

PUBLIC DISCLOSURE COPY

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)

2020

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 2020 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 ADVOCACY | | D Employer identification number 94-3153687 |
| | Doing business as | | E Telephone number (415) 561-6328 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | P.O. BOX 29229 | | G Gross receipts \$ 156,417,407. |
| | City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129 | | |
| F Name and address of principal officer: ROMILDA AVILA SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ | |

I Tax-exempt status: 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.TIDESADVOCACY.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1992** **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 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 419 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 325 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 52,191,324. | Current Year 149,144,109. |
| | 9 Program service revenue (Part VIII, line 2g) | 671,673. | 3,398,105. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 54,725. | 56,776. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 41,983. | 1,232,809. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 52,959,705. | 153,831,799. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 9,953,652. |
| 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) | | 16,806,475. | 27,296,085. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 52,981. | 215,286. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 247,468. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 14,234,884. | 36,033,313. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 41,047,992. | 132,401,504. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 11,911,713. | 21,430,295. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 29,734,681. | End of Year 54,251,682. |
| | 21 Total liabilities (Part X, line 26) | 3,726,258. | 6,827,804. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 26,008,423. | 47,423,878. |

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 | | |
| | ROMILDA AVILA, CHIEF EXECUTIVE OFFICER Type or print name and title | | | | |
| 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 | 11/15/21 | | 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: THE MISSION OF TIDES ADVOCACY IS TO ADVOCATE FOR AND MAKE GRANTS IN SUPPORT OF SOCIAL JUSTICE, THE ENVIRONMENT, AND THE HEALTH OF OUR DEMOCRACY.

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 \$ 128,363,142. including grants of \$ 68,856,820.) (Revenue \$ 3,398,105.) TIDES ADVOCACY SUPPORTS, THROUGH ADVOCACY AND GRANTMAKING, INNOVATIVE INITIATIVES TO BRIDGE BOUNDARIES AND SUSTAIN INVESTMENT IN SOCIAL CHANGE. OUR PRIMARY AREAS OF FOCUS INCLUDE: PROMOTING EQUALITY, HUMAN RIGHTS AND SHARED PROSPERITY; IMPROVING AND PROTECTING HEALTH AND THE ENVIRONMENT; AND ADVANCING DEMOCRACY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 128,363,142.

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> | | |
| 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 donor-restricted endowments or in 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a | | 10 |
| b | Enter the number of voting members included on line 1a, above, who are independent | | 10 |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD**
- 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 Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 **▶**
SIHLE-TINA DINANI - (415) 561-6328
1014 TORNEY AVENUE, THE PRESIDIO, 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. See instructions for the order in which to list the persons above.

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

| (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) CHRISTIE GEORGE SENIOR ADVISOR, NEW MEDIA VENTURES | 40.00 | | | | X | | 270,160. | 0. | 27,100. | |
| (2) ROBERT SMITH EXECUTIVE DIRECTOR, THE APPEAL | 40.00 | | | | X | | 224,426. | 0. | 27,445. | |
| (3) DESMOND MEADE ED, FL RIGHTS RESTORATION COALITION | 40.00 | | | X | | | 170,553. | 0. | 38,992. | |
| (4) JACOB SUSSMAN MANAGING DIRECTOR, THE APPEAL | 40.00 | | | | X | | 171,846. | 0. | 32,638. | |
| (5) SHANNON BAKER MANAGING DIRECTOR, NEW MEDIA VENTURE | 40.00 | | | | X | | 183,532. | 0. | 20,462. | |
| (6) ROMILDA AVILA PRESIDENT/CEO | 40.00 | X | | X | | | 189,172. | 0. | 14,703. | |
| (7) TAREN STINEBRICKNER-KAUFFMAN PRESIDENT, NEW MEDIA VENTURES | 40.00 | | | | X | | 178,335. | 0. | 15,011. | |
| (8) ANDREA GRANDA ASSISTANT SECRETARY/DEPUTY DIRECTOR | 40.00 | | | X | | | 143,684. | 0. | 23,162. | |
| (9) JINGXIAN LI ASSISTANT TREAS/ACCT MGR THRU 8/2020 | 40.00 | | | X | | | 112,287. | 0. | 23,218. | |
| (10) JACQUELINE VALLE SECRETARY/CHIEF OF STAFF | 40.00 | | | X | | | 88,721. | 0. | 13,088. | |
| (11) SIHLETINA DINANI ASST. TREAS/FINANCE DIR START 8/2020 | 40.00 | | | X | | | 80,329. | 0. | 11,396. | |
| (12) SHAREEN PUNIAN CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (13) JOSEPH MOUZON TREASUER THROUGH 12/2020 | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (14) RAJASVINI BHANSALI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) NICOLE BOUCHER DIRECTOR START 12/2020 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) WILL CORDERY DIRECTOR START 12/2020 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) VINCENT JONES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

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 | | | |
| (18) ALICE KESSLER DIRECTOR THROUGH 12/2020 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) DEB KINNEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) KACI PATTERSON DIRECTOR START 12/2020 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) TUTI B. SCOTT DIRECTOR THROUGH 12/2020 | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,813,045. | 0. | 247,215. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,813,045. | 0. | 247,215. |

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 **53**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, 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 |
|--|---|---------------------|
| BASE BUILDER LLC 81 PROSPECT ST, BROOKLYN, NY 11201 | STATE CANVASSING AND VOTER ENGAGEMENT | 5,303,871. |
| HARD KNOCKS STRATEGIES LLC, 3521 W BROWARD BLVD SUITE 302, FORT LAUDERDALE, FL 33312 | STATE CANVASSING AND VOTER ENGAGEMENT | 4,087,143. |
| THREE POINT STRATEGIES 830 MOUNTAIN STREET, PHILADELPHIA, PA 19148 | PROGRAM CONSULTING AND TECHNICAL ASSIST | 796,946. |
| HIP ROCK STAR, 18001 OLD CUTLER ROAD, SUITE 490, PALMETTO BAY, FL 33157 | VOTER ENGAGEMENT CONSULTING | 500,000. |
| BERLIN ROSEN, 15 MAIDEN LANE, SUITE 1600, NEW YORK, NY 10038 | COMMUNICATIONS AND MEDIA RELATIONS | 406,910. |

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 **19**

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 | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 149,144,109. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 2,586,205. | | | | |
| | h Total. Add lines 1a-1f | | | 149,144,109. | | | |
| Program Service Revenue | 2 a PROGRAM FEES | Business Code | | | | | |
| | | 900099 | 3,398,105. | 3,398,105. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 3,398,105. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 18,091. | | | 18,091. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 62,445. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 62,445. | | | | |
| | d Net rental income or (loss) | | | 62,445. | | 62,445. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 2,624,293. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 2,585,608. | | | | |
| | c Gain or (loss) | 7c | 38,685. | | | | |
| | d Net gain or (loss) | | | 38,685. | | 38,685. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS INCOME | Business Code | | | | | |
| | | 900099 | 1,170,364. | | | 1,170,364. | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 1,170,364. | | | | |
| 12 Total revenue. See instructions | | | 153,831,799. | 3,398,105. | 0. | 1,289,585. | |

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

| 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 | 40,132,968. | 40,132,968. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 28,713,852. | 28,713,852. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 10,000. | 10,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 900,461. | 209,545. | 690,916. | |
| 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 | 21,717,878. | 19,941,266. | 1,747,025. | 29,587. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 479,055. | 458,061. | 20,859. | 135. |
| 9 Other employee benefits | 2,622,558. | 2,432,013. | 189,831. | 714. |
| 10 Payroll taxes | 1,576,133. | 1,434,917. | 140,800. | 416. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 414,773. | 347,328. | 67,445. | |
| c Accounting | 30,626. | 5,609. | 25,017. | |
| d Lobbying | 556,098. | 556,098. | | |
| e Professional fundraising services. See Part IV, line 17 | 215,286. | | | 215,286. |
| 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.) | 23,537,541. | 23,122,467. | 414,979. | 95. |
| 12 Advertising and promotion | 1,225,144. | 1,225,144. | | |
| 13 Office expenses | 2,631,656. | 2,573,678. | 57,745. | 233. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 715,900. | 530,336. | 185,564. | |
| 17 Travel | 669,480. | 656,079. | 13,017. | 384. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,395,259. | 1,390,930. | 4,329. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 298. | 298. | | |
| 23 Insurance | 224,194. | 174,991. | 49,203. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a COMMUNICATIONS / OUTREACH | 3,451,561. | 3,414,598. | 36,963. | |
| b OTHER TAXES | 555,113. | 551,081. | 4,032. | |
| c LICENSES & SERVICE FEES | 532,212. | 396,498. | 135,119. | 595. |
| d PROF. DEVELOPMENT | 51,015. | 46,445. | 4,557. | 13. |
| e All other expenses | 42,443. | 38,940. | 3,493. | 10. |
| 25 Total functional expenses. Add lines 1 through 24e | 132,401,504. | 128,363,142. | 3,790,894. | 247,468. |
| 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 | 19,565,963. | 1 | 46,850,277. |
| | 2 Savings and temporary cash investments | 6,149,473. | 2 | 2,565,359. |
| | 3 Pledges and grants receivable, net | 3,341,221. | 3 | 3,037,404. |
| | 4 Accounts receivable, net | 296,285. | 4 | 1,300,355. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 193,392. | 9 | 154,179. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,302. | | |
| | b Less: accumulated depreciation | 10b 7,302. | 10c 0. | 0. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 125,000. | 13 | 275,000. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 63,347. | 15 | 69,108. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 29,734,681. | 16 | 54,251,682. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,726,258. | 17 | 6,521,090. |
| | 18 Grants payable | 0. | 18 | 306,714. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 3,726,258. | 26 | 6,827,804. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 2,818,788. | 27 | -430,816. |
| | 28 Net assets with donor restrictions | 23,189,635. | 28 | 47,854,694. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 26,008,423. | 32 | 47,423,878. |
| 33 Total liabilities and net assets/fund balances | 29,734,681. | 33 | 54,251,682. | |

