1 2 3 4 5 6 7 8 9 10 11 12	 BYRON J. MCLAIN, CA Bar No. 257191 bmclain@foley.com TAM C. WHEAT, CA Bar No. 352916 twheat@foley.com FOLEY & LARDNER LLP 555 South Flower Street, Suite 3300 Los Angeles, CA 90071-2418 Telephone: 213.972.4500 Facsimile: 213.486.0065 SEGAL LAW GROUP LAWRENCE SEGAL [BAR NO. 101339] ANDREW D. SHUPE [BAR NO. 240635] 9100 Wilshire Boulevard, Suite 616E Beverly Hills, California 90212-3557 Telephone: (310) 550-4840 Facsimile: (310) 550-4848 Attorneys for Plaintiff Black Lives Matter Global Network Foundation, Inc. 	Electronically FILED by Superior Court of California, County of Los Angeles 5/06/2024 4:01 PM David W. Slayton, Executive Officer/Clerk of Court, By D. Williams, Deputy Clerk
13	SUPERIOR COURT OF THE	C STATE OF CALIFORNIA
14	COUNTY OF L	OS ANGELES
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16	BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC., a Delaware	Case No.: 248TCV11342
17	nonprofit corporation,	COMPLAINT FOR DAMAGES BASED
18	Plaintiff,	UPON: 1. BREACH OF ORAL CONTRACT;
10	v.	2. FRAUD IN THE INDUCEMENT;
19 20	TIDES FOUNDATION, a California nonprofit	3. NEGLIGENT MISREPRESENTATION;
	corporation; and DOES 1 through 20, inclusive,	4. CONVERSION; 5. UNFAIR COMPETITION (BUS. &
21	Defendants.	PROF. CODE § 17200 et seq.);
22		 ACCOUNTING; UNLICENSED BANKING
23		ACTIVITIES IN VIOLATION OF CAL. FIN. CODE § 1006; AND
24		8. BREACH OF FIDUCIARY DUTY
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Plaintiff Black Lives Matter Global Network Foundation, Inc., for its Complaint against defendants Tides Foundation and DOES 1 through 20 (collectively, "Defendants"), states and alleges as follows:

1. Plaintiff Black Lives Matter Global Network Foundation, Inc. ("BLM GNF" or 4 "Plaintiff") is a recognized 501(c)(3) nonprofit corporation dedicated to uplifting the Black 5 community with a focus on positive, community-oriented goals that not only seek healing justice but 6 7 also celebrate the vibrant art and culture of the Black community. As donors made significant 8 contributions to BLM GNF to support its efforts and goals – which include disbursing meaningful 9 grants to other Black-led organizations with similar missions – BLM GNF turned to defendant Tides 10 Foundation ("Tides") for support in managing and holding millions of dollars in donations based on 11 Tides' representations that Tides would return the donations to BLM GNF upon BLM GNF's request 12 and that Tides would honor all grants BLM GNF requested to be paid to a particular donor. Yet when 13 BLM GNF made such requests, in line with the promises and representations made by Tides to induce 14 BLM GNF to put its funds into a Tides-administered fund, Tides refused to honor its promises and 15 continues to commandeer BLM GNF's donations.

2. 16 Tides also has engaged in egregious mismanagement of BLM GNF's charitable funds, 17 which exceeded \$33 million. Tides has engaged in deceptive business practices and has operated in a 18 quasi-banking capacity without appropriate regulatory oversight or licenses. This action highlights a 19 critical regulatory discrepancy that allows Tides (a nonprofit entity) to manage assets without adequate 20 safeguards totaling over \$1.4 billion – surpassing the assets under management of many regulated 21 community banks, which rigorously adhere to stringent financial safeguards. BLM GNF asserts that 22 Tides is and at all times relevant to this complaint, engaged in banking activating or conducts 23 transactions that resemble banking, such as taking deposits, investment activities, activities that 24 resemble those of a trust company (including handling and investing funds without the proper 25 authorization or oversight) without necessary banking licenses. Tides activities violate state financial 26 statutes (such as California Financial Code Section 1006) designed to protect the public and ensure financial system integrity. 27

