

PUBLIC DISCLOSURE COPY

\*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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

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

**2022**

Open to Public Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending	
<b>B</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	<b>C</b> Name of organization <b>TIDES ADVOCACY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1014 TORNEY AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94129</b> <b>F</b> Name and address of principal officer: <b>ROMILDA AVILA</b> <b>SAME AS C ABOVE</b>
<b>D</b> Employer identification number <b>94-3153687</b>	
<b>E</b> Telephone number <b>(415) 561-6328</b>	
<b>G</b> Gross receipts \$ <b>89,480,572.</b>	
<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: <b>WWW.TIDESADVOCACY.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

	1	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
Activities & Governance	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 13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 501
	6	Total number of volunteers (estimate if necessary)	6 325
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	73,869,583. 85,487,330.
	9	Program service revenue (Part VIII, line 2g)	4,402,611. 3,525,968.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,280. 91,534.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,136. 122,315.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,496,610. 89,227,147.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	32,473,177. 34,577,292.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	349,576. 329,020.
16b		Total fundraising expenses (Part IX, column (D), line 25)	5,359,198.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,702,248. 30,932,518.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	75,893,452. 91,400,833.	
19	Revenue less expenses. Subtract line 18 from line 12	2,603,158. -2,173,686.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 54,536,746. End of Year 51,047,001.
	21	Total liabilities (Part X, line 26)	6,829,473. 7,563,392.
	22	Net assets or fund balances. Subtract line 21 from line 20	47,707,273. 43,483,609.

**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.

	Prepared by: <u>Romilda Avila</u> Signature of officer ROMILDA AVILA, CHIEF EXECUTIVE OFFICER Type or print name and title	Date 11/14/2023
<b>Sign Here</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL LUMSDEN</b>	Preparer's signature <b>MICHAEL LUMSDEN</b>
	Date 11/09/23	Check if self-employed <input type="checkbox"/> PTIN P01262236
	Firm's name <b>MOSS ADAMS LLP</b>	Firm's EIN <b>91-0189318</b>
	Firm's address <b>101 SECOND STREET SUITE 900                  SAN FRANCISCO, CA 94105</b>	Phone no. <b>415-956-1500</b>

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 [X] No

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

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

4a (Code: ) (Expenses \$ 79,052,111. including grants of \$ 25,562,003. ) (Revenue \$ 3,525,968. ) 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 79,052,111.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 569	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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
<b>1a</b>	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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 12		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN
- 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  
LAUREN GALLAGHER - (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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DESMOND MEADE ED, FL RIGHTS RESTORATION COALITION	40.00				X		276,740.	0.	50,508.	
(2) CRISTINE SOTO DEBERRY ED, PROSECUTORS ALLIANCE OF CA ACTIO	40.00				X		217,707.	0.	48,848.	
(3) CARLISSIA GRAHAM PRESIDENT, NEW MEDIA VENTURES	40.00				X		230,248.	0.	14,148.	
(4) ROMILDA AVILA PRESIDENT & CEO / DIRECTOR	40.00	X		X			221,918.	0.	3,955.	
(5) JESSICA SALINAS CIO, NEW MEDIA VENTURES	40.00				X		201,944.	0.	23,304.	
(6) SIHLE-TINA DINANI CHIEF FINANCIAL OFFICER	40.00			X			188,689.	0.	34,377.	
(7) YASMINE LAURENT DIRECTOR OF PEOPLE AND CULTURE	40.00				X		182,524.	0.	16,761.	
(8) ANDREA GRANDA DEPUTY DIRECTOR	40.00				X		169,261.	0.	26,341.	
(9) JENNIFER JORCZAK GENERAL COUNSEL AS OF 1/2022	40.00				X		160,141.	0.	26,759.	
(10) RENITA FRANCOIS CHIEF STRATEGY OFFICER AS OF 2/2022	40.00				X		151,434.	0.	26,120.	
(11) VINCENT JONES CHAIR	5.00	X		X			0.	0.	0.	
(12) RAJASVINI BHANSALI SECRETARY THROUGH 10/2022	5.00	X		X			0.	0.	0.	
(13) KACI PATTERSON SECRETARY AS OF 10/2022	5.00	X		X			0.	0.	0.	
(14) DEB KINNEY TREASURER	5.00	X		X			0.	0.	0.	
(15) NICOLE BOUCHER DIRECTOR	1.00	X					0.	0.	0.	
(16) NAT CHIOKE-WILLIAMS DIRECTOR AS OF 4/2022	1.00	X					0.	0.	0.	
(17) WILLIAM CORDERY 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MONIQUE COUVSON, ED.D. DIRECTOR AS OF 4/2022	1.00	X						0.	0.	0.
(19) JANIECE EVANS-PAGE DIRECTOR	1.00	X						0.	0.	0.
(20) JUDY HATCHER DIRECTOR AS OF 4/2022	1.00	X						0.	0.	0.
(21) AISHA NYANDORO DIRECTOR AS OF 4/2022	1.00	X						0.	0.	0.
(22) SHAREEN PUNIAN DIRECTOR	1.00	X						0.	0.	0.
(23) QUANITA TOFFIE DIRECTOR AS OF 12/2022	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							2,000,606.	0.	271,121.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							2,000,606.	0.	271,121.	

**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 99

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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 77 SANDS ST, 6TH FLOOR, BROOKLYN, NY 11201	PEO SERVICES FOR CAMPAIGN STAFF	4,065,470.
PURE SPECTRUM, 31416 AGOURA RD, STE 210, WESTLAKE VILLAGE, CA 91361	ONLINE MARKET RESEARCH-SAMPLE/POLL	737,328.
SWITCHBOARD PUBLIC BENEFIT CORP. PO BOX 33485, WASHINGTON, DC 20033	DATA ANALYTICS AND MESSAGING	643,880.
HARD KNOCKS STRATEGY, LLC, 3521 W BOARD BLVD, STE 302, FORT LAUDERDALE, FL 33312	PEO SERVICES FOR CAMPAIGN STAFF	520,897.
DAVE BINDER RESEARCH, INC., 44 PAGE ST, STE 404, SAN FRANCISCO, CA 94102	ONLINE AND PHONE SURVEYS	453,480.

**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 40

**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	85,487,330.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 253,425.				
	<b>h Total.</b> Add lines 1a-1f .....		85,487,330.				
Program Service Revenue	<b>2 a</b> PROGRAM FEES	<b>Business Code</b>					
		541900	3,525,968.	3,525,968.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		3,525,968.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		77,311.			77,311.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			36,492.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	36,492.				
	<b>d</b> Net rental income or (loss) .....		36,492.			36,492.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
			267,648.				
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	253,425.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>	14,223.				
	<b>d</b> Net gain or (loss) .....		14,223.			14,223.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>					
		561000	85,823.			85,823.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		85,823.					
<b>12 Total revenue.</b> See instructions .....		89,227,147.	3,525,968.	0.	213,849.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	24,831,395.	24,831,395.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	232,614.	232,614.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	497,994.	497,994.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,008,995.		1,008,995.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	27,064,167.	20,088,901.	3,055,889.	3,919,377.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	604,341.	458,565.	56,309.	89,467.
<b>9</b> Other employee benefits	3,809,674.	2,797,819.	465,996.	545,859.
<b>10</b> Payroll taxes	2,090,115.	1,501,957.	295,124.	293,034.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	717,054.	552,223.	164,831.	
<b>c</b> Accounting	97,740.	23,964.	73,776.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	329,020.			329,020.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,399,229.	17,998,424.	1,259,496.	141,309.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,272,262.	1,245,716.	25,451.	1,095.
<b>14</b> Information technology	577,766.	565,711.	11,558.	497.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,569,992.	1,326,990.	242,932.	70.
<b>17</b> Travel	2,341,509.	2,195,862.	135,221.	10,426.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	663,474.	627,830.	32,491.	3,153.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	379,725.	370,640.	3,490.	5,595.
<b>24</b> 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.)				
<b>a</b> <b>COMMUNICATIONS / OUTREACH</b>	3,407,934.	3,402,205.	789.	4,940.
<b>b</b> <b>LICENSES &amp; SERVICE FEES</b>	236,196.	169,401.	66,785.	10.
<b>c</b> <b>EMPLOYEE SUPPORT</b>	109,455.	78,654.	15,455.	15,346.
<b>d</b> <b>TAXES</b>	89,426.	52,993.	36,433.	
<b>e</b> All other expenses	70,756.	32,253.	38,503.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	91,400,833.	79,052,111.	6,989,524.	5,359,198.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	35,157,266.	<b>1</b>	27,550,633.
	<b>2</b> Savings and temporary cash investments .....	4,884,975.	<b>2</b>	5,221,110.
	<b>3</b> Pledges and grants receivable, net .....	12,876,714.	<b>3</b>	16,481,563.
	<b>4</b> Accounts receivable, net .....	985,860.	<b>4</b>	59,173.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	49,699.	<b>9</b>	45,726.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 120,625.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 0.	<b>10c</b>	120,625.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	450,000.	<b>13</b>	425,000.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	77,876.	<b>15</b>	1,143,171.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	54,536,746.	<b>16</b>	51,047,001.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,271,473.	<b>17</b>	6,312,171.
	<b>18</b> Grants payable .....	558,000.	<b>18</b>	182,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	1,069,221.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,829,473.	<b>26</b>	7,563,392.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,157,577.	<b>27</b>	10,977,948.
	<b>28</b> Net assets with donor restrictions .....	36,549,696.	<b>28</b>	32,505,661.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	47,707,273.	<b>32</b>	43,483,609.
<b>33</b> Total liabilities and net assets/fund balances .....	54,536,746.	<b>33</b>	51,047,001.	