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 | 153,831,799. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 132,401,504. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 21,430,295. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 26,008,423. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -14,840. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 47,423,878. |

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? _____ 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 | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2020)

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

2020

Name of the organization

TIDES ADVOCACY

Employer identification number

94-3153687

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(4) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions 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 ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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>64,978,982.</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>10,675,000.</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>8,723,000.</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>5,990,316.</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>4,625,000.</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>3,195,108.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>2,650,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>2,248,815.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ <u>2,150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ <u>1,892,200.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ <u>1,126,250.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ <u>1,078,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ <u>1,078,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | <hr/> <hr/> <hr/> | \$ <u>899,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | <hr/> <hr/> <hr/> | \$ <u>800,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | <hr/> <hr/> <hr/> | \$ <u>725,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | <hr/> <hr/> <hr/> | \$ <u>687,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 19 | <hr/> <hr/> <hr/> | \$ <u>626,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | <hr/> <hr/> <hr/> | \$ <u>611,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | <hr/> <hr/> <hr/> | \$ <u>501,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | <hr/> <hr/> <hr/> | \$ <u>475,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | <hr/> <hr/> <hr/> | \$ <u>450,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | <hr/> <hr/> <hr/> | \$ <u>397,855.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 25 | <hr/> <hr/> <hr/> | \$ 365,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | <hr/> <hr/> <hr/> | \$ 325,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | <hr/> <hr/> <hr/> | \$ 305,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | <hr/> <hr/> <hr/> | \$ 305,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | <hr/> <hr/> <hr/> | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | <hr/> <hr/> <hr/> | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 31 | <hr/> <hr/> <hr/> | \$ 245,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | <hr/> <hr/> <hr/> | \$ 242,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | <hr/> <hr/> <hr/> | \$ 240,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | <hr/> <hr/> <hr/> | \$ 230,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | <hr/> <hr/> <hr/> | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | <hr/> <hr/> <hr/> | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 37 | <hr/> <hr/> <hr/> | \$ <u>200,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | <hr/> <hr/> <hr/> | \$ <u>185,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | <hr/> <hr/> <hr/> | \$ <u>183,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | <hr/> <hr/> <hr/> | \$ <u>150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | <hr/> <hr/> <hr/> | \$ <u>150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | <hr/> <hr/> <hr/> | \$ <u>150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 43 | <hr/> <hr/> <hr/> | \$ 142,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | <hr/> <hr/> <hr/> | \$ 128,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | <hr/> <hr/> <hr/> | \$ 110,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | <hr/> <hr/> <hr/> | \$ 104,167. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 49 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 55 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | <hr/> <hr/> <hr/> | \$ 95,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | <hr/> <hr/> <hr/> | \$ 94,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | <hr/> <hr/> <hr/> | \$ 92,084. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | <hr/> <hr/> <hr/> | \$ 81,906. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | <hr/> <hr/> <hr/> | \$ 76,150. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 61 | <hr/> <hr/> <hr/> | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | <hr/> <hr/> <hr/> | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | <hr/> <hr/> <hr/> | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | <hr/> <hr/> <hr/> | \$ 70,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | <hr/> <hr/> <hr/> | \$ 62,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 67 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | <hr/> <hr/> <hr/> | \$ 56,254. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | <hr/> <hr/> <hr/> | \$ 56,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 73 | <hr/> <hr/> <hr/> | \$ 55,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | <hr/> <hr/> <hr/> | \$ 55,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | <hr/> <hr/> <hr/> | \$ 53,769. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | <hr/> <hr/> <hr/> | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | <hr/> <hr/> <hr/> | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | <hr/> <hr/> <hr/> | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 79 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 85 | <hr/> <hr/> <hr/> | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | <hr/> <hr/> <hr/> | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | <hr/> <hr/> <hr/> | \$ 48,760. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | <hr/> <hr/> <hr/> | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | <hr/> <hr/> <hr/> | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | <hr/> <hr/> <hr/> | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 91 | <hr/> <hr/> <hr/> | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 92 | <hr/> <hr/> <hr/> | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | <hr/> <hr/> <hr/> | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | <hr/> <hr/> <hr/> | \$ 34,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | <hr/> <hr/> <hr/> | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | <hr/> <hr/> <hr/> | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 97 | <hr/> <hr/> <hr/> | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | <hr/> <hr/> <hr/> | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | <hr/> <hr/> <hr/> | \$ 27,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 103 | <hr/> <hr/> <hr/> | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | <hr/> <hr/> <hr/> | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | <hr/> <hr/> <hr/> | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | <hr/> <hr/> <hr/> | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 107 | <hr/> <hr/> <hr/> | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 108 | <hr/> <hr/> <hr/> | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 109 | <hr/> <hr/> <hr/> | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 110 | <hr/> <hr/> <hr/> | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 111 | <hr/> <hr/> <hr/> | \$ <u>15,750.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 112 | <hr/> <hr/> <hr/> | \$ <u>15,240.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 113 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 114 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 115 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 116 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 117 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 118 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 119 | <hr/> <hr/> <hr/> | \$ <u>12,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 120 | <hr/> <hr/> <hr/> | \$ <u>11,205.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 121 | _____ _____ _____ | \$ <u>10,100.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 122 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 123 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 124 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 125 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 126 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 127 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 128 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 129 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 130 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 131 | <hr/> <hr/> <hr/> | \$ <u>9,384.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 132 | <hr/> <hr/> <hr/> | \$ <u>8,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 133 | <hr/> <hr/> <hr/> | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 134 | <hr/> <hr/> <hr/> | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 135 | <hr/> <hr/> <hr/> | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 136 | <hr/> <hr/> <hr/> | \$ <u>5,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 137 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 138 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 139 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 140 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 141 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 142 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 143 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 144 | _____ _____ _____ | \$ <u>2,013,289.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 145 | <hr/> <hr/> <hr/> | \$ <u>5,537.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 146 | <hr/> <hr/> <hr/> | \$ <u>8,341.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 147 | <hr/> <hr/> <hr/> | \$ <u>7,062.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 148 | <hr/> <hr/> <hr/> | \$ <u>9,886.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 149 | <hr/> <hr/> <hr/> | \$ <u>9,740.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 150 | <hr/> <hr/> <hr/> | \$ <u>35,399.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------|-----------------------------------|------------------------------|---|
| 151 | <hr/> <hr/> <hr/> | \$ <u>152,569.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 152 | <hr/> <hr/> <hr/> | \$ <u>189,889.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 153 | <hr/> <hr/> <hr/> | \$ <u>140,568.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 154 | <hr/> <hr/> <hr/> | \$ <u>10,134.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> | <hr/> <hr/> <hr/> | \$ <u> </u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> | <hr/> <hr/> <hr/> | \$ <u> </u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------------------------|---|---|----------------------|
| 144 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>2,013,289.</u> | <u>12/31/20</u> |
| 145 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>5,537.</u> | <u>12/31/20</u> |
| 146 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>8,341.</u> | <u>12/31/20</u> |
| 147 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>7,062.</u> | <u>12/31/20</u> |
| 148 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>9,886.</u> | <u>12/31/20</u> |
| 149 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>9,740.</u> | <u>12/31/20</u> |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 |
|------------------------------|---|---|----------------------|
| 150 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>35,399.</u> | <u>12/31/20</u> |
| 151 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>152,569.</u> | <u>12/31/20</u> |
| 152 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>189,889.</u> | <u>12/31/20</u> |
| 153 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>140,568.</u> | <u>12/31/20</u> |
| 154 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>10,134.</u> | <u>12/31/20</u> |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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 ADVOCACY | Employer identification number 94-3153687 |
|---|---|

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 ▶ \$ 6,905,047.
- 3 Volunteer hours for political campaign activities 500.