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3. Despite the significant responsibility entailed in managing over \$1.4 billion in assets,

Tides operates with a level of autonomy and minimal regulatory scrutiny that is starkly at odds with the regulatory framework imposed on traditional financial institutions. Recent data indicates that approximately 780 community banks in the United States manage assets under \$1 billion, placing Tides' financial activities well above many of these regulated entities in terms of asset size. This substantial control over financial resources of 501(c)(3) nonprofits like BLM GNF without corresponding regulatory checks raises profound concerns about the risks to charitable funds and the integrity of nonprofit fiscal management.

4. Tides benefits monetarily from its relationship with BLM GNF and with other Black 8 and Brown-led charitable organizations, holding over \$1.4 billion in assets on behalf of similarly-9 10 situated organizations. Tides assesses fees under its agreements with these organizations, including charging a significant percentage for each contribution dedicated to BLM GNF. Through these fees, 11 that are disproportionate to the services rendered, Tides profits from money that rightfully belongs to 12 13 BLM GNF, essentially operating as a quasi-financial institution and an unregulated bank toward Black nonprofit organizations. Tides is deriving significant financial benefit at the expense of BLM GNF 14 15 and the communities it serves.

5. BLM GNF (like many of Black and Brown controlled 501(c)(3) nonprofits) entrusted
Tides with significant charitable contributions based on the assurance of prudent management and
compliance with the foundational principles of trust and honesty. Contrary to these assurances, Tides
has breached its fiduciary duties, violated its contractual obligations, engaged in fraud, misrepresented
its intentions, and converted the donations from individuals supporting BLM GNF by withholding
funds unlawfully. Tides has leveraged its financial operations in ways that resemble banking
activities, thus circumventing the legal and ethical standards expected of similar financial entities.

6. BLM GNF brings this suit to demand that Tides return the funds that donors intentionally directed to BLM GNF and to stop Tides from continuing to unfairly and improperly profit from funds it obtained through misrepresentations and a failure to honor its promises to BLM GNF and the Black community. This action also aims to highlight the need for stringent standards of financial governance for nonprofits like Tides that manage substantial assets of other nonprofits (particularly vulnerable nonprofits controlled by Black and Brown charitable organizations like BLM

GNF), and to ensure that nonprofits like Tides operate with the same integrity and scrutiny expected 1 of traditional financial institutions. As a result, this legal action will not only protect BLM GNF's 2 3 interests, but also safeguard the philanthropic community from similar financial mismanagement by quasi-financial institutions like Tides. 4

THE PARTIES

7. Plaintiff BLM GNF is, and at all times relevant hereto has been, a nonprofit corporation organized and existing under the laws of the State of Delaware with a principal place of business in the County of Los Angeles, State of California.

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9 8. Plaintiff is informed and believes, and thereon alleges, that defendant Tides is a 10 nonprofit corporation organized and existing under the laws of the State of California, doing business in the County of Los Angeles, State of California with a principal place of business in the County of 11 San Francisco, State of California. 12

13 9. Plaintiff does not presently know the true names and capacities of the defendants 14 denominated as DOES 1–20, and therefore Plaintiff sues said defendants under such fictitious names 15 pursuant to Section 474 of the California Code of Civil Procedure. When the true names and capacities of the aforementioned defendants are ascertained, Plaintiff will seek leave of Court to amend this 16 17 Complaint accordingly.

10. 18 Plaintiff is informed and believes, and thereon alleges, that DOES 1–20 inclusive, were 19 and are in some manner, whether intentionally, negligently, or otherwise, responsible for the actions, 20 acts and omissions alleged in this Complaint, and for the damages thereby, and are therefore, jointly 21 and severally liable for the damages caused to Plaintiff.

22 11. At all relevant times herein mentioned, defendants Tides and DOES 1–20 and each of 23 them, were the agents, alter egos, employees, subsidiaries, joint-venturers, shareholders, directors, 24 officers, members and/or partners of each other and, in doing the things alleged herein, were acting 25 within the course and scope of that agency or employment or relationship or were otherwise responsible for the wrongs alleged herein. 26

12. Plaintiff is informed and believes, and thereon alleges, that in committing the acts 27 28 complained of herein, Defendants and each of them acted in concert and conspiracy with each other.