**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	89,227,147.
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,400,833.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,173,686.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,707,273.
5	Net unrealized gains (losses) on investments	5	22.
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	-2,050,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,483,609.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 (2022)

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

**TIDES ADVOCACY**

Employer identification number

**94-3153687**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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), 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), 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).

Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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>28,011,181.</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>8,800,000.</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>6,095,101.</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>5,875,000.</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>2,100,000.</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>2,069,072.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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>2,000,000.</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>1,425,000.</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>1,171,000.</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>1,125,000.</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>1,000,000.</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>950,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ 920,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 722,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 643,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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>510,000.</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>429,000.</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>410,000.</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>405,000.</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>400,000.</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>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	 <hr/> <hr/> <hr/>	\$ <u>395,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	 <hr/> <hr/> <hr/>	\$ <u>365,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	 <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	 <hr/> <hr/> <hr/>	\$ <u>325,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 257,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<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 <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 249,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 245,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 245,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 219,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 206,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<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 <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	 <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.)
51	 <hr/> <hr/> <hr/>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	 <hr/> <hr/> <hr/>	\$ <u>174,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	 <hr/> <hr/> <hr/>	\$ <u>170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	 <hr/> <hr/> <hr/>	\$ <u>165,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	 <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.)
57	 <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.)
58	 <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.)
59	 <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.)
60	 <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 <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ 138,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 138,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 138,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 137,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 137,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ <u>126,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ <u>124,156.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ <u>115,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	 <hr/> <hr/> <hr/>	\$ <u>115,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	 <hr/> <hr/> <hr/>	\$ <u>111,875.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	 <hr/> <hr/> <hr/>	\$ <u>108,057.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	 <hr/> <hr/> <hr/>	\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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/>	\$ <u>96,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ <u>89,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ <u>89,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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>88,000.</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>85,000.</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>82,858.</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>80,000.</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>75,000.</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>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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>75,000.</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>75,000.</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>70,000.</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>70,000.</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>65,000.</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>62,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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>60,478.</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>60,000.</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>60,000.</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>60,000.</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>57,120.</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>54,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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>50,000.</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>45,000.</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>44,375.</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>44,000.</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>42,822.</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>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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	 <hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	 <hr/> <hr/> <hr/>	\$ <u>38,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	 <hr/> <hr/> <hr/>	\$ <u>37,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	 <hr/> <hr/> <hr/>	\$ <u>37,211.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
143	 <hr/> <hr/> <hr/>	\$ <u>36,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	 <hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____ _____ _____	\$ <u>33,871.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____ _____ _____	\$ <u>33,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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>30,631.</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>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
157	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	 <hr/> <hr/> <hr/>	\$ <u>29,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	 <hr/> <hr/> <hr/>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	 <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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
163	<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.)
164	<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.)
165	<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.)
166	<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.)
167	<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.)
168	<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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
169	<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.)
170	<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.)
171	<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.)
172	<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.)
173	<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.)
174	<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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
175	<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.)
176	<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.)
177	<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.)
178	<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.)
179	<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.)
180	<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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
181	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	 <hr/> <hr/> <hr/>	\$ 22,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	 <hr/> <hr/> <hr/>	\$ 21,396.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	 <hr/> <hr/> <hr/>	\$ 21,018.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
185	 <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	 <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
187	<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.)
188	<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.)
189	<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.)
190	<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.)
191	<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.)
192	<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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
193	<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.)
194	<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.)
195	<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.)
196	<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.)
197	<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.)
198	<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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
199	<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.)
200	<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.)
201	<hr/> <hr/> <hr/>	\$ <u>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ <u>18,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<hr/> <hr/> <hr/>	\$ <u>16,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
205	<hr/> <hr/> <hr/>	\$ <u>16,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ <u>16,464.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ <u>15,974.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<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.)
210	<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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
211	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
217	<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.)
218	<hr/> <hr/> <hr/>	\$ <u>14,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ <u>14,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<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.)
221	<hr/> <hr/> <hr/>	\$ <u>12,241.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
223	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	<hr/> <hr/> <hr/>	\$ <u>10,534.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
226	<hr/> <hr/> <hr/>	\$ <u>10,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	<hr/> <hr/> <hr/>	\$ <u>10,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	<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.)

Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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
229	 <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.)
230	 <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.)
231	 <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.)
232	 <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.)
233	 <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.)
234	 <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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
235	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	_____ _____ _____	\$ <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 <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
241	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
247	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
253	<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.)
254	<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.)
255	<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.)
256	<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.)
257	<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.)
258	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
259	<hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	<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.)
263	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	<hr/> <hr/> <hr/>	\$ <u>6,118.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
265	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	<hr/> <hr/> <hr/>	\$ <u>5,542.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	<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.)
270	<hr/> <hr/> <hr/>	\$ <u>5,139.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
271	_____ _____ _____	\$ <u>5,015.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	_____ _____ _____	\$ <u>5,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
277	 <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.)
278	 <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.)
279	 <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.)
280	 <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.)
281	 <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.)
282	 <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.)

Name of organization  <b>TIDES ADVOCACY</b>	Employer identification number  <b>94-3153687</b>
---	---

**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
283	 <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.)
284	 <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.)
285	 <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.)
286	 <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.)
287	 <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.)
288	 <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.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
289	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
295	<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.)
296	<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.)
297	<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.)
298	<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.)
299	<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.)
300	<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.)



Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
301	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
70	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>124,156.</u>	<u>05/10/22</u>
142	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>37,211.</u>	<u>10/31/22</u>
151	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>30,631.</u>	<u>07/31/22</u>
183	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>21,396.</u>	<u>08/31/22</u>
184	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>21,018.</u>	<u>07/31/22</u>
225	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>10,534.</u>	<u>03/31/22</u>

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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
264	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 6,118.	08/31/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**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](http://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 <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

**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 ..... \$ 18,880,128.
- 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 ..... \$ 14,931,628.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ 3,948,500.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ 18,880,128.
- 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-.
ALLIANCE OF CALIFORNIANS FOR COM	LOS ANGELES, CA 90007	80-1918579	49,000.	0.
ASIAN AMERICAN ADVOCACY FUND INDEPE	NORCROSS, GA 30093	84-3953361	185,000.	0.
BETTER FUTURE FOR NEW MEXICO	ALBUQUERQUE, NM 87054	82-4939302	35,000.	0.
BRADY PAC NON CONTRIBUTION	WASHINGTON, DC 20003	82-4897199	30,000.	0.
CA LEAGUE OF CONSERVATION VOTERS	OAKLAND, CA 94612	68-0448503	50,000.	0.
CALIFORNIA WORKING FAMILIES PARTY	BROOKLYN, NY 11201	86-3626346	6,000.	0.

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

Schedule C (Form 990) 2022

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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	.....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	.....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	.....														
<b>d</b> Other exempt purpose expenditures	.....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	.....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	.....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-	.....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-	.....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	.....														