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 ▶ \$ 3,433,722.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 3,471,325.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 6,905,047.
- 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-. |
|------------------------------------|------------------------------------|------------|---|--|
| RUN FOR SOMETHING PAC | PO BOX 697 NEW YORK, NY 10013 | 81-5222116 | 25,000. | 0. |
| OUR VOTE OUR VOICE PAC | ORLANDO, FL 32811 | 85-2276762 | 1,000,000. | 0. |
| NATIVE POWER PAC | OAKLAND, CA 94607 | 94-3153687 | 25,000. | 0. |
| TEXAS ORGANIZING PROJECT POLITICAL | PO BOX 120296 SAN ANTONIO, TX 7821 | 85-2788868 | 109,000. | 0. |
| ASIAN AMERICAN ADVOCACY FUND PAC | NORCROSS, GA 30093 | 84-3953361 | 84,000. | 0. |
| MIJENTE PAC | 732 W POLK ST PHOENIX, AZ 85007 | 84-4616573 | 34,000. | 0. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

LHA SEE PART IV FOR CONTINUATION

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 (grassroots 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? | | | | | | | | | | | | | | |

Yes 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (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? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| 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 I-A, LINE 1:

TIDES ADVOCACY MAKES CONTRIBUTIONS TO ORGANIZATIONS THAT SUPPORT
 ELECTORAL ACTIVITY, CONDUCTS INDEPENDENT EXPENDITURES AND MAKES OTHER
 PARTISAN COMMUNICATIONS TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

Part IV Supplemental Information (continued)

OUR VOTE OUR VOICE PAC

4081 L B MCLEOD ROAD SUITE C ORLANDO, FL 32811

NATIVE POWER PAC

312 CLAY STREET, SUITE 300 OAKLAND, CA 94607

TEXAS ORGANIZING PROJECT POLITICAL ACTION COMMITTEE

PO BOX 120296 SAN ANTONIO, TX 78212

ASIAN AMERICAN ADVOCACY FUND PAC

5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093

PART I-C CONTINUATION:

INLAND COMMUNITIES IN SUPPORT OF EDDIE TEJEDA FOR DISTRICT 3 SUPERVISOR 20

312 CLAY STREET OAKLAND, CA 94607

EIN: 84-4610913 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

WFP NATIONAL PAC

81 PROSPECT ST BROOKLYN, NY 11201

EIN: 81-2160494 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

PEOPLE'S ACTION POWER

1285 STRATFORD AVENUE SUITE G #239 DIXON, CA 95620

EIN: 84-4643312 COL (D) AMOUNT: 270000. COL (E) AMOUNT: 0.

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020

515 S. FIGUEROA STREET, SUITE 1110 LOS ANGELES, CA 90017

EIN: 84-3108002 COL (D) AMOUNT: 35000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

MICHIGAN ACTION FEDERAL ACCOUNT

10210 BYRON ST APT. 6 DETROIT, MI 48202

EIN: 85-2348876 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

MICHIGAN ACTION

10210 BYRON ST APT. 6 DETROIT, MI 48202

EIN: 85-2322792 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

ORANGE COUNTY PAC

777 S. FIGUEROA ST SUITE 4050 LOS ANGELES, CA 90017

EIN: 85-2437551 COL (D) AMOUNT: 86325. COL (E) AMOUNT: 0.

MOVEON POLITICAL ACTION

1442 WALNUT STREET #358 BERKELEY, CA 94709

EIN: 94-3324022 COL (D) AMOUNT: 400000. COL (E) AMOUNT: 0.

BLOC PAC

3500 N 26TH ST MILWAUKEE, WI 53206

EIN: 85-1375107 COL (D) AMOUNT: 329000. COL (E) AMOUNT: 0.

GREEN JOBS NC

10633 SUMMERTON DR RALEIGH, NC 27614

EIN: 85-3190899 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

SAVE CORPUS CHRISTI BAY FOR THE GREATER GOOD

7021 BEVINGTON DRIVE CORPUS CHRISTI, TX 78413

EIN: 85-3276640 COL (D) AMOUNT: 30000. COL (E) AMOUNT: 0.

Schedule C (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

WIN JUSTICE

1536 U ST NW WASHINGTON, DC 20009

EIN: 82-4655706 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

ASIANS FOR OSSOFF WARNOCK

5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093

EIN: 84-3953361 COL (D) AMOUNT: 84000. COL (E) AMOUNT: 0.

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

2020

Open to Public Inspection

Name of the organization: TIDES ADVOCACY; Employer identification number: 94-3153687

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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 make 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 program
 - 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 Term 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? <input type="checkbox"/> | 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 | | | | |
| d Equipment | | 7,302. | 7,302. | 0. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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 FASB 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 | 153,716,959. |
| 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 | -114,840. |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | -114,840. |
| 3 | Subtract line 2e from line 1 | 3 | 153,831,799. |
| 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 | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 153,831,799. |

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 | 132,301,504. |
| 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 | -100,000. |
| e | Add lines 2a through 2d | 2e | -100,000. |
| 3 | Subtract line 2e from line 1 | 3 | 132,401,504. |
| 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 | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 132,401,504. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD HAVE DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(4) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701F. THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AS OF DECEMBER 31, 2020 AND 2019, AND IS NOT AWARE OF ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY. THE ORGANIZATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

REVERSAL OF PRIOR YEAR GRANT EXPENSE -100,000.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2020

▶ Attach to Form 990.

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

TIDES ADVOCACY

94-3153687

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 |
|---|-------------------------------------|--|--|--|--|
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| 3 a Subtotal | 0 | 0 | | | 0. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 0. |

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) |
|-------------------------------|--|---------------|--------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SOUTH AMERICA | SUPPORT EQUALITY FOR LGTBIQ+ PERSONS | 10,000. | WIRE | 0. | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
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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.

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.

2020

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 ADVOCACY** Employer identification number: **94-3153687**

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 | | | |
| KICK RESEARCH LLC - 1524 S KICKAPOO AVE, SPRINGFIELD, MO | PROFESSIONAL FUNDRAISING | | X | 11,374,244. | 10,000. | 11,364,244. |
| SIBRI STRATEGIES GROUP LLC - 316 56TH ST APT 2R, BROOKLYN, ELEVATE - 2424 18TH STREET NW, UNIT C2, WASHINGTON, DC | PROFESSIONAL FUNDRAISING | | X | 3,302,176. | 11,000. | 3,291,176. |
| KYLE GRACEY - 424 SAPPHIRE WAY, PITTSBURGH, PA 15224 | PROFESSIONAL FUNDRAISING | | X | 2,215,270. | 41,000. | 2,174,270. |
| RIPPLE POINT CONSULTING LLC / DANIEL GELDON - 5709 KIRKWOOD | PROFESSIONAL FUNDRAISING | | X | 1,679,084. | 24,000. | 1,655,084. |
| PAMELA BRADSHAW FUJII - 2313 MERCER STREET, PHILADELPHIA, VEACH GROUP, LLC - 1430 W STREET NORTHWEST, PH5, | PROFESSIONAL FUNDRAISING | | X | 1,411,018. | 18,600. | 1,392,418. |
| MEGAN REED - 1201 MLK SUITE 200, OAKLAND, CA 94612 | PROFESSIONAL FUNDRAISING | | X | 1,206,223. | 9,100. | 1,197,123. |
| CHEYENNA WEBER - 1035 WASHINGTON AVE APT 3C, | PROFESSIONAL FUNDRAISING | | X | 872,922. | 34,500. | 838,422. |
| WENDY FLEISCHER - 674 CARRIKK STREET #4, BROOKLYN, NY | PROFESSIONAL FUNDRAISING | | X | 341,472. | 12,171. | 329,301. |
| | | | X | 30,791. | 12,900. | 17,891. |
| | | | X | 20,528. | 16,150. | 4,378. |
| Total | | | | 22,453,728. | 189,421. | 22,264,307. |

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, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MN, MS, NC, NH, NJ, NY, OR, PA, RI, SC, TN, UT, VA, 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 |
|--|---|--------------|--------------|------------------|---------------------------------|
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | |

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

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

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

b If "No," explain: _____

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

Name ▶ _____

Address ▶ _____

- 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: KICK RESEARCH LLC

(I) ADDRESS OF FUNDRAISER: 1524 S KICKAPOO AVE, SPRINGFIELD, MO 65804

(I) NAME OF FUNDRAISER: SIBRI STRATEGIES GROUP LLC

(I) ADDRESS OF FUNDRAISER: 316 56TH ST APT 2R, BROOKLYN, NY 11220

(I) NAME OF FUNDRAISER: ELEVATE

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

2424 18TH STREET NW, UNIT C2, WASHINGTON, DC 20009

(I) NAME OF FUNDRAISER: RIPPLE POINT CONSULTING LLC / DANIEL GELDON

(I) ADDRESS OF FUNDRAISER: 5709 KIRKWOOD DR, BETHESDA, MD 20816

(I) NAME OF FUNDRAISER: PAMELA BRADSHAW FUJII

(I) ADDRESS OF FUNDRAISER: 2313 MERCER STREET, PHILADELPHIA, PA 19125

(I) NAME OF FUNDRAISER: VEACH GROUP, LLC

(I) ADDRESS OF FUNDRAISER:

1430 W STREET NORTHWEST, PH5, WASHINGTON, DC 20009

(I) NAME OF FUNDRAISER: CHEYENNA WEBER

(I) ADDRESS OF FUNDRAISER: 1035 WASHINGTON AVE APT 3C, BROOKLYN, NY 11225

(I) NAME OF FUNDRAISER: WENDY FLEISCHER

(I) ADDRESS OF FUNDRAISER: 674 CARRIKK STREET #4, BROOKLYN, NY 11215

**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

2020

**Open to Public
Inspection**

Name of the organization **TIDES ADVOCACY** Employer identification number **94-3153687**

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 |
|---|----------------|--|---------------------------------|--|--|--|---|
| 314 ACTION PO BOX 14560 WASHINGTON , DC 20044 | 81-3165165 | 501(C)(4) | 100,000. | 0. | | | GENERAL SUPPORT |
| 350 SEATTLE ACTION 5031 UNIVERSITY AVE NE SEATTLE , WA 98105 | 82-5372240 | 501(C)(4) | 10,000. | 0. | | | GENERAL SUPPORT |
| A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288 LOS ANGELES, CA 90087 | 95-4782503 | 501(C)(3) | 52,500. | 0. | | | GENERAL SUPPORT |
| ACCE ACTION 3655 S. GRAND AVE SUITE 250 LOS ANGELES, CA 90007 | 27-1482731 | 501(C)(4) | 10,000. | 0. | | | GENERAL SUPPORT |
| ACCELERATE CHANGE INC 294 WASHINGTON STREET, SUITE 500 BOSTON, MA 02108 | 82-3400062 | 501(C)(3) | 9,895. | 0. | | | GENERAL SUPPORT |
| ACCELERATE THE SOUTH 1510 PEARSON STREET HOUSTON , TX 77023 | 83-3045408 | 501(C)(4) | 15,000. | 0. | | | GENERAL SUPPORT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **13.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **147.**

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

Schedule I (Form 990) 2020

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

| (a) Name and address of organization or government | (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| ACTION FOR LIBERATION 1565 MILITARY STREET DETROIT , MI 48209 | 83-1522206 | 501(C)(4) | 110,000. | 0. | | | GENERAL SUPPORT |
| ACTION ST LOUIS POWER PROJECT 1041 N VANDEVENTER AVENUE ST. LOUIS , MO 63113 | 85-1437933 | 501(C)(4) | 90,000. | 0. | | | GENERAL SUPPORT |
| ADVANCE NORTH CAROLINA INC PO BOX 27421 RALEIGH , NC 26711 | 47-2740671 | 501(C)(4) | 280,900. | 0. | | | GENERAL SUPPORT |
| ALL HANDS ON DECK NETWORK INC. 37 BRIDGE STREET, BOX 749 NORTHAMPTON, MA 01060 | 37-1697474 | 501(C)(4) | 410,000. | 0. | | | GENERAL SUPPORT |
| ALLIANCE FOR YOUTH ACTION 915 5TH STREET NW WASHINGTON , DC 20001 | 46-2914731 | 501(C)(4) | 325,000. | 0. | | | GENERAL SUPPORT |
| ALLIANCE SAN DIEGO MOBILIZATION FUND - 4443 30TH ST. SUITE 100 - SAN DIEGO , CA 92116 | 81-1410524 | 501(C)(4) | 30,000. | 0. | | | GENERAL SUPPORT |
| AMERICA VOTES 1155 CONNECTICUT AVE NW, SUITE 600 WASHINGTON , DC 20036 | 26-4568349 | 501(C)(4) | 126,000. | 0. | | | GENERAL SUPPORT / NORTH CAROLINA WINS |
| AMERICAN CIVIL LIBERTIES UNION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK , NY 10004 | 13-3871360 | 501(C)(4) | 200,000. | 0. | | | GENERAL SUPPORT |
| ARENA SUMMIT 171 ELIZABETH ST #2 NEW YORK, NY 10012 | 81-5171259 | 501(C)(4) | 150,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ARIZONA CENTER FOR EMPOWERMENT 5716 N. 19TH AVENUE PHOENIX , AZ 85015 | 27-2366780 | 501(C)(3) | 46,300. | 0. | | | GENERAL SUPPORT |
| ARIZONA STUDENTS ASSOCIATION P.O. BOX 67955 PHOENIX , AZ 85082 | 86-0893801 | 501(C)(4) | 15,000. | 0. | | | GENERAL SUPPORT |
| ARIZONA WINS 530 E MCDOWELL ROAD, SUITE 107-189 PHOENIX , AZ 85004 | 36-4781665 | 501(C)(4) | 353,900. | 0. | | | GENERAL SUPPORT |
| ARIZONANS FOR PUBLIC SAFETY AND REHABILITATION - 2910 E. GARY WAY - PHOENIX, AZ 85042 | 84-3929064 | 501(C)(4) | 3,962,172. | 0. | | | GENERAL SUPPORT |
| ARM IN ARM 50 F STREET NW, EIGHTH FLOOR WASHINGTON , DC 20001 | 84-2074810 | 501(C)(4) | 25,000. | 0. | | | GENERAL SUPPORT |
| ASIAN AMERICAN ADVOCACY FUND 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS , GA 30093 | 83-1198242 | 501(C)(4) | 101,000. | 0. | | | GENERAL SUPPORT |
| ASIAN AMERICAN ADVOCACY FUND PAC 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS , GA 30093 | 83-1198242 | 527 | 84,000. | 0. | | | GENERAL SUPPORT |
| ASIAN PACIFIC ENVIRONMENTAL NETWORK ACTION - 400 CAPITOL MALL, SUITE 1545 - SACRAMENTO, CA 95814 | 45-4027112 | 501(C)(4) | 5,400. | 0. | | | CIVIC ENGAGEMENT PROJECT |
| ASIAN PACIFIC ISLANDER POLITICAL ALLIANCE - PO BOX 22611 - PHILADELPHIA , PA 19110 | 85-0685612 | 501(C)(4) | 25,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ASIANS FOR OSSOFF WARNOCK 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093 | 84-3953361 | 527 | 84,000. | 0. | | | GENERAL SUPPORT |
| BEND THE ARC JEWISH ACTION 330 SEVENTH AVE, 19TH FLOOR NEW YORK, NY 10001 | 46-0539726 | 501(C)(4) | 50,000. | 0. | | | GENERAL SUPPORT |
| BLACK CHURCH ACTION FUND 700 13TH STREET, SUITE 800 WASHINGTON, DC 20005 | 82-4887945 | 501(C)(4) | 132,000. | 0. | | | GENERAL SUPPORT |
| BLACK LED ORGANIZING COLLABORATIVE 915 E MARKET ST AKRON, OH 44305 | 81-0824161 | 501(C)(4) | 45,000. | 0. | | | GENERAL SUPPORT |
| BLACK MALE VOTER PROJECT 384 NORTHYARDS BLVD NW STE 190 ATLANTA, GA 30313 | 84-3530186 | 501(C)(4) | 120,000. | 0. | | | VOTER ENGAGEMENT PROGRAM / GENERAL SUPPORT |
| BLACK VOTERS MATTER FUND INC 4751 BEST ROAD, SUITE 490 ATLANTA, GA 30337 | 81-3625061 | 501(C)(4) | 140,000. | 0. | | | GENERAL SUPPORT |
| BLOC PAC 3500 N 26TH ST MILWAUKEE, WI 53206 | 85-1375107 | 527 | 329,000. | 0. | | | DEMOCRACY DEFENSE COALITION / GENERAL SUPPORT |
| BLUEPRINT NORTH CAROLINA 3125 POPLARWOOD COURT RALEIGH, NC 27604 | 27-2459538 | 501(C)(3) | 49,700. | 0. | | | GENERAL SUPPORT |
| BYP100 ACTION FUND PO BOX 15254 CHICAGO, IL 60615 | 47-4435527 | 501(C)(4) | 240,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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| CARE IN ACTION 45 BROADWAY, SUITE 320 NEW YORK, NY 10006 | 46-4605470 | 501(C)(4) | 79,000. | 0. | | | POLICY ADVOCACY |
| CAUSE ACTION FUND 2021 SPERRY AVE, STE 9 VENTURA, CA 93003 | 77-0551324 | 501(C)(4) | 5,400. | 0. | | | CIVIC ENGAGEMENT PROJECT |
| CENTER FOR COMMUNITY CHANGE ACTION 1536 U STREET NW WASHINGTON, DC 20009 | 27-0061100 | 501(C)(4) | 400,000. | 0. | | | FLORIDA FOR ALL / GENERAL SUPPORT |
| CENTER FOR EMPOWERED POLITICS 1042 GRANT AVE 5TH FLOOR SAN FRANCISCO, CA 94133 | 45-3084134 | 501(C)(4) | 50,000. | 0. | | | GENERAL SUPPORT |
| CENTER FOR POPULAR DEMOCRACY ACTION FUND, INC. - 449 TROUTMAN STREET, SUITE 101 - BROOKLYN, NY 11237 | 45-3860271 | 501(C)(4) | 150,000. | 0. | | | GENERAL SUPPORT |
| CENTER FOR RACIAL AND GENDER EQUITY NFP - 2243 E. 71ST STREET - CHICAGO, IL 60649 | 45-4461853 | 501(C)(4) | 20,000. | 0. | | | GENERAL SUPPORT |
| CENTER FOR VOTER INFORMATION DBA WOMEN'S VOICES WOMEN VOTE ACTION FUND - 1707 L STREET NW #950 - WASHINGTON, DC 20036 | 03-0554750 | 501(C)(4) | 25,500. | 0. | | | GENERAL SUPPORT |
| CITIZEN ACTION OF WISCONSIN INC 221 S. 2ND STREET, SUITE 300 MILWAUKEE, WI 53204 | 39-1424314 | 501(C)(4) | 6,000. | 0. | | | GENERAL SUPPORT |
| DISRUPTION PROJECT 924 CHERRY ST. SUITE5 PHILADELPHIA, PA 19107 | 85-1066939 | 501(C)(4) | 20,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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| DURHAM FOR ALL/CAROLINA FEDERATION FUND - P.O. BOX 61113 - DURHAM , NC 27715 | 84-2537864 | 501(C)(3) | 85,000. | 0. | | | GENERAL SUPPORT |
| EMGAGE ACTION 3425 US HWY 98 N LAKELAND , FL 33809 | 46-5499822 | 501(C)(4) | 160,000. | 0. | | | GENERAL SUPPORT |
| ENGAGE SAN DIEGO ACTION FUND 3909 CENTRE STREET SAN DIEGO , CA 92103 | 47-5670757 | 501(C)(4) | 30,000. | 0. | | | GENERAL SUPPORT |
| ENVIRONMENTAL HEALTH AND JUSTICE CAMPAIGN - 2727 HOOVER AVE, STE 202 - NATIONAL CITY, CA 91950 | 33-0952046 | 501(C)(4) | 5,400. | 0. | | | CIVIC ENGAGEMENT PROJECT |
| FAIR FIGHT ACTION INC 1270 CAROLINE STREET ATLANTA , GA 30307 | 47-1427359 | 501(C)(4) | 289,700. | 0. | | | GENERAL SUPPORT |
| FAITH IN PUBLIC LIFE ACTION FUND 1990 M STREET SW, SUITE 740 WASHINGTON , DC 20036 | 26-3827419 | 501(C)(4) | 95,000. | 0. | | | VOTER ENGAGEMENT PROGRAM / GENERAL SUPPORT |
| FANM IN ACTION, INC. 100 NE 84TH STREET, SUITE 150 MIAMI , FL 33138 | 83-1938535 | 501(C)(4) | 80,000. | 0. | | | GENERAL SUPPORT |
| FARMERS EDUCATIONAL AND COOPERATIVE UNION OF AMERICA, WISCONSIN DIVISION - 117 W. SPRING ST. - CHIPPEWA FALLS , WI 54729 | 39-0808571 | 501(C)(5) | 12,500. | 0. | | | GENERAL SUPPORT |
| FLIC VOTES INC. 2800 BISCAYNE BOULEVARD, SUITE 200 MIAMI , FL 33137 | 81-2185907 | 501(C)(4) | 50,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