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JURISDICTION AND VENUE

13. Venue is proper in this Court, and this Court has jurisdiction over the Defendants in 3 this action, because the acts and occurrences giving rise to this action occurred in substantial part in the County of Los Angeles in the State of California. In addition, on or about June, July and August 4 5 2020 in the County of Los Angeles in the State of California, Defendants and BLM GNF entered into the oral contract that is the subject of this action. Under the terms of the contract, the obligations of 6 7 Defendants and BLM GNF were to be performed in the County of Los Angeles in the State of 8 California.

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ALLEGATIONS COMMON TO ALL CAUSES OF ACTION

<u>BLM GNF Created to Uplift Black Lives</u>

14. The Black Lives Matter ("BLM") movement commenced in July 2013. Initially BLM 11 did not have a formal infrastructure; instead, BLM consisted of activists with a shared purpose. Three 12 13 Black women originally led the movement: Patrisse Cullors ("Cullors"), Ayo Tometi ("Tometi"), and Alicia Garza ("Garza"). Cullors assumed the role of Director of the BLM movement in 2017. In or 14 15 about early 2017, Cullors was the sole remaining original founder associated with BLM. Tometi and Garza had left the BLM movement to pursue other philanthropic opportunities. Cullors remained with 16 17 the BLM movement and founded BLM GNF on October 16, 2017.

15. 18 BLM GNF's mission has been and will always be to support Black communities by 19 centering Black political advocacy, combating and countering violence against Black people, and 20 creating space for Black imagination and innovation. BLM GNF continues to work inside and outside 21 of the system to heal the past, re-imagine the present, and invest in the future of Black lives through 22 policy change, investment in Black communities, and a commitment to arts and culture.

23 16. BLM GNF adopts a multi-prong approach for achieving its mission of uplifting Black 24 lives. BLM GNF focuses on six pillars as part of this approach: (i) arts and culture, (ii) investment, 25 (iii) policy, (iv) grassroots, (v) healing justice, and (vi) research / think tank. Throughout its history, BLM GNF has hired outside consultants to advance its positive, community-oriented goals. 26

17. BLM GNF has promoted solidarity within Black communities by establishing the BLM 27 28 Student Solidarity Fund as a loan forgiveness fund, providing COVID relief grants, creating a Survival Fund to help individuals experiencing financial hardship, encouraging the Black community to vote via a separate website launch on National Voter Registration Day, and cultivating arts and cultural initiatives. Donations to the organization always have been critical to facilitate BLM GNF's ability to see its community efforts and programs for the Black community to completion. Such support makes realizing the programs BLM GNF carries out a possibility. Indeed, it is through the help of the community that BLM GNF has been able to grant over \$33 million to Black organizations and individuals furthering the BLM movement.

8 18. As the BLM movement grew, Cullors recognized that the movement needed to create
9 a more formal 501(c)(3) organization to receive donations. Therefore, on October 16, 2017, BLM
10 GNF was incorporated to become the primary 501(c)(3) entity that would receive donations on behalf
11 of the greater BLM movement. BLM GNF later received its 501(c)(3) exemption status on or around
12 December 2, 2020.

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BLM GNF Engaged Fiscal Sponsorships

14 19. From September 1, 2017 to June 30, 2020, BLM GNF used Thousand Currents as its
15 fiscal sponsor to receive donations. After BLM GNF had outgrown Thousand Currents due to an
16 increase in donations, BLM GNF sought a new fiscal sponsor to receive donations on BLM GNF's
17 behalf while awaiting confirmation of its own 501(c)(3) status.

20. In or around summer 2020, BLM GNF considered working with Tides Center to
receive donations. From July 1, 2020 to August 13, 2020, BLM GNF used the Tides Center to receive
donations.¹ The BLM Global Network Project ("BLMGNP") was a fiscally sponsored project working
with Tides Center whose charitable mission included supporting BLM GNF and its chapter affiliates.
The BLMGNP Fund ("Project Fund") received approximately \$7.4 million in donations on behalf of
BLM GNF.