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART 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)

ALLIANCE OF CALIFORNIANS FOR COMMUNITY EMPOWERMENT ACTION PAC

3655 S GRAND AVE STE 250 LOS ANGELES, CA 90007

ASIAN AMERICAN ADVOCACY FUND INDEPENDENT COMMITTEE

5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093

BETTER FUTURE FOR NEW MEXICO

PO BOX 20851 ALBUQUERQUE, NM 87054

BRADY PAC NON CONTRIBUTION

600 PENNSYLVANIA AVE SE, 15180 WASHINGTON, DC 20003

CA LEAGUE OF CONSERVATION VOTERS POLITICAL COMMITTEE

350 FRANK H. OGAWA PLAZA SUITE 1100 OAKLAND, CA 94612

CALIFORNIA WORKING FAMILIES PARTY

77 SANDS STREET, 6TH FL BROOKLYN, NY 11201

PART I-C CONTINUATION:

DEMOCRATIC PARTY OF MCHENRY COUNTY CENTRAL COMMITTEE

PO BOX 1126 CRYSTAL LAKE, IL 60039-1126

EIN: 42-1605068 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

INLAND EMPIRE UNITED ACTION FUND

312 CLAY STREET SUITE 300 OAKLAND, CA 94607

EIN: 84-4610913 COL (D) AMOUNT: 85000. COL (E) AMOUNT: 0.

JUSTICE PAC



**Part IV** Supplemental Information *(continued)*

312 CLAY STREET STE 300 OAKLAND, CA 94607

EIN: 88-0993919 COL (D) AMOUNT: 170000. COL (E) AMOUNT: 0.

KANKAKEE COUNTY DEMOCRATIC CENTRAL COMMITTEE

PO BOX 183 KANKAKEE, IL 60901-0183

EIN: 27-2082856 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

KANSAS DEMOCRATIC STATE COMMITTEE

PO BOX 1914 TOPEKA, KS 66601

EIN: 48-0193635 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

KEEP THE LIGHTS ON

P.O. BOX 750823 NEW ORLEANS, LA 70175

EIN: 88-3782491 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

LEE COUNTY DEMOCRATIC CENTRAL COMMITTEE

PO BOX 255 DIXON, IL 61021

EIN: 36-3845834 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

LIBERATE ARIZONA

401 WEST BASELINE ROAD SUITE 205 TEMPE, AZ 85283

EIN: 87-3811434 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

LIFT UP CONTRA COSTA ACTION

312 CLAY STREET, SUITE 300 OAKLAND, CA 94607

EIN: 88-1146775 COL (D) AMOUNT: 56000. COL (E) AMOUNT: 0.

MCLEAN COUNTY DEMOCRATIC CENTRAL COMMITTEE

**Part IV** Supplemental Information (continued)

PO BOX 3411 BLOOMINGTON, IL 61702

EIN: 37-0979698 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

PRINCIPLED LEADERSHIP FOR ARIZONA

721 E. CLAREMONT STREET PHOENIX, AZ 85014

EIN: 88-2150556 COL (D) AMOUNT: 370000. COL (E) AMOUNT: 0.

RESIDENTS FOR A JUST EPA FOR MEASURE L

25 NEWELL ROAD APT 6 EAST PALO ALTO, CA 94303

EIN: 88-3799615 COL (D) AMOUNT: 35000. COL (E) AMOUNT: 0.

SANGAMON COUNTY DEMOCRATIC CENTRAL COMMITTEE

P.O. BOX 2 SPRINGFIELD, IL 62705-0002

EIN: 37-0803118 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

THEY SEE BLUE

13015 LA CRESTA DR LOS ALTOS, CA 94022

EIN: 85-2059135 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

WFP NATIONAL PAC

81 PROSPECT ST BROOKLYN, NY 11201

EIN: 81-0941879 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

WILL COUNTY DEMOCRATIC CENTRAL COMMITTEE

PO BOX 4242 JOLIET, IL 60434-4242

EIN: 26-0397719 COL (D) AMOUNT: 17500. COL (E) AMOUNT: 0.

WORKING FAMILIES AND COMMUNITIES IN SUPPORT OF REX RICHARDSON FOR MAYOR 20

**Part IV** Supplemental Information *(continued)*

2130 JAMES M. WOOD BLVD. LOS ANGELES, CA 90006

EIN: 88-1586178 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

WORKING FAMILIES PARTY NATIONAL PAC

77 SAND STREET #6 BROOKLYN, NY 11201

EIN: 81-0941879 COL (D) AMOUNT: 2300000. 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

2022

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 values, and 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and various monitoring and policy questions.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art collections and required amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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				
e Other		120,625.		120,625.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				120,625.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) OPERATING LEASE LIABILITIES	1,069,221.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	89,227,169.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	22.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	22.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	89,227,147.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	89,227,147.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	93,450,833.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,050,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,050,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	91,400,833.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	91,400,833.

**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, 2022 AND 2021, 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 CONTRIBUTION REVENUE 2,050,000.

Multiple horizontal lines for supplemental information.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		25,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		215,654.
SOUTH AMERICA	0	0	GRANTMAKING		100,000.
SOUTH ASIA	0	0	GRANTMAKING		157,340.
<b>3 a</b> Subtotal .....	0	0			497,994.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			497,994.

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

Schedule F (Form 990) 2022

**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)
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH INFORMATION CAMPAIGN	25,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	ACCESS TO ONLINE EDUCATIONAL RESOURCES	146,049.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	ACCESS TO ONLINE EDUCATIONAL RESOURCES	69,605.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ACCESS TO ONLINE EDUCATIONAL RESOURCES	100,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	ACCESS TO ONLINE EDUCATIONAL RESOURCES	98,240.	WIRE TRANSFER	0.		
		SOUTH ASIA	ACCESS TO ONLINE EDUCATIONAL RESOURCES	59,100.	WIRE TRANSFER	0.		

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 ..... **0**

3 Enter total number of other organizations or entities ..... **6**

**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)

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

TIDES ADVOCACY CONDUCTS DUE DILIGENCE IN ADVANCE OF FUNDING TO CONFIRM THAT THE PROSPECTIVE GRANTEE ORGANIZATION IS A NONPROFIT, IS CONDUCTING SOCIAL WELFARE ACTIVITIES CONSISTENT WITH TIDES ADVOCACY'S EXEMPT PURPOSES, AND IS IN COMPLIANCE WITH OTHER LAWS INCLUDING THOSE APPLICABLE TO FOREIGN GRANTS. ALL GRANTEES RECEIVE A WRITTEN GRANT AGREEMENT REQUIRING COMPLIANCE WITH ALL LAWS AND REGULATIONS INCLUDING THOSE RELATED TO TRADE SANCTIONS AND PROHIBITING TERRORISM, BRIBERY, AND CORRUPTION.

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 TIDES ADVOCACY.

AGREEMENTS FOR GRANTS THAT ARE RESTRICTED FOR A NON-LOBBYING PURPOSE ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN LOBBYING ACTIVITY. AGREEMENTS FOR GRANTS THAT ARE RESTRICTED TO A NONPARTISAN ACTIVITY ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN PARTISAN ACTIVITY.

PERIODIC OR FINAL NARRATIVE AND FINANCIAL REPORTS DESCRIBING USE OF GRANTS FUNDS ARE REQUIRED FOR MOST GRANTS.

**PART I, LINE 3:**

THE ORGANIZATION IS UTILIZING THE ACCRUAL METHOD TO ACCOUNT FOR

**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.

**EXPENDITURES ON SCHEDULE F, PART I.**

Multiple horizontal lines for data entry.