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| FLORIDA CONSERVATION VOTERS 1700 N. MONROE ST. #11-286 TALLAHASSEE , FL 32303 | 46-0560492 | 501(C)(4) | 10,000. | 0. | | | GENERAL SUPPORT |
| FORWARD MONTANA PO BOX 2817 MISSOULA , MT 59806 | 13-4285849 | 501(C)(4) | 89,000. | 0. | | | GENERAL SUPPORT |
| FREE THE VOTE CA, YES ON PROP 17 1787 TRIBUTE ROAD, SUITE K SACRAMENTO , CA 95815 | 85-1790189 | 501(C)(4) | 200,000. | 0. | | | GENERAL SUPPORT |
| FREEDOM ROAD, LLC 892 QUINCY STREET NW, 410 WASHINGTON , DC 20011 | 82-3266360 | | 15,000. | 0. | | | THE ALLY TOUR |
| FUND FOR SOCIAL IMPACT 417 MAIN STREET STE 400-10 LITTLE ROCK, AR 72201 | 84-2888375 | 501(C)(4) | 245,000. | 0. | | | GENERAL SUPPORT |
| GLAHR ACTION NETWORK 7 DUNWOODY PARK SUITE 110 ATLANTA , GA 30338 | 84-4531561 | 501(C)(4) | 34,000. | 0. | | | GENERAL SUPPORT |
| GREAT PLAINS ACTION SOCIETY 412 KIMBALL ROAD IOWA CITY , IA 52245 | 81-4176128 | 501(C)(4) | 100,000. | 0. | | | GENERAL SUPPORT |
| GREEN JOBS NC 10633 SUMMERTON DR RALEIGH , NC 27614 | 85-3190899 | 527 | 10,000. | 0. | | | GENERAL SUPPORT |
| HOUSE MAJORITY FORWARD 700 13TH ST NW, SUITE 800 WASHINGTON , DC 20005 | 83-4185105 | 501(C)(4) | 250,000. | 0. | | | GENERAL SUPPORT |

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| IF NOT NOW MOVEMENT PO BOX 26425 WASHINGTON , DC 20001 | 83-4664015 | 501(C)(4) | 10,000. | 0. | | | GENERAL SUPPORT |
| IF WHEN HOW 1730 FRANKLIN STREET SUITE 212 OAKLAND , CA 94612 | 90-0181944 | 501(C)(3) | 20,756. | 0. | | | GENERAL SUPPORT |
| INDIVISIBLE PROJECT PO BOX 43884 WASHINGTON , DC 20010 | 81-4944067 | 501(C)(4) | 150,000. | 0. | | | GENERAL SUPPORT |
| INLAND COMMUNITIES IN SUPPORT OF EDDIE TEJEDA FOR DISTRICT 3 SUPERVISOR 2020 - 312 CLAY STREET - OAKLAND , CA 94607 | 84-4610913 | 527 | 50,000. | 0. | | | GENERAL SUPPORT |
| IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND - 2001 FOREST AVENUE - DES MOINES, IA 50311 | 45-3279620 | 501(C)(4) | 200,000. | 0. | | | GENERAL SUPPORT / DEMOCRACY DEFENSE COALITION |
| JOLT ACTION P.O. BOX 4185 AUSTIN , TX 78765 | 81-4715525 | 501(C)(4) | 110,000. | 0. | | | GENERAL SUPPORT |
| KENTUCKIANS FOR THE COMMONWEALTH PO BOX 1450 LONDON, KY 40743 | 61-1015576 | 501(C)(4) | 50,000. | 0. | | | GENERAL SUPPORT |
| LEADERS IGNITING TRANSFORMATION ACTION FUND INC - 2201 N DR. MARTIN LUTHER KING JUNIOR DRIVE - MILWAUKEE , WI 53212 | 82-3166802 | 501(C)(4) | 330,600. | 0. | | | GENERAL SUPPORT |
| LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 764 P STREET, STE 12 - FRESNO, CA 93721 | 46-1517800 | 501(C)(3) | 5,400. | 0. | | | VOTER ENGAGEMENT |

Schedule I (Form 990)

