,285,946.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CT SCANNERS)	X	2	180,000.	FMV
26 Other ▶ (MISC. IN-KIND)	X	15	86,720.	FMV
27 Other ▶ (ULTRA SOUND M)	X	1	16,000.	FMV
28 Other ▶ (OFFICE FURNIT)	X	1	15,152.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

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

TIDES CENTER ACCELERATES THE PACE OF SOCIAL CHANGE, WORKING WITH
INNOVATIVE PARTNERS TO SOLVE SOCIETY'S TOUGHEST PROBLEMS.

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

TIDES CENTER 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 TIDES CENTER SHALL BE APPOINTED BY THE
ORGANIZATION'S SOLE MEMBER, TIDES NETWORK.

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

ACTION BY THE BOARD OF DIRECTORS OF THE TIDES CENTER ON THE FOLLOWING
MATTERS SHALL BE EFFECTIVE ONLY WITH THE CONSENT OF THE BOARD OF DIRECTORS
OR EXECUTIVE COMMITTEE OF TIDES NETWORK, THE ORGANIZATION'S SOLE MEMBER:

(I) ANY CHANGE IN THE FUNDAMENTAL NATURE OR STATED PURPOSES FOR WHICH TIDES
CENTER IS ORGANIZED, (II) THE ADOPTION OF THE STRATEGIC PLANS FOR TIDES
CENTER, (III) THE ADOPTION OF THE ANNUAL CAPITAL AND OPERATING BUDGETS FOR
TIDES CENTER, (IV) BORROWING MONEY FOR CAPITAL OR OPERATING NEEDS OF TIDES
CENTER OR CUMULATIVE BORROWING IN EXCESS OF \$100,000 FOR ANY PURPOSE, (V)
ENTERING INTO ANY TRANSACTION IN ANY TRANSACTION INVOLVING AGGREGATE
CONSIDERATION OF \$1,000,000 OR MORE, (VI) PURCHASE, SALE, LEASE, MORTGAGE,
DISPOSITION, OR HYPOTHECATION OF REAL PROPERTY OF TIDES CENTER IN ANY
TRANSACTION INVOLVING AGGREGATE CONSIDERATION OF \$1,000,000 OR MORE, (VII)
MERGER, CONSOLIDATION, OR SIMILAR REORGANIZATION OF THE CORPORATE

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization TIDES CENTER	Employer identification number 94-3213100
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STRUCTURE, OR DISSOLUTION, OF TIDES CENTER, (VIII) SELECTION OF THE CHIEF EXECUTIVE OFFICER AND THE AUDITORS OF THE TIDES CENTER, AND (IX) AMENDMENT, REPEAL, OR ADOPTION OF THE ARTICLES OF INCORPORATION OR BYLAWS.

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 DISCLOSURE SHALL BE PROVIDED TO ALL OF THE DISINTERESTED MEMBERS OF THE

Name of the organization TIDES CENTER	Employer identification number 94-3213100
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BOARD OF DIRECTORS. PRIOR TO ACTING ON ANY BUSINESS TRANSACTION WHERE A CONFLICT OF INTEREST EXISTS, THE BOARD OF DIRECTORS MUST AUTHORIZE OR APPROVE THE TRANSACTION IN GOOD FAITH BY A VOTE OF A MAJORITY 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, THE TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION OF SUCH PERSONS' TOTAL COMPENSATION. AS SUCH, FORM 990, PART VI, SECTION B, LINES 15A AND 15B HAVE BEEN MARKED "NO", AS PROVIDED BY THE FORM 990 INSTRUCTIONS. PLEASE REFERENCE THE DISCLOSURE IN SCHEDULE O OF THE TIDES NETWORK FORM 990 FOR A DISCUSSION REGARDING HOW COMPENSATION IS DETERMINED FOR THESE INDIVIDUALS.

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

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

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBIC UPON REQUEST.

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

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES 1,230,918.

MANAGEMENT AND GENERAL EXPENSES 0.

Name of the organization TIDES CENTER	Employer identification number 94-3213100
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,230,918.

PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES 2,699,569.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,699,569.

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 7,636,593.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,636,593.

OTHER FEES FOR SERVICES FOR PROJECTS:

PROGRAM SERVICE EXPENSES 15,977,283.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 15,977,283.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 27,544,363.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REVERSAL OF PRIOR YEAR CONTRIBUTIONS -230,087.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TIDES CENTER

Employer identification number

94-3213100

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TIDES, INC. - 57-1138099 P.O. BOX 29198 SAN FRANCISCO, CA 94129	DEVELOP/OPERATE FACILITIES MGMT AND MULTI-TENANT NON PROFIT CENTERS	CALIFORNIA	501(C)(3)	LINE 10	TIDES NETWORK		X
TIDES TWO RIVERS FUND - 20-1588459 P.O. BOX 29198 SAN FRANCISCO, CA 94129	DEVELOP/OPERATE FACILITIES MGMT AND MULTI-TENANT NON PROFIT CENTERS	CALIFORNIA	501(C)(3)	LINE 12A, I	TIDES FOUNDATION; TIDES CENTER	X	
TIDES FOUNDATION - 51-0198509 P.O. BOX 29903 SAN FRANCISCO, CA 94129	GRANTMAKING	CALIFORNIA	501(C)(3)	LINE 7	TIDES NETWORK		X
TIDES NETWORK - 20-3395198 P.O. BOX 29198 SAN FRANCISCO, CA 94129	CHARITABLE GOVERNANCE AND OPERATIONS	CALIFORNIA	501(C)(3)	LINE 12B, II	N/A		X

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TIDES TWO RIVERS FUND	K	168,356.	BOOK VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TIDES CENTER</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 29907</p> <p>City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129-0907</p>	<p>D Employer identification number (Employees' trust, see instructions.) 94-3213100</p> <p>E Unrelated business activity code (See instructions.) 541800</p>
--	------------------------------	--	---

<p>C Book value of all assets at end of year 122,229,712.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JUDITH HILL** Telephone number ▶ **(415) 561-6300**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11 1,503.		11 1,503.
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 1,503.		13 1,503.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18		
19 Taxes and licenses	19		19 132.
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 1	28		28 1,500.
29 Total deductions. Add lines 14 through 28	29		29 1,632.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		30 -129.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32 Unrelated business taxable income. Subtract line 31 from line 30	32		32 -129.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-129.
34	Amounts paid for disallowed fringes	34	158,807.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	158,678.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	157,678.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	33,112.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	33,112.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	33,112.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	33,112.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	1,776.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	50,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	51,776.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	18,664.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 18,664. Refunded	55	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here
 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ CFO/TREASURER _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	11/13/19		P00366884
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318			
	Firm's address 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no. 415-956-1500	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2			7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
3	Cost of labor	3			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ADVERTISING	1,503.		1,503.			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	1,503.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2018)

TIDES CENTER

94-3213100

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

1,500.

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

1,500.