**SCHEDULE G  
(Form 990)**

**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.

**2022**

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](http://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			
BANYAN GLOBAL LLC - 1100 N QUANTICO STREET, ARLINGTON, PINZINO CONSULTING - 10557 S OAKLEY AVENUE, CHICAGO, IL	GRANT WRITING AND PROSPECT RESEARCH		X	1,664,069.	20,000.	1,644,069.
KYLE GRACEY - 424 SAPPHIRE WAY, PITTSBURGH, PA 15224	GRANT WRITING AND PROSPECT RESEARCH		X	750,500.	23,745.	726,755.
MAKERS STRATEGIES LLC - 219 S AVENUE 58, LOS ANGELES, CA	DONOR STRATEGY AND CULTIVATION		X	750,000.	29,000.	721,000.
VILLAGE NONPROFIT SOLUTIONS - 5268 NICHOLSON LN STE G-225, TOLLE STRATEGIES CORP - 20 DODWORTH ST APT 1R, NEW YORK, THALIA ZEPATOS - 4545 SE BROOKLYN STREET, PORTLAND, OR	GRANT WRITING AND PROSPECT RESEARCH		X	610,000.	58,750.	551,250.
MIDDLE SEAT CONSULTING, LLC - 1436 U ST, WASHINGTON, DC	GRANT WRITING AND PROSPECT RESEARCH		X	190,000.	20,000.	170,000.
BAYOU CITY STRATEGIES - 1 GREENWAY PLAZA, SUITE 740, IZY CONSULTING LLC - 7719 EHRHARDT LANE, SUGAR LAND, TX	GRANT WRITING AND PROSPECT RESEARCH		X	98,333.	8,754.	89,579.
	FUNDRAISING STRATEGY CONSULTING		X	98,333.	8,112.	90,221.
	GRANT WRITING AND PROSPECT RESEARCH		X	27,441.	106,175.	-78,734.
	GRANT WRITING AND PROSPECT RESEARCH		X	18,600.	18,000.	600.
	GRANT WRITING AND PROSPECT RESEARCH		X	6,100.	6,410.	-310.
<b>Total</b>				<b>4,213,376.</b>	<b>298,946.</b>	<b>3,914,430.</b>

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MN, MS, MO, ND, NC, NH, NJ, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV**

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

		(a) Event #1	(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: BANYAN GLOBAL LLC

(I) ADDRESS OF FUNDRAISER: 1100 N QUANTICO STREET, ARLINGTON, VA 22205

(I) NAME OF FUNDRAISER: PINZINO CONSULTING

(I) ADDRESS OF FUNDRAISER: 10557 S OAKLEY AVENUE, CHICAGO, IL 60643

(I) NAME OF FUNDRAISER: MAKERS STRATEGIES LLC

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 219 S AVENUE 58, LOS ANGELES, CA 90042

(I) NAME OF FUNDRAISER: VILLAGE NONPROFIT SOLUTIONS

(I) ADDRESS OF FUNDRAISER:

5268 NICHOLSON LN STE G-225, KENSINGTON, MD 20895

(I) NAME OF FUNDRAISER: TOLLE STRATEGIES CORP

(I) ADDRESS OF FUNDRAISER: 20 DODWORTH ST APT 1R, NEW YORK, NY 11221

(I) NAME OF FUNDRAISER: THALIA ZEPATOS

(I) ADDRESS OF FUNDRAISER: 4545 SE BROOKLYN STREET, PORTLAND, OR 97206

(I) NAME OF FUNDRAISER: MIDDLE SEAT CONSULTING, LLC

(I) ADDRESS OF FUNDRAISER: 1436 U ST, WASHINGTON, DC 20009

(I) NAME OF FUNDRAISER: BAYOU CITY STRATEGIES

(I) ADDRESS OF FUNDRAISER: 1 GREENWAY PLAZA, SUITE 740, HOUSTON, TX 77046

(I) NAME OF FUNDRAISER: IZY CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 7719 EHRHARDT LANE, SUGAR LAND, TX 77479

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1000 WOMEN STRONG INC PO BOX 5651 TALLAHASSEE, FL 32314	86-3018152	501(C)(3)	140,000.	0.			GENERAL SUPPORT
1HOOD POWER 460 MELWOOD AVENUE SUITE 204 PITTSBURGH, PA 15213	85-1461805	501(C)(4)	100,000.	0.			GENERAL SUPPORT
ACCELERATE ACTION, INC 294 WASHINGTON STREET, SUITE 500 BOSTON, MA 02108	82-3399959	501(C)(4)	40,000.	0.			GENERAL SUPPORT
ACTION ST LOUIS POWER PROJECT 1041 N VANDEVENTER AVENUE ST. LOUIS, MO 63113	85-1437933	501(C)(4)	100,000.	0.			DEFENSE OF DEMOCRACY; HEALTHY DEMOCRACY
ACTION TOGETHER NEPA INC P.O. BOX 521 MOUNTAIN TOP, PA 18707	82-1570948	501(C)(4)	100,000.	0.			GENERAL SUPPORT
ACTIVATE 48 INC 5716 N 19TH AVENUE PHOENIX, AZ 85015	87-1020881	501(C)(4)	400,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 38.

3 Enter total number of other organizations listed in the line 1 table 141.

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

Schedule I (Form 990) 2022

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRC ACTION 2030 W BASELINE RD 182-631 PHOENIX, AZ 85041	87-3214348	501(C)(4)	525,000.	0.			DEFENSE OF DEMOCRACY
ADVANCE NORTH CAROLINA INC PO BOX 27421 RALEIGH, NC 27611	47-2740671	501(C)(4)	159,000.	0.			GENERAL SUPPORT
ALABAMA FORWARD ACTION 3066 ZELDA RD, PMB231 MONTGOMERY, AL 36106	85-3126511	501(C)(4)	100,000.	0.			GENERAL SUPPORT
ALLIANCE FOR YOUTH ACTION 915 5TH ST. NW WASHINGTON, DC 20001	46-2914731	501(C)(4)	100,000.	0.			GENERAL SUPPORT
ALLIANCE OF CALIFORNIANS FOR COMMUNITY EMPOWERMENT ACTION PAC - 3655 S GRAND AVE STE 250 - LOS ANGELES, CA 90007	80-1918579	527	49,000.	0.			GENERAL SUPPORT
ALLIANCE OF FAMILIES FOR JUSTICE 8 WEST 126TH STREET, 3RD FLOOR NEW YORK, NY 10027	82-1971330	501(C)(3)	75,000.	0.			GENERAL SUPPORT
AMERICA VOTES 1155 CONNECTICUT AVENUE NW SUITE 60 WASHINGTON, DC 20036	26-4568349	501(C)(4)	517,700.	0.			STATE-SPECIFIC ORGANIZING
AMERICAN CIVIL LIBERTIES UNION, INC. - 915 15TH STREET NW - WASHINGTON, DC 20005	13-3871360	501(C)(4)	100,000.	0.			GENERAL SUPPORT
ARIZONA WINS 530 E MCDOWELL ROAD SUITE 107-189 PHOENIX, AZ 85004	36-4781665	501(C)(4)	142,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICAN ADVOCACY FUND 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093	83-1198242	501(C)(4)	77,000.	0.			GENERAL SUPPORT
ASIAN AMERICAN ADVOCACY FUND INDEPENDENT COMMITTEE - 5680 OAKBROOK PARKWAY, SUITE 148 - NORCROSS, GA 30093	84-3953361	527	185,000.	0.			GENERAL SUPPORT
ASIAN PACIFIC ENVIRONMENTAL NETWORK ACTION - 400 CAPITOL MALL, SUITE 1545 - SACRAMENTO, CA 95814-4434	45-4027112	501(C)(4)	200,000.	0.			CIVIC ENGAGEMENT (NONPARTISAN)
ASIAN PACIFIC ISLANDER POLITICAL ALLIANCE - 1528 WALNUT STREET SUITE 808 - PHILADELPHIA, PA 19102	85-0685612	501(C)(4)	179,800.	0.			GENERAL SUPPORT
BARBARA JORDAN INITIATIVE 1808 S. GOOD LATIMER EXPY DALLAS, TX 75226	86-3548109	501(C)(4)	85,000.	0.			GENERAL SUPPORT
BARRED BUSINESS FOUNDATION CO 4217 VIEWPOINT TRAIL ELLENWOOD, GA 30294	87-1392944	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BEND THE ARC JEWISH ACTION 330 SEVENTH AVE 19TH FLOOR NEW YORK, NY 10001	46-0539726	501(C)(4)	25,000.	0.			GENERAL SUPPORT
BETTER FUTURE FOR NEW MEXICO PO BOX 20851 ALBUQUERQUE, NM 87054	82-4939302	527	35,000.	0.			GENERAL SUPPORT
BLACK COLLECTIVE INC 797 NW 74TH STREET MIAMI, FL 33150	83-2831423	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK MALE VOTER PROJECT 384 NORTHYARDS BLVD NW STE 190 ATLANTA, GA 30313	84-3530186	501(C)(4)	175,000.	0.			CIVIC ENGAGEMENT (NONPARTISAN)
BLACK PHOENIX VOTES 3101 N CENTRAL AVE, SUITE 950 PHOENIX, AZ 85012	85-1801162	501(C)(4)	100,000.	0.			LOCAL SCHOOL BOARD EDUCATION AND OUTREACH; GENERAL SUPPORT
BLACK VOTERS MATTER FUND 3645 MARKETPLACE BLVD SUITE 1409-23 EAST POINT, GA 30344	81-3625061	501(C)(4)	90,000.	0.			GENERAL SUPPORT
BRADY PAC 600 PENNSYLVANIA AVE SE, 15180 WASHINGTON, DC 20003	82-4897199	527	30,000.	0.			GENERAL SUPPORT
BYP100 ACTION FUND PO BOX 15254 CHICAGO, IL 60615	47-4435527	501(C)(4)	100,000.	0.			GENERAL SUPPORT
CA LEAGUE OF CONSERVATION VOTERS POLITICAL COMMITTEE - 350 FRANK H. OGAWA PLAZA SUITE 1100 - OAKLAND, CA 94612	68-0448503	527	50,000.	0.			GENERAL SUPPORT
CALIFORNIA ENVIRONMENTAL VOTERS 350 FRANK H. OGAWA PLAZA SUITE 1100 OAKLAND, CA 94612	94-3169564	501(C)(4)	43,067.	0.			GENERAL SUPPORT
CALIFORNIA WORKING FAMILIES PARTY 77 SANDS STREET, 6TH FL BROOKLYN, NY 11201	86-3626346	527	6,000.	0.			GENERAL SUPPORT
CARE IN ACTION 45 BROADWAY, SUITE 320 NEW YORK, NY 10006	46-4605470	501(C)(4)	25,000.	0.			POLICY ADVOCACY CONNECTED TO SCOTUS VACANCY