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

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| LEAGUE OF CONSERVATION VOTERS, INC. - 740 15TH STREET, NW, 7TH FLOOR - WASHINGTON, DC 20005 | 52-1733698 | 501(C)(4) | 7,871,300. | 0. | | | GENERAL SUPPORT |
| LEFTROOTS PO BOX 32217 OAKLAND, CA 94604 | 46-5740696 | | 25,000. | 0. | | | NATIONAL STRATEGY DEVELOPMENT |
| LIBERATION PAC 3525 S. MLK JR. SUITE B LANSING, MI 48910 | 82-3618932 | 501(C)(4) | 45,000. | 0. | | | GENERAL SUPPORT |
| LIVING UNITED FOR CHANGE IN ARIZONA - 5716 N. 19TH AVENUE - PHOENIX, AZ 85015 | 27-1398645 | 501(C)(4) | 155,500. | 0. | | | GENERAL SUPPORT |
| LOUD LIGHT CIVIC ACTION P.O. BOX 4045 TOPEKA, KS 66604 | 85-1047024 | 501(C)(4) | 46,000. | 0. | | | GENERAL SUPPORT |
| MAKE NORTH CAROLINA FIRST PO BOX 648 RALEIGH, NC 27602 | 46-3981642 | 501(C)(4) | 215,000. | 0. | | | GENERAL SUPPORT |
| MAKE THE ROAD ACTION, INC. 449 TROUTMAN STREET BROOKLYN, NY 11237 | 27-1408443 | 501(C)(4) | 329,000. | 0. | | | GENERAL SUPPORT |
| MAKE THE ROAD PENNSYLVANIA 449 TROUTMAN STREET BROOKLYN, NY 11237 | 27-1408443 | 501(C)(4) | 100,000. | 0. | | | GENERAL SUPPORT |
| MICHIGAN ACTION 10210 BYRON ST APT. 6 DETROIT, MI 48202 | 85-2322792 | 527 | 150,000. | 0. | | | GENERAL SUPPORT |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MICHIGAN ACTION FEDERAL 10210 BYRON ST APT. 6 DETROIT , MI 48202 | 85-2348876 | 527 | 150,000. | 0. | | | GENERAL SUPPORT |
| MICHIGAN ORGANIZING STRATEGY ENABLING STRENGTH AND ACTION - 220 BAGLEY STREET, SUITE 420 - DETROIT , MI 48226 | 82-3243368 | 501(C)(4) | 60,000. | 0. | | | GENERAL SUPPORT |
| MIJENTE 734 W POLK AVENUE PHOENIX, AZ 85007 | 81-3459266 | 501(C)(4) | 38,000. | 0. | | | GENERAL SUPPORT |
| MIJENTE PAC 732 W POLK ST PHOENIX , AZ 85007 | 84-4616573 | 527 | 34,000. | 0. | | | GENERAL SUPPORT |
| MILITIA DESIGN, LLC 197 HULL ST. #3 BROOKLYN, NY 11233 | 81-2823562 | | 13,161. | 0. | | | BLACK MEN BUILD |
| MINNESOTA 350 ACTION 4407 E LAKE STREET MINNEAPOLIS , MN 55406 | 82-3247267 | 501(C)(4) | 60,000. | 0. | | | GENERAL SUPPORT |
| MINNESOTA NORML 2751 HENNEPIN AVE S #420 MINNEAPOLIS , MN 55408 | 36-4689008 | 501(C)(4) | 30,000. | 0. | | | GENERAL SUPPORT |
| MISSOURI ORGANIZING AND VOTER ENGAGEMENT ACTION - 4526 PASEO - KANSAS CITY , MO 64110 | 82-1450617 | 501(C)(4) | 50,000. | 0. | | | GENERAL SUPPORT |
| MONTANA NATIVE VOTE PO BOX 2433 BILLINGS , MT 59103 | 45-5363321 | 501(C)(4) | 100,000. | 0. | | | GENERAL SUPPORT |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MOTHERING JUSTICE ACTION FUND 17320 LIVERNOIS AVENUE DETROIT , MI 48221 | 82-2828323 | 501(C)(4) | 40,000. | 0. | | | GENERAL SUPPORT |
| MOVEON CIVIC ACTION PO BOX 96141 WASHINGTON , DC 20090 | 06-1553389 | 501(C)(4) | 56,000. | 0. | | | GENERAL SUPPORT |
| MOVEON POLITICAL ACTION 1442 WALNUT STREET #358 BERKELEY, CA 94709 | 94-3324022 | 527 | 400,000. | 0. | | | GENERAL SUPPORT |
| MS MOVES 615 PINE LANE JACKSON, MS 39212 | 90-0932897 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL RESOURCES DEFENSE COUNCIL ACTION FUND - 40 W 20TH ST, FL 11 - NEW YORK, NY 10011 | 13-3976062 | 501(C)(4) | 1,500,000. | 0. | | | GENERAL SUPPORT |
| NATIVE PEOPLES ACTION 606 E STREET, SUITE 200 ANCHORAGE , AK 99501 | 82-2327692 | 501(C)(4) | 75,000. | 0. | | | GENERAL SUPPORT |
| NATIVE POWER PAC 312 CLAY STREET, SUITE 300 OAKLAND, CA 94607 | 94-3153687 | 527 | 25,000. | 0. | | | GENERAL SUPPORT |
| NC A PHILIP RANDOLPH EDUCATIONAL FUND INC - 1408 HILLSBOROUGH STREET - RALEIGH , NC 27605 | 47-3555626 | 501(C)(4) | 80,000. | 0. | | | GENERAL SUPPORT |
| NEW FLORIDA MAJORITY INC 10800 BISCAYNE BOULEVARD, SUITE 105 MIAMI , FL 33161 | 27-0167620 | 501(C)(4) | 300,000. | 0. | | | GENERAL SUPPORT |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NEW GEORGIA PROJECT ACTION FUND 165 COURTLAND STREET NE, SUITE A-23 ATLANTA, GA 30303 | 82-0934131 | 501(C)(4) | 670,700. | 0. | | | GENERAL SUPPORT / DEMOCRACY DEFENSE COALITION |
| NEW VIRGINIA MAJORITY 3801 MOUNT VERNON AVENUE, #215 ALEXANDRIA, VA 22305 | 26-1377619 | 501(C)(4) | 110,000. | 0. | | | GENERAL SUPPORT |
| NEXTGEN CLIMATE ACTION 986 MISSION STREET, 1ST FLOOR SAN FRANCISCO, CA 94103 | 46-1957345 | 501(C)(4) | 2,175,000. | 0. | | | GENERAL SUPPORT |
| NRDC ACTION FUND, INC. 1152 15TH ST NW, STE 300 WASHINGTON, DC 20005 | 13-3976062 | 501(C)(4) | 250,000. | 0. | | | GENERAL SUPPORT |
| OHIO ORGANIZING CAMPAIGN 35 E. GAY STREET, 2ND FLOOR COLUMBUS, OH 43215 | 26-3064170 | 501(C)(4) | 20,000. | 0. | | | GENERAL SUPPORT |
| ONE FAIR WAGE ACTION 275 SEVENTH AVENUE, SUITE 1703 NEW YORK, NY 10001 | 84-3605857 | 501(C)(4) | 210,000. | 0. | | | GENERAL SUPPORT |
| ONE IOWA ACTION 950 OFFICE PARK ROAD #240 WEST DES MOINE, IA 50265 | 83-0440260 | 501(C)(4) | 30,000. | 0. | | | GENERAL SUPPORT |
| ONE PENNSYLVANIA 1414 BRIGHTON ROAD PITTSBURGH, PA 15212 | 82-0714373 | 501(C)(4) | 35,000. | 0. | | | GENERAL SUPPORT |
| ORANGE COUNTY PAC 777 S. FIGUEROA ST SUITE 4050 LOS ANGELES, CA 90017 | 85-2437551 | 527 | 86,325. | 0. | | | GENERAL SUPPORT |

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| ORGANIZE FLORIDA INC 134 E. COLONIAL DRIVE ORLANDO, FL 32801 | 27-1869914 | 501(C)(4) | 189,150. | 0. | | | GENERAL SUPPORT |
| ORGANIZE NOW 134 EAST COLONIAL DRIVE ORLANDO, FL 32801 | 27-1869914 | 501(C)(4) | 45,000. | 0. | | | GENERAL SUPPORT |
| ORGANIZERS IN THE LAND OF ENCHANTMENT - 411 BELLAMAH, NW - ALBUQUERQUE, NM 87102 | 27-1275724 | 501(C)(4) | 25,000. | 0. | | | GENERAL SUPPORT |
| OUR VOICE OUR VOTE ARIZONA 1241 E. WASHINGTON ST. SUITE 103 PHOENIX, AZ 85034 | 82-3222019 | 501(C)(4) | 75,000. | 0. | | | GENERAL SUPPORT |
| OUR VOTE OUR VOICE PAC 4081 L B MCLEOD ROAD SUITE C ORLANDO, FL 32811 | 85-2276762 | 527 | 1,000,000. | 0. | | | GENERAL SUPPORT |
| PENNSYLVANIA STANDS UP INC C4 15 N LIME STREET LANCASTER, PA 17602 | 83-2880678 | 501(C)(4) | 321,000. | 0. | | | GENERAL SUPPORT |
| PEOPLE'S ACTION 1130 N MILWAUKEE AVENUE CHICAGO, IL 60642 | 26-2613701 | 501(C)(4) | 345,617. | 0. | | | GENERAL SUPPORT |
| PEOPLES ACTION POWER 1285 STRATFORD AVENUE SUITE G #239 DIXON, CA 95620 | 84-4643312 | 527 | 270,000. | 0. | | | GENERAL SUPPORT |
| PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM STREET, 10TH FLOOR NEW YORK, NY 10038 | 13-3539048 | 501(C)(4) | 782,000. | 0. | | | GENERAL SUPPORT |

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| PODER 4415 N MARYVALE PARKWAY PHOENIX , AZ 85063 | 83-0983906 | 501(C)(4) | 275,000. | 0. | | | GENERAL SUPPORT |
| PODER NC ACTION PO BOX 445 RALEIGH , NC 27602 | 84-2828142 | 501(C)(4) | 39,600. | 0. | | | GENERAL SUPPORT |
| PROGRESS MICHIGAN 614 SEYMOUR AVENUE LANSING , MI 48933 | 26-0900990 | 501(C)(4) | 280,000. | 0. | | | GENERAL SUPPORT |
| PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA ACTION FUND - 2330 DEL PRADO, C106 - LAS VEGAS , NV 89102 | 45-2606048 | 501(C)(4) | 50,000. | 0. | | | DEMOCRACY DEFENSE COALITION |
| PROGRESSNOW 215 S WASHINGTON SQUARE, SUITE 135 LANSING , MI 48933 | 20-8720230 | 501(C)(4) | 21,112. | 0. | | | OUR MARYLAND |
| RAGTAG, LLC 548 MARKET STREET, #35058 SAN FRANCISCO , CA 94104 | 82-0750098 | | 361,900. | 0. | | | DIGITAL SECURITY EDUCATION |
| RESIDENTS FOR A JUST EPA FOR MEASURE V - 25 NEWELL ROAD APT 6 - EAST PALO ALTO , CA 94303 | 85-2672460 | BALLOT MEASURE C | 7,000. | 0. | | | GENERAL SUPPORT |
| RIGHTS DEMOCRACY PROJECT 70 SOUTH WINOOSKI AVENUE #205 BURLINGTON , VT 05401 | 47-3746922 | 501(C)(4) | 10,000. | 0. | | | GENERAL SUPPORT |
| ROC ACTION, INC. 311 E GRAND RIVER AVENUE DETROIT , MI 48226 | 84-4402840 | 501(C)(4) | 250,000. | 0. | | | STATE AND FEDERAL ADVOCACY |