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA FEDERATION PO BOX 61113 DURHAM, NC 27715	83-0936641	501(C)(4)	75,000.	0.			EQUITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CASA IN ACTION 8151 15TH AVENUE LANGLEY PARK, MD 20793	27-2145405	501(C)(4)	50,500.	0.			GENERAL SUPPORT
CASE ACTION FUND 1021 SOUTH 7TH AVENUE PHOENIX, AZ 85004	45-4874128	501(C)(4)	60,000.	0.			CRIMINAL JUSTICE REFORM
CAUSE ACTION FUND 2021 SPERRY AVE, STE 9 VENTURA, CA 93003	77-0551324	501(C)(4)	10,000.	0.			CIVIC ENGAGEMENT (NONPARTISAN)
CENTER FOR CIVIC ACTION PO BOX 27616 ALBUQUERQUE, NM 87125	02-0779812	501(C)(4)	50,000.	0.			GENERAL SUPPORT
CENTER FOR COMMUNITY CHANGE ACTION 1536 U STREET NW WASHINGTON, DC 20009	27-0061100	501(C)(4)	50,875.	0.			GENERAL SUPPORT
CENTER FOR EMPOWERED POLITICS 1042 GRANT AVE 5TH FLOOR SAN FRANCISCO, CA 94133	45-3084134	501(C)(4)	704,000.	0.			CHARITABLE AND SOCIAL WELFARE ACTIVITY; GENERAL SUPPORT
CENTER FOR EMPOWERED POLITICS EDUCATION FUND - 575 MARKET ST. SUITE 900 - SAN FRANCISCO, CA 94105	84-3636499	501(C)(3)	210,000.	0.			GENERAL SUPPORT
CENTER FOR RACIAL AND GENDER EQUITY NFP - 2243 E. 71ST STREET - CHICAGO, IL 60649	45-4461853	501(C)(4)	60,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS FUNDING ACCELERATOR INC 2101 L ST NW SUITE 800 WASHINGTON, DC 20037	84-4904150	501(C)(4)	50,000.	0.			GENERAL SUPPORT
CIRC ACTION FUND 2525 WEST ALAMEDA AVENUE DENVER, CO 80219	45-5558477	501(C)(4)	100,000.	0.			GENERAL SUPPORT
CITIZEN ACTION OF NEW YORK, INC. 94 CENTRAL AVE ALBANY, NY 12206	11-2644562	501(C)(4)	100,000.	0.			GENERAL SUPPORT
COLOR ACTION FUND PO BOX 40991 DENVER, CO 80204	81-2566990	501(C)(4)	100,000.	0.			GENERAL SUPPORT
COLOR OF CHANGE 1714 FRANKLIN STREET, 100-136 OAKLAND, CA 94612	20-4496889	501(C)(4)	25,000.	0.			GENERAL SUPPORT
COLUMBIA RIVERKEEPER PO BOX 950 HOOD RIVER, OR 97031	91-1583492	501(C)(3)	5,664.	0.			GENERAL SUPPORT
COMMONWEALTH ALLIANCE VOTER ENGAGEMENT INC - 100 WILKINSON STREET - FRANKFORT, KY 40601	84-2758628	501(C)(4)	225,000.	0.			GENERAL SUPPORT
COMMUNITY ENGAGEMENT STRATEGIES LLC - 530 COLUMBIA RD NW - WASHINGTON, DC 20001	88-3307493		175,530.	0.			CIVIC ENGAGEMENT (NONPARTISAN)
CONSERVATIVES FOR A CLEAN ENERGY FUTURE - 106 W. ALLEGAN NO 200 - LANSING, MI 48933	82-5201195	501(C)(4)	180,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURAGE CALIFORNIA ISSUES 7119 W. SUNSET BOULEVARD, NO. 195 LOS ANGELES, CA 90046	20-4841338	501(C)(4)	20,000.	0.			GENERAL SUPPORT
DECARCERATE MIAMI INC 1951 NW 7TH AVE 600 MIAMI, FL 33136	84-4077230	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DEKALB COUNTY DEMOCRATS CENTRAL COMMITTEE - PO BOX 785 - DEKALB, IL 60115-0785	36-4222580	501(C)(4)	10,000.	0.			GENERAL SUPPORT
DEMOCRATIC PARTY OF MCHENRY COUNTY CENTRAL COMMITTEE - PO BOX 1126 - CRYSTAL LAKE, IL 60039-1126	42-1605068	527	15,000.	0.			GENERAL SUPPORT
DISRUPTION PROJECT C/O MOVEMENT ALLIANCE PROJECT, 924 CHERRY ST. SUITE 5 - PHILADELPHIA, PA 1	85-1066939	501(C)(4)	20,000.	0.			GENERAL SUPPORT
DOWN HOME NORTH CAROLINA PO BOX 41262 GREENSBORO, NC 27404	83-1236736	501(C)(4)	65,000.	0.			GENERAL SUPPORT
DURHAM FOR ALL 1803 CHAPEL HILL RD., SUITE D DURHAM, NC 27707	81-1360384	501(C)(4)	75,000.	0.			GENERAL SUPPORT
EAST PALO ALTO COMMUNITY ALLIANCE NEIGHBORHOOD DEVELOPMENT ORGANIZATION - 2369 UNIVERSITY AVE. - EAST PALO ALTO, CA 94303	94-3145270	501(C)(3)	15,000.	0.			GENERAL SUPPORT
EMGAGE ACTION INC 3425 US HWY 98 N LAKELAND, FL 33809	46-5499822	501(C)(4)	300,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENGAGE SAN DIEGO ACTION FUND 3909 CENTRE STREET SAN DIEGO, CA 92103	47-5670757	501(C)(4)	30,000.	0.			GENERAL SUPPORT
ENVIRONMENTAL ADVOCATES OF NEW YORK - 353 HAMILTON STREET - ALBANY, NY 12210	22-2360736	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ENVIRONMENTAL VOTER PROJECT INC P.O. BOX 962002 BOSTON, MA 02196	47-3697216	501(C)(4)	35,000.	0.			GENERAL SUPPORT
FAITH AND WORKS ELECTORAL JUSTICE PROJECT - 4209 TREE CROSSINGS PARKWAY - HOOVER, AL 35244	87-1796327	501(C)(3)	125,000.	0.			GENERAL SUPPORT
FAITH IN MINNESOTA 2356 UNIVERSITY AVENUE W SUITE 405 ST. PAUL, MN 55144	82-2271968	501(C)(4)	200,000.	0.			GENERAL SUPPORT
FAMILY FRIENDLY ACTION FUND 114 NORTH MAIN STREET, SUITE 203 CONCORD, NH 03301	83-1806898	501(C)(4)	25,875.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FANNIE LOU HAMER INSTITUTE 3818 CRENSHAW BL. 363 LOS ANGELES, CA 90008	87-0918968	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FLIC VOTES INC 2800 BISCAYNE BOULEVARD SUITE 200 MIAMI, FL 33137	81-2185907	501(C)(4)	100,000.	0.			GENERAL SUPPORT
FOR THE MANY ENVIRONMENTAL ACTION 16 JOSEPHINE AVE KINGSTON, NY 12401	92-0614568	501(C)(4)	58,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORWARD MT PO BOX 2817 MISSOULA, MT 59806	13-4285849	501(C)(4)	30,000.	0.			GENERAL SUPPORT
FREE AND FAIR ELECTIONS USA INC 611 PENNSYLVANIA AVENUE SE SUITE 20 WASHINGTON, DC 20003	88-2257489	501(C)(4)	1,000,000.	0.			DEFENSE OF DEMOCRACY; GENERAL SUPPORT
FREE SCHOOL 8 ELM STREET ALBANY, NY 12202	23-7112492	501(C)(3)	50,000.	0.			GENERAL SUPPORT
GEORGIA INVESTOR ACTION FUND INC PO BOX 170515 ATLANTA, GA 30317	47-4777204	501(C)(4)	100,000.	0.			GENERAL SUPPORT
GREEN ADVOCACY PROJECT 6218 GEORGIA AVE NW NO. 1-556 WASHINGTON, DC 20111	81-4823798	501(C)(4)	80,000.	0.			GENERAL SUPPORT
GROWING REAL ALTERNATIVES EVERYWHERE - 2611 CLAY ST. - HOUSTON, TX 77003	84-2892679	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HIGHLANDER RESEARCH & EDUCATION CENTER, INC - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	75,000.	0.			GENERAL SUPPORT
HOOPS4KIDS INC 7 COLD SPRINGS DR CLIFTON PARK, NY 12065	56-2320746	501(C)(3)	50,000.	0.			GENERAL SUPPORT
IL MUSLIM CIVIC COALITION ACTIVATE 2425 W 22ND ST STE 209 OAK BROOK, IL 60523	83-2551469	501(C)(4)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIVISIBLE PROJECT PO BOX 43883 WASHINGTON, DC 20010	81-4944067	501(C)(4)	25,000.	0.			GENERAL SUPPORT
INITIATE JUSTICE ACTION 1787 TRIBUTE ROAD, SUITE K SACRAMENTO, CA 95815	87-2292404	501(C)(4)	76,526.	0.			GENERAL SUPPORT; CRIMINAL JUSTICE REFORM
INLAND EMPIRE UNITED 515 S. FIGUEROA ST. SUITE 1110 LOS ANGELES, CA 90071	47-5301639	501(C)(4)	295,000.	0.			CIVIC ENGAGEMENT (NONPARTISAN)
INLAND EMPIRE UNITED ACTION FUND 312 CLAY STREET SUITE 300 OAKLAND, CA 94607	84-4610913	527	85,000.	0.			GENERAL SUPPORT
INSTITUTE FOR INTELLECTUAL PROPERTY AND SOCIAL JUSTICE INC - 707 MAPLE AVENUE - ROCKVILLE, MD 20850	71-1027667	501(C)(3)	130,000.	0.			RACIAL JUSTICE PUBLIC EDUCATION
JUSTICE PAC 312 CLAY STREET STE 300 OAKLAND, CA 94607	88-0993919	527	170,000.	0.			GENERAL SUPPORT
KANSAS DEMOCRATIC STATE COMMITTEE PO BOX 1914 TOPEKA, KS 66601	48-0193635	527	25,000.	0.			GENERAL SUPPORT
KEEP THE LIGHTS ON P.O. BOX 750823 NEW ORLEANS, LA 70175	88-3782491	527	300,000.	0.			GENERAL SUPPORT
KENTUCKIANS FOR THE COMMONWEALTH PO BOX 1450 LONDON, KY 40743	61-1015576	501(C)(4)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA FUERZA NORTH CAROLINA 3125 POPLARWOOD COURT, SUITE 300 RALEIGH, NC 27604	88-2628515	501(C)(4)	75,000.	0.			GENERAL SUPPORT
LA VOICE ACTION 3660 WILSHIRE BLVD SUITE 602 LOS ANGELES, CA 90010	82-4819191	501(C)(4)	100,000.	0.			GENERAL SUPPORT
LEADERS IGNITING TRANSFORMATION ACTION FUND INC - 2201 NORTH DR. MARTIN LUTHER KING JR. DRIVE - MILWAUKEE, WI 53212	82-3166802	501(C)(4)	175,500.	0.			GENERAL SUPPORT
LEAGUE OF CONSERVATION VOTERS, INC. - 740 15TH STREET NW SUITE 700 - WASHINGTON, DC 20005	52-1733698	501(C)(4)	264,000.	0.			GENERAL SUPPORT
LGBT DETROIT 20025 GREENFIELD ROAD DETROIT, MI 48235	56-2393981	501(C)(3)	75,000.	0.			GENERAL SUPPORT
LIBERATE ARIZONA 401 WEST BASELINE ROAD SUITE 205 TEMPE, AZ 85283	87-3811434	527	75,000.	0.			GENERAL SUPPORT
LIBERATION POLITICAL ACTION COMMITTEE - 3525 S MARTIN LUTHER KING JR BOULEVARD SUITE B - LANSING, MI 48910	82-3618932	501(C)(4)	50,000.	0.			DEFENSE OF DEMOCRACY
LIFT UP CONTRA COSTA ACTION 312 CLAY STREET, SUITE 300 OAKLAND, CA 94607	88-1146775	527	56,000.	0.			GENERAL SUPPORT
LIVING UNITED FOR CHANGE IN ARIZONA - 5716 N. 19TH AVENUE - PHOENIX, AZ 85015	27-1398645	501(C)(4)	242,760.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL JOBS ECONOMIC DEVELOPMENT FUND - 1209 ORANGE STREET CORPORATION TRUST CENTER - WILMINGTON, DE 19801	88-0876930	501(C)(4)	75,000.	0.			GENERAL SUPPORT
LONG ISLAND PROGRESSIVE COALITION EDUCATION PROJECT - 90 PENNSYLVANIA AVENUE - MASSAPEQUA, NY 11758	11-2725213	501(C)(3)	45,000.	0.			GENERAL SUPPORT
MAKE NORTH CAROLINA FIRST PO BOX 648 RALEIGH, NC 27602	46-3981642	501(C)(4)	60,000.	0.			GENERAL SUPPORT
MAKE THE ROAD ACTION INC 449 TROUTMAN ST, SUITE C BROOKLYN, NY 11237	27-1408443	501(C)(4)	539,400.	0.			GENERAL SUPPORT
MCLEAN COUNTY DEMOCRATIC CENTRAL COMMITTEE - PO BOX 3411 - BLOOMINGTON, IL 61702	37-0979698	527	15,000.	0.			GENERAL SUPPORT
MEMPHIS ARTISTS FOR CHANGE 1540 MADISON AVENUE MEMPHIS, TN 38104	81-4207475	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MIAMI FREEDOM PROJECT INC 937 NW 3RD AVENUE MIAMI, FL 33136	84-3808281	501(C)(4)	100,000.	0.			GENERAL SUPPORT
MIAMI WORKERS CENTER INC 745 NW 54TH STREET MIAMI, FL 33137	65-0942224	501(C)(3)	75,000.	0.			GENERAL SUPPORT
MICHIGAN ORGANIZING STRATEGY ENABLING STRENGTH AND ACTION - 220 BAGLEY STREET SUITE 420 - DETROIT, MI 48226	82-3243368	501(C)(4)	70,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIJENTE 734 WEST POLK STREET PHOENIX, AZ 85007	81-3459266	501(C)(4)	290,000.	0.			GENERAL SUPPORT
MISSISSIPPI STATE CONFERENCE NAACP 1072 WEST J.R. LYNCH STREET SUITE 1 JACKSON, MS 39203	64-6025998	501(C)(4)	150,000.	0.			GENERAL SUPPORT
MISSISSIPPI VOTES ACTION FUND 510 GEORGE STREET, STE 403 JACKSON, MS 39202	87-2312409	501(C)(4)	50,000.	0.			GENERAL SUPPORT
MOTHERING JUSTICE P.O. BOX 21728 DETROIT, MI 48221	82-2828323	501(C)(4)	100,000.	0.			GENERAL SUPPORT
MOVE TEXAS ACTION FUND 1023 N. PINE STREET SAN ANTONIO, TX 78202	46-3339204	501(C)(4)	52,267.	0.			GENERAL SUPPORT
NATIONAL INSTITUTE FOR PEER SUPPORT - 5800 NICHOLSON LANE UNIT 401 - NORTH BETHESDA, MD 20852	20-1398650	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NATIVE PEOPLES ACTION 606 E STREET SUITE 200 ANCHORAGE, AK 99501	82-2327692	501(C)(4)	150,000.	0.			GENERAL SUPPORT; ADVOCACY FOR NATIVE COMMUNITIES
NATIVE VOTERS ALLIANCE NEVADA 6675 S TENAYA WAY, SUITE 200 LAS VEGAS, NV 89113	87-4365518	501(C)(4)	100,000.	0.			GENERAL SUPPORT
NCAAT IN ACTION 711 HILLSBOROUGH STREET, SUITE 106 RALEIGH, NC 27603	84-2889172	501(C)(4)	157,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA LEAGUE OF CONSERVATION VOTERS - 6030 S 57TH STREET, SUITE B - LINCOLN, NE 68516	03-0402828	501(C)(4)	50,000.	0.			GENERAL SUPPORT
NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608	94-3080408	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NEW GEORGIA PROJECT ACTION FUND 165 COURTLAND STREET, NW SUITE A231 ATLANTA, GA 30303	82-0934131	501(C)(4)	181,875.	0.			GENERAL SUPPORT
NEW JERSEY WORKING FAMILIES ALLIANCE - PO BOX 1068 - TRENTON, NJ 08608	30-0427821	501(C)(4)	100,000.	0.			GENERAL SUPPORT
NEW LIFE WORSHIP CENTER 187 MATHER ST. HARTFORD, CT 06120	44-0577787	501(C)(3)	75,000.	0.			GENERAL SUPPORT
NEW VOICES FOR REPRODUCTIVE JUSTICE - 5987 BROAD STREET - PITTSBURGH, PA 15206	27-0570462	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NORTH FUND 1101 CONNECTICUT AVE. NW WASHINGTON, DC 20036	83-4011547	501(C)(4)	45,000.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA LAND TRUST 3120 SHATTUCK AVENUE BERKELEY, CA 94705	23-7380534	501(C)(3)	10,000.	0.			TENANT/COMMUNITY OPPORTUNITY TO PURCHASE CAMPAIGNS
OC ACTION 8682 BEACH BLVD 200 BUENA PARK, CA 90620	88-1009568	501(C)(4)	88,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)



Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO FAMILIES UNITE FOR POLITICAL ACTION AND CHANGE - PO BOX 20177 - COLUMBUS, OH 43220	87-2657596	501(C)(3)	75,000.	0.			GENERAL SUPPORT
OHIO ORGANIZING CAMPAIGN 25 EAST BOARDMAN STREET SUITE 230 YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	164,000.	0.			GENERAL SUPPORT
OHIO PROGRESSIVE COLLABORATIVE 341 SOUTH THIRD STREET, SUITE 300 COLUMBUS, OH 43215	82-2146860	501(C)(4)	25,000.	0.			GENERAL SUPPORT
OHIO WOMEN S ALLIANCE ACTION FUND 1255 N. HAMILTON RD #194 GAHANNA, OH 43430	84-3460778	501(C)(4)	50,000.	0.			GENERAL SUPPORT
ONE APIA NEVADA 6675 S TENAYA WAY SUITE 200 LAS VEGAS, NV 89113	83-0846881	501(C)(4)	75,000.	0.			GENERAL SUPPORT
ONE FAIR WAGE ACTION 30 BOW STREET CAMBRIDGE, MA 02138	84-3605857	501(C)(4)	50,000.	0.			GENERAL SUPPORT
ONE TEXAS INC 1300 MCGOWEN STREET HOUSTON, TX 77004	92-0424933	501(C)(4)	50,000.	0.			GENERAL SUPPORT
ONEAMERICA VOTES 1225 S. WELLER STREET, SUITE 200 SEATTLE, WA 98144	27-2671115	501(C)(4)	50,000.	0.			GENERAL SUPPORT
ORGANIZE PENNSYLVANIA 1414 BRIGHTON ROAD PITTSBURGH, PA 15212	82-0714373	501(C)(4)	115,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR CITY ACTION BUFFALO INC PO BOX 610 BUFFALO, NY 14213	84-5173582	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)	50,000.	0.			GENERAL SUPPORT
OUT FOR JUSTICE INC P.O. BOX 33468 BALTIMORE, MD 21218	45-2482209	501(C)(3)	75,000.	0.			GENERAL SUPPORT
PENNSYLVANIA UNITED 841 CALIFORNIA AVENUE 3RD FLOOR PITTSBURGH, PA 15212	82-3674888	501(C)(4)	100,000.	0.			GENERAL SUPPORT
PENNSYLVANIA STANDS UP INC 15 N LIME STREET LANCASTER, PA 17602	83-2880678	501(C)(4)	161,000.	0.			GENERAL SUPPORT
PEOPLE OVER PROSECUTION POLITICAL FUND - 2825 JOHNSON ST NE - MINNEAPOLIS, MN 55418	88-2672426	501(C)(4)	70,000.	0.			GENERAL SUPPORT
PICO CALIFORNIA ACTION FUND PAC 312 CLAY STREET SUITE 300 OAKLAND, CA 94607	84-3224688	501(C)(4)	97,500.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	13-3539048	501(C)(4)	75,000.	0.			GENERAL SUPPORT
PODER PO BOX 23406 4415 N MARYVALE PARKWA PHOENIX, AZ 85031	83-0983906	501(C)(4)	200,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCIPLED LEADERSHIP FOR ARIZONA 721 E. CLAREMONT STREET PHOENIX, AZ 85014	88-2150556	527	370,000.	0.			GENERAL SUPPORT
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA ACTION FUND - 2330 DEL PRADO C106 - LAS VEGAS, NV 89102	45-2606048	501(C)(4)	184,500.	0.			DEFENSE OF DEMOCRACY
PROGRESSNOW AZ 530 E MCDOWELL ROAD SUITE 107-189 PHOENIX, AZ 85004	83-3393572	501(C)(4)	200,000.	0.			GENERAL SUPPORT
RESIDENTS FOR A JUST EPA FOR MEASURE L - 25 NEWELL ROAD APT 6 - EAST PALO ALTO, CA 94303	88-3799615	527	35,000.	0.			GENERAL SUPPORT
RIGHT TO HEALTH ACTION INC 59 LEICESTER ST. APT 2 BOSTON, MA 02125	86-1451301	501(C)(4)	100,000.	0.			GENERAL SUPPORT
RISE INC 820 KODAK DR. LOS ANGELES, CA 90026	82-1876815	501(C)(4)	26,550.	0.			GENERAL SUPPORT
RUP INC 323 S 600 E SUITE 130 SALT LAKE CITY, UT 84102	82-1603888	501(C)(4)	50,000.	0.			GENERAL SUPPORT
SAGE LEADERS 414 MAYNARD AVE S SEATTLE, WA 98104	85-1190550	501(C)(4)	100,000.	0.			GENERAL SUPPORT
SANGAMON COUNTY DEMOCRATIC CENTRAL COMMITTEE - P.O. BOX 2 - SPRINGFIELD, IL 62705-0002	37-0803118	527	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF JUSTICE IMPACT PROJECT PO BOX 729 NEW YORK, NY 10163	87-4392613	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SIXTEEN THIRTY FUND 1201 CONNECTICUT AVE NW WASHINGTON, DC 20036	26-4486735	501(C)(4)	1,050,000.	0.			GENERAL SUPPORT
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	8,500.	0.			GENERAL SUPPORT
SOCIAL JUSTICE CENTER OF ALBANY INC - 33 CENTRAL AVENUE - ALBANY, NY 12202	22-2405608	501(C)(3)	50,000.	0.			GENERAL SUPPORT
TAPROOT EARTH P.O. BOX 784 SLIDELL, LA 70459	87-1961840	501(C)(3)	356,680.	0.			HUMAN RIGHTS AND ECONOMIC JUSTICE
TEXAS CAMPAIGN FOR THE ENVIRONMENT PO BOX 42278 AUSTIN, TX 78704	74-2891025	501(C)(4)	60,000.	0.			GENERAL SUPPORT
TEXAS FREEDOM NETWORK PO BOX 1624 AUSTIN, TX 78767	74-2736849	501(C)(4)	26,875.	0.			GENERAL SUPPORT
TEXAS FUTURE COOPERATIVE PO BOX 660052 AUSTIN, TX 78766	84-3489184		100,000.	0.			TEXAS FUTURES PROJECT STATE BASED ADVOCACY
THE ALASKA CENTER 810 E STREET SUITE 100 ANCHORAGE, AK 99501	92-0090065	501(C)(4)	75,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO ORGANIZING COLLABORATIVE 25 EAST BOARDMAN STREET SUITE 428 YOUNGSTOWN, OH 44503	26-1601472	501(C)(3)	11,000.	0.			GENERAL SUPPORT
THE ORDINARY PEOPLE SOCIETY 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)(3)	75,000.	0.			GENERAL SUPPORT
THE PRAXIS PROJECT INC PO BOX 7259 OAKLAND, CA 94601	30-0044814	501(C)(3)	50,000.	0.			GENERAL SUPPORT
TIRRC VOTES 3310 EZELL RD NASHVILLE, TN 37211	82-5038040	501(C)(4)	100,000.	0.			GENERAL SUPPORT
TRUST FOR ENERGY INNOVATION 315 FLATBUSH AVENUE, BOX 505 BROOKLYN, NY 11217	45-2150756	501(C)(4)	34,377.	0.			GENERAL SUPPORT
TULSA COMMUNITY FOUNDATION 7030 SOUTH YALE AVENUE SUITE 600 TULSA, OK 74136	73-1554474	501(C)(3)	75,000.	0.			GENERAL SUPPORT
US MIDDLE EAST PROJECT INC 641 LEXINGTON AVENUE SUITE 1500 NEW YORK, NY 10022	41-2213721	501(C)(3)	103,000.	0.			GENERAL SUPPORT
VC - SAVE OUR AGRICULTURE AND FRESHWATER FOR EVERYBODY, SPONSORED BY ENVIRONMENT - 777 S. FIGUEROA STREET - LOS ANGELES,	32-0160436	501(C)(4)	50,000.	0.			BALLOT INITIATIVE WORK
VOCAL NY ACTION FUND INC PO BOX 170374 BROOKLYN, NY 11217	45-5454734	501(C)(4)	100,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