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| ROCK THE VOTE ACTION FUND 1440 G STREET NW WASHINGTON , DC 20009 | 26-2678740 | 501(C)(4) | 15,000. | 0. | | | GENERAL SUPPORT |
| RUN FOR SOMETHING PAC PO BOX 697 NEW YORK, NY 10013 | 81-5222116 | 527 | 25,000. | 0. | | | GENERAL SUPPORT |
| SAN FRANCISCO INFORMATION CLEARINGHOUSE (SFIC) - 325 CLEMENTINA STREET - SAN FRANCISCO , CA 94103 | 94-3102891 | 501(C)(3) | 65,000. | 0. | | | GENERAL SUPPORT |
| SAVE CORPUS CHRISTI BAY FOR THE GREATER GOOD - 7021 BEVINGTON DRIVE - CORPUS CHRISTI , TX 78413 | 85-3276640 | 527 | 30,000. | 0. | | | GENERAL SUPPORT |
| SCOPE OF WORK 187 STANHOPE STREET APT 3R BROOKLYN, NY 11237 | 82-0718228 | | 30,000. | 0. | | | GENERAL SUPPORT |
| SECURE DEMOCRACY 611 PENNSYLVANIA AVE SE, UNIT 143 WASHINGTON , DC 20003 | 82-3846342 | 501(C)(4) | 100,000. | 0. | | | VOTING RIGHTS LAB |
| SIERRA CLUB 2101 WEBSTER STREET, SUITE 1300 OAKLAND , CA 94612 | 94-1153307 | 501(C)(4) | 75,000. | 0. | | | GENERAL SUPPORT |
| SIXTEEN THIRTY FUND 1201 CONNECTICUT AVENUE NW, STE 300 WASHINGTON , DC 20036 | 26-4486735 | 501(C)(4) | 4,112,700. | 0. | | | GENERAL SUPPORT |
| STAND UP FOR OHIO 25 EAST BOARDMAN STREET, SUITE 230 YOUNGSTOWN , OH 44503 | 26-3064170 | 501(C)(4) | 112,149. | 0. | | | GENERAL SUPPORT |

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| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| STATE ENGAGEMENT FUND PO BOX 388 RALEIGH , NC 27602 | 81-0865943 | 501(C)(4) | 350,000. | 0. | | | GENERAL SUPPORT |
| STRATEGIES4FREEDOM LLC 10699 HIGHWAY 36 COVINGTON , GA 30014 | 82-4512408 | | 20,000. | 0. | | | HEALING THROUGH SOUND |
| SUNRISE 50 F STREET NW,SUITE 700 WASHINGTON , DC 20001 | 82-1232167 | 501(C)(4) | 206,000. | 0. | | | GENERAL SUPPORT |
| SUPERMAJORITY PO BOX 1014 NEW YORK , NY 10272 | 83-4266107 | 501(C)(4) | 25,000. | 0. | | | GENERAL SUPPORT |
| TAKEACTION MINNESOTA 705 RAYMOND AVENUE #100 SAINT PAUL, MN 55114 | 20-3338691 | 501(C)(4) | 178,000. | 0. | | | DEMOCRACY DEFENSE COALITION |
| TEXAS FREEDOM NETWORK PO BOX 1624 AUSTIN , TX 78767 | 74-2736849 | 501(C)(4) | 59,550. | 0. | | | GENERAL SUPPORT |
| TEXAS ORGANIZING PROJECT PO BOX 120296 SAN ANTONIO , TX 78212 | 27-1482075 | 501(C)(4) | 135,217. | 0. | | | GENERAL SUPPORT |
| THE ALASKA CENTER 810 N STREET, SUITE 203 ANCHORAGE , AK 99501 | 92-0090065 | 501(C)(4) | 100,000. | 0. | | | GENERAL SUPPORT |
| THE PARTNERSHIP PROJECT ACTION FUND - PO BOX 65826 - WASHINGTON , DC 20035 | 81-0606786 | 501(C)(4) | 30,000. | 0. | | | COMBINED DEFENSE PROJECT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE VOTER PROJECT 1229 CHESTNUT STREET PMB 177 PHILADELPHIA , PA 19107 | 85-0556933 | 501(C)(4) | 100,000. | 0. | | | GENERAL SUPPORT |
| TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088 | 94-3213100 | 501(C)(3) | 74,400. | 0. | | | CIVIC ENGAGEMENT PROJECT / GENERAL SUPPORT |
| TOP PAC PO BOX 120296 SAN ANTONIO , TX 78212 | 85-2788868 | 527 | 109,000. | 0. | | | GENERAL SUPPORT |
| TRANS UNITED FUND 7769 2ND AVE SOUTH BIRMINGHAM , AL 35206 | 81-1465260 | 501(C)(4) | 80,000. | 0. | | | GENERAL SUPPORT |
| UNITED FOR RESPECT 81 PROSPECT STREET BROOKLYN , NY 11201 | 83-4485353 | 501(C)(4) | 109,000. | 0. | | | GENERAL SUPPORT |
| UNITED HERE ACTION FUND 275 SEVENTH AVE., 16TH FLOOR NEW YORK , NY 10001 | 85-1613352 | 501(C)(4) | 26,100. | 0. | | | GENERAL SUPPORT |
| UNITED WORKING FAMILIES 2229 S. HALSTED STREET CHICAGO , IL 60608 | 47-1539202 | 501(C)(4) | 10,000. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726 | 39-0743975 | 501(C)(3) | 37,000. | 0. | | | CENTER ON WISCONSIN STRATEGY HIGH ROAD STRATEGY FUND |
| VOCES DE LA FRONTERA ACTION INC 1027 SOUTH 5TH STREET MILWAUKEE , WI 53204 | 02-0759160 | 501(C)(4) | 30,000. | 0. | | | GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| WESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 SOUTH 27TH STREET, SUITE B - BILLINGS, MT 59101 | 45-0356819 | 501(C)(4) | 40,000. | 0. | | | GENERAL SUPPORT |
| WFP NATIONAL PAC 81 PROSPECT ST BROOKLYN, NY 11201 | 81-2160494 | 527 | 300,000. | 0. | | | GENERAL SUPPORT |
| WIKI EDUCATION FOUNDATION PO BOX 548 DURHAM, CA 95938 | 30-0790695 | 501(C)(3) | 288,400. | 0. | | | GENERAL SUPPORT |
| WIN JUSTICE 1536 U ST NW WASHINGTON, DC 20009 | 82-4655706 | 527 | 300,000. | 0. | | | FLORIDA FOR ALL |
| WISCONSIN VOICES, INC 4201 NORTH 27TH STREET, 7TH FLOOR N MILWAUKEE, WI 53216 | 27-3183754 | 501(C)(3) | 11,000. | 0. | | | GENERAL SUPPORT |
| WISDOM ACTION NETWORK 2821 N 4TH ST STE 120 MILWAUKEE, WI 53212 | 82-4196797 | 501(C)(4) | 30,000. | 0. | | | GENERAL SUPPORT |
| WORKING AMERICA 815 16TH STREET NW WASHINGTON, DC 20006 | 20-0263611 | 501(C)(4) | 250,000. | 0. | | | GENERAL SUPPORT |
| WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020 - 515 S. FIGUEROA STREET, SUITE 1110 - LOS ANGELES, CA 90071 | 84-3108002 | 527 | 35,000. | 0. | | | GENERAL SUPPORT |
| WORKING FAMILIES ORGANIZATION, INC. - 77 SANDS STREET #6 - BROOKLYN, NY 11201 | 20-4994004 | 501(C)(4) | 1,225,066. | 0. | | | GENERAL SUPPORT / JOBS AND INFRASTRUCTURE / TEXAS WORKING FAMILIES |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YES ON C PROTECT SACRAMENTO RENTERS - 777 S. FIGUEROA ST. #4050 - LOS ANGELES , CA 90017 | 27-1482731 | 501(C)(4) | 30,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
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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 |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| GRANTS TO GOVERNMENT ENTITIES TO PAY CERTAIN FINES AND FEES FOR DISENFRANCHISED RETURNING CITIZENS | 22753 | 28,713,852. | 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:

TIDES ADVOCACY CONDUCTS DUE DILIGENCE IN ADVANCE OF FUNDING, INCLUDING REVIEW OF THE GROUP'S TAX-EXEMPT STATUS AND WHETHER THE GRANT WILL ADVANCE TIDES ADVOCACY'S MISSION. ALL GRANTEES RECEIVE A WRITTEN GRANT AGREEMENT. BY ACCEPTING PAYMENT, THE GRANTEE AGREES TO THE TERMS AND CONDITIONS OF THAT AGREEMENT. IF A GRANT IS RESTRICTED TO A SPECIFIC PROGRAM OR SPECIFIC ACTIVITIES, GRANTEES ARE REQUIRED TO RETURN ANY PORTION OF THE GRANT NOT USED FOR THE STATED PURPOSE OR ANY CHANGE OF THE PURPOSES FOR WHICH THE GRANT MAY BE USED MUST BE REQUESTED AND APPROVED IN WRITING IN ADVANCE BY

Part IV Supplemental Information

TIDES ADVOCACY.

AGREEMENTS FOR GRANTS THAT ARE RESTRICTED TO A NON-LOBBYING PURPOSE ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN LOBBYING ACTIVITY. BASED ON A RISK ASSESSMENT AND CONSIDERATION OF THE GRANTEE'S TAX-EXEMPT STATUS, PERIODIC OR FINAL NARRATIVE AND FINANCIAL REPORTS DESCRIBING USE OF GRANTS FUNDS ARE REQUIRED FOR CERTAIN GRANTS.

AGREEMENTS FOR GRANTS THAT ARE RESTRICTED TO A NONPARTISAN ACTIVITY ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN PARTISAN ACTIVITY. BASED ON A RISK ASSESSMENT AND CONSIDERATION OF THE GRANTEE'S TAX-EXEMPT STATUS, PERIODIC OR FINAL NARRATIVE AND FINANCIAL REPORTS DESCRIBING USE OF GRANTS FUNDS ARE REQUIRED FOR CERTAIN GRANTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TIDES ADVOCACY

Employer identification number

94-3153687

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 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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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) 2020

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) CHRISTIE GEORGE SENIOR ADVISOR, NEW MEDIA VENTURES | (i) | 270,160. | 0. | 0. | 6,614. | 20,486. | 297,260. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ROBERT SMITH EXECUTIVE DIRECTOR, THE APPEAL | (i) | 224,426. | 0. | 0. | 10,350. | 17,095. | 251,871. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DESMOND MEADE ED, FL RIGHTS RESTORATION COALITION | (i) | 170,553. | 0. | 0. | 7,090. | 31,902. | 209,545. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JACOB SUSSMAN MANAGING DIRECTOR, THE APPEAL | (i) | 171,846. | 0. | 0. | 9,000. | 23,638. | 204,484. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SHANNON BAKER MANAGING DIRECTOR, NEW MEDIA VENTURE | (i) | 183,532. | 0. | 0. | 9,314. | 11,148. | 203,994. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ROMILDA AVILA PRESIDENT/CEO | (i) | 189,172. | 0. | 0. | 5,858. | 8,845. | 203,875. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) TAREN STINEBRICKNER-KAUFFMAN PRESIDENT, NEW MEDIA VENTURES | (i) | 178,335. | 0. | 0. | 2,406. | 12,605. | 193,346. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) ANDREA GRANDA ASSISTANT SECRETARY/DEPUTY DIRECTOR | (i) | 136,337. | 7,347. | 0. | 6,915. | 16,247. | 166,846. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 ADVOCACY** Employer identification number: **94-3153687**

| 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 | 13 | 2,586,205. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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

(DEFINED AS EACH SEPARATE GIFT) IN SCHEDULE M, PART I, COLUMN (B).

Multiple horizontal lines for supplemental information.

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

2020

Open to Public
Inspection

Name of the organization

TIDES ADVOCACY

Employer identification number

94-3153687

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

THE MISSION OF TIDES ADVOCACY IS TO ADVOCATE FOR AND MAKE GRANTS IN
SUPPORT OF SOCIAL JUSTICE, THE ENVIRONMENT, AND THE HEALTH OF OUR
DEMOCRACY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX PREPARER, IN CONJUNCTION
WITH THE ORGANIZATION'S INTERNAL ACCOUNTING STAFF. A DRAFT FORM 990 IS
THEN REVIEWED BY THE INTERNAL ACCOUNTING STAFF; ADJUSTMENTS ARE MADE, AS
NECESSARY. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE
BOARD, THE CEO, LEGAL COUNSEL, AND DISTRIBUTED TO ALL MEMBERS OF THE BOARD
PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN PLACE, WHICH
COVERS ALL "COVERED INDIVIDUALS" (WHICH INCLUDES ALL MEMBERS OF THE BOARD
OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES). UNDER THE POLICY, EACH COVERED
INDIVIDUAL IS REQUIRED TO PROVIDE DISCLOSURE STATEMENTS: (I) WHEN THE
PERSON BECOMES A COVERED INDIVIDUAL, (II) ANNUALLY THEREAFTER, AND/OR (III)
UPON THE OCCURRENCE OF ANY EVENT REQUIRING DISCLOSURE UNDER THE CONFLICT OF
INTEREST POLICY. THE BOARD SECRETARY COLLECTS THE DISCLOSURE STATEMENTS,
AND SUBMITS (IN CONJUNCTION WITH THE CEO) AN ANNUAL REPORT REGARDING ALL
CONFLICTS OF INTEREST DISCLOSED BY OR CONCERNING COVERED INDIVIDUALS TO THE
BOARD OF DIRECTORS. IF THE BOARD OF DIRECTORS OR A BOARD LEVEL COMMITTEE
IS CONSIDERING A BUSINESS TRANSACTION IN WHICH A COVERED INDIVIDUAL IS AN
INTERESTED PERSON, THE FOLLOWING PROCEDURES SHALL APPLY: (I) THE CONFLICT

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

Schedule O (Form 990 or 990-EZ) 2020

| | |
|--|--|
| Name of the organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|--|--|

OF INTEREST MUST BE FULLY DISCLOSED TO THE BOARD OR COMMITTEE PRIOR TO CONSIDERATION OF AN AFFECTED BUSINESS TRANSACTION; (II) A DIRECTOR DESIGNATED AN INTERESTED PERSON MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OR COMMITTEE WHICH AUTHORIZES, APPROVES, OR RATIFIES A PARTICULAR CONTRACT OR TRANSACTION, BUT THE INTERESTED PERSON MAY NOT VOTE ON SUCH CONTRACT OR TRANSACTION; AND (III) THE INTERESTED PERSON MAY, WITH THE APPROVAL OF THE CHAIRPERSON OF THE BOARD OR COMMITTEE, PARTICIPATE IN DISCUSSIONS REGARDING THE AFFECTED BUSINESS, SO LONG AS SUCH INTERESTED PERSON IS EXCUSED FROM THE MEETING PRIOR TO COMPLETION OF THE DISCUSSION, AND DOES NOT RETURN UNTIL DISCUSSION AND VOTING ON THE MATTER HAVE BEEN CONCLUDED.

FORM 990, PART VI, SECTION B, LINE 15:

IN DETERMINING COMPENSATION FOR THE CEO, OFFICERS, AND OTHER KEY EMPLOYEES, THE TIDES ADVOCACY BOARD REVIEWS BOTH PERFORMANCE AND COMPENSATION ANNUALLY, TAKING INTO ACCOUNT CUSTOMIZED SALARY SURVEYS PREPARED BY ARTHUR J. GALLAGHER & COMPANY. THE BOARD MEETS ANNUALLY WITH THE CEO, OFFICERS, AND OTHER KEY EMPLOYEES AND DETERMINES APPROPRIATE COMPENSATION BY CONSIDERING COMPARABILITY DATA, JOB PERFORMANCE, PROGRESS TOWARDS GOALS, AND PERFORMANCE MANAGEMENT REVIEWS.

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

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

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

| | |
|--|--|
| Name of the organization TIDES ADVOCACY | Employer identification number 94-3153687 |
|--|--|

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

OTHER FEES FOR SERVICES:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 22,795,616. |
| MANAGEMENT AND GENERAL EXPENSES | 382,907. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 23,178,523. |

PAYROLL PROCESSING FEES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 248,794. |
| MANAGEMENT AND GENERAL EXPENSES | 24,413. |
| FUNDRAISING EXPENSES | 72. |
| TOTAL EXPENSES | 273,279. |

STAFF RECRUITMENT:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 78,057. |
| MANAGEMENT AND GENERAL EXPENSES | 7,659. |
| FUNDRAISING EXPENSES | 23. |
| TOTAL EXPENSES | 85,739. |

| | |
|--|-------------|
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 23,537,541. |
|--|-------------|

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

| | |
|---|-----------|
| REVERSAL OF PRIOR YEAR GRANT EXPENSE | 100,000. |
| REVERSAL OF PRIOR YEAR CONTRIBUTION REVENUE | -114,840. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -14,840. |