**TIDES ADVOCACY**

94-3153687

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCES DE LA FRONTERA ACTION INC 1027 SOUTH 5TH STREET MILWAUKEE, WI 53204	02-0759160	501(C)(4)	100,000.	0.			GENERAL SUPPORT
WAREHOUSE WORKER ACTION 37 S. ASHLAND AVE FIRST FLOOR CHICAGO, IL 60607	87-1898189	501(C)(4)	40,000.	0.			GENERAL SUPPORT
WASHINGTON COMMUNITY ACTION NETWORK - 1806 E YESLER WAY - SEATTLE, WA 98122	91-1206728	501(C)(4)	50,000.	0.			GENERAL SUPPORT
WE THE PEOPLE MI 440 BURROUGHS STREET 174 DETROIT, MI 48202	84-3528071	501(C)(4)	50,000.	0.			DEFENSE OF DEMOCRACY
WFP NATIONAL PAC 81 PROSPECT ST BROOKLYN, NY 11201	81-0941879	527	25,000.	0.			GENERAL SUPPORT
WILL COUNTY DEMOCRATIC CENTRAL COMMITTEE - PO BOX 4242 - JOLIET, IL 60434-4242	26-0397719	527	17,500.	0.			GENERAL SUPPORT
WISCONSIN CONSERVATION VOICES INC 133 S. BUTLER STREET SUITE 320 MADISON, WI 53703	73-1628891	501(C)(3)	64,550.	0.			CIVIC ENGAGEMENT (NONPARTISAN)
WORKING FAMILIES AND COMMUNITIES IN SUPPORT OF REX RICHARDSON FOR MAYOR 2022 - 2130 JAMES M. WOOD BLVD. - LOS ANGELES, CA 90006	88-1586178	527	75,000.	0.			GENERAL SUPPORT
WORKING FAMILIES ORGANIZATION INC 77 SANDS STREET #6 BROOKLYN, NY 11201	20-4994004	501(C)(4)	2,957,000.	0.			ENVIRONMENTAL POLICY ADVOCACY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKING FAMILIES PARTY NATIONAL PAC - 77 SAND STREET # - BROOKLYN, NY 11201	81-0941879	527	2,300,000.	0.			GENERAL SUPPORT
WV CANT WAIT MUTUAL AID A NON-PROFIT CORPORATION - 403 KING AVE - FAYETTEVILLE, WV 25840	86-1651437	501(C)(3)	80,000.	0.			GENERAL SUPPORT

**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	367	232,614.	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 TO CONFIRM THE PROSPECTIVE GRANTEE'S TAX-EXEMPT STATUS AND THAT THE GRANT WILL ADVANCE TIDES ADVOCACY'S MISSION. ALL GRANTEES RECEIVE A WRITTEN GRANT AGREEMENT REQUIRING COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS.

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



**Part IV** Supplemental Information

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 TIDES ADVOCACY.

AGREEMENTS FOR GRANTS THAT ARE RESTRICTED FOR A NON-LOBBYING PURPOSE ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN LOBBYING ACTIVITY. AGREEMENTS FOR GRANTS THAT ARE RESTRICTED TO A NONPARTISAN ACTIVITY ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN PARTISAN ACTIVITY.

PERIODIC OR FINAL NARRATIVE AND FINANCIAL REPORTS DESCRIBING USE OF GRANTS FUNDS ARE REQUIRED FOR MOST 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](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

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
1a		
1b		
2		
3		
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) 2022

**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 and/or 1099-NEC 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) DESMOND MEADE ED, FL RIGHTS RESTORATION COALITION	(i)	276,740.	0.	0.	12,084.	38,424.	327,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CRISTINE SOTO DEBERRY ED, PROSECUTORS ALLIANCE OF CA ACTIO	(i)	217,707.	0.	0.	11,000.	37,848.	266,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARLISSIA GRAHAM PRESIDENT, NEW MEDIA VENTURES	(i)	230,248.	0.	0.	0.	14,148.	244,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROMILDA AVILA PRESIDENT & CEO / DIRECTOR	(i)	221,918.	0.	0.	3,300.	655.	225,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA SALINAS CIO, NEW MEDIA VENTURES	(i)	201,944.	0.	0.	10,000.	13,304.	225,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SIHLE-TINA DINANI CHIEF FINANCIAL OFFICER	(i)	188,689.	0.	0.	9,590.	24,787.	223,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) YASMINE LAURENT DIRECTOR OF PEOPLE AND CULTURE	(i)	182,524.	0.	0.	7,425.	9,336.	199,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREA GRANDA DEPUTY DIRECTOR	(i)	169,261.	0.	0.	8,480.	17,861.	195,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JENNIFER JORCZAK GENERAL COUNSEL AS OF 1/2022	(i)	160,141.	0.	0.	8,037.	18,722.	186,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RENITA FRANCOIS CHIEF STRATEGY OFFICER AS OF 2/2022	(i)	151,434.	0.	0.	4,389.	21,731.	177,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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	10	253,425.	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 3 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).

**SCHEDULE O  
(Form 990)**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 Form 990-EZ.

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

OMB No. 1545-0047

**2022**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, GENERAL 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) 2022

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:

THE BOARD MEETS ANNUALLY WITH THE CEO AND OFFICERS 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, 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:

TIDES ADVOCACY'S FINANCIAL STATEMENTS AND FORMS 990 ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. CURRENTLY, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

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

OTHER FEES FOR SERVICES:



Name of the organization <b>TIDES ADVOCACY</b>	Employer identification number <b>94-3153687</b>
---	---

<b>PROGRAM SERVICE EXPENSES</b>	<b>17,917,316.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>1,243,559.</b>
<b>FUNDRAISING EXPENSES</b>	<b>125,485.</b>
<b>TOTAL EXPENSES</b>	<b>19,286,360.</b>

**RECRUITING SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>35,153.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>6,907.</b>
<b>FUNDRAISING EXPENSES</b>	<b>6,858.</b>
<b>TOTAL EXPENSES</b>	<b>48,918.</b>

**PAYROLL PROCESSING FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>45,955.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>9,030.</b>
<b>FUNDRAISING EXPENSES</b>	<b>8,966.</b>
<b>TOTAL EXPENSES</b>	<b>63,951.</b>

<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>19,399,229.</b>
---	--------------------

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

<b>REVERSAL OF PRIOR YEAR CONTRIBUTION REVENUE</b>	<b>-2,050,000.</b>
--	--------------------