24 21. From August 14, 2020 onward, BLM GNF used Tides to form a "Collective Action
25 Fund." Under the contemplated arrangement, BLM GNF authorized the transfer of the \$7.4 million
26 from the Project Fund (previously donated to or for the benefit of BLM GNF) to the Collective Action

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^{28 &}lt;sup>1</sup> Tides Center currently is not a named defendant in this Complaint. Tides Foundation (i.e. Tides) is the only named defendant at this time.

Fund. BLM GNF also did not believe that it needed that additional capital at the time of transfer, as
 BLM GNF was not short on funds. In addition to the \$7.4 million transferred from the Project Fund,
 Tides has received \$26 million of donations in the Collective Action Fund that are designated for the
 benefit of BLM GNF and its grantees. Donors often believed they were giving directly to BLM GNF
 when they donated to the Collective Action Fund.

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BLM GNF Has Granted Millions in Donations

22. 7 BLM GNF has received significant donations from donors. From these donations, BLM GNF has granted over \$33 million directly toward Black organizations and individuals who 8 9 further the BLM movement. BLM GNF's philanthropic spending includes over \$13 million to BLM 10 local chapters, over \$10 million to Black-led frontline organizations, and approximately \$3 million to Impacted Family Foundations. In 2021, some of BLM GNF's notable grants included contributions of 11 \$500,000 to BLM LA, \$200,000 to the George Floyd Memorial Foundation, \$700,000 to the Love Not 12 13 Blood Campaign, \$200,000 to the Oscar Grant Foundation, \$500,000 to the Michael O.D. Brown 14 Foundation, \$200,000 to the Trayvon Martin Foundation, and \$800,000 to the Center for Black Power. 15 In 2022, notable grants included contributions of \$6 million to various Black-led LGBTQ organizations, \$200,000 to St. Elmo, and \$200,000 to the Tamir Rice Foundation. BLM GNF's 990 16 17 Forms provide its tax returns for fiscal years 2020 and 2021, showing \$25,997,945.00 in grants 18 disbursed for fiscal year 2020 and \$4,500,777.00 in grants disbursed for fiscal year 2021. A true and 19 correct copy of BLM GNF's 2021 Form 990 is attached hereto as **Exhibit A**, and a true and correct copy of BLM GNF's 2020 Form 990 is attached hereto as Exhibit B. In or around 2020–2021, BLM 20 21 GNF distributed over fifty grants to BLM chapters of BLM GNF and other Black-led organizations. 22 Certain BLM chapters received donations of \$500,000 each during this period. These BLM GNF 23 chapters receiving \$500,000 each included BLM Denver, BLM Lansing, BLM South Bend, BLM 24 Detroit, BLM Long Beach, BLM Los Angeles, BLM Memphis, BLM DC and BLM Philly.

25 23. Overall, BLM GNF donated approximately one third of its principal endowment
26 through these various grants. BLM GNF endeavors to change the philanthropic landscape by investing
27 directly in the Black community and supporting the BLM movement.

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24. BLM GNF provides transparency of its funds, releasing impact reports, audited

financials, and tax filings to show where it spends its money. In fiscal year 2021, BLM GNF spent
 less than ten percent (10%) of its funds on overhead costs and barely more than two percent (2%) on
 fundraising costs. *See* Exhibit A (BLM GNF's 2021 Form 990).

4 <u>Tides Lied to BLM GNF</u>

5 25. With the donations from the Project Fund (\$7.4 million) and those received under the
6 Collective Action Fund (\$26 million), Tides received at least \$33.4 million in additional donations
7 from July 1, 2020 to date earmarked for BLM GNF. Based on Tides' representations to BLM GNF,
8 Tides should have transferred that \$33.4 million to BLM GNF upon request. Instead, Tides engaged
9 in false representations upon which BLM GNF relied.

26. Based on the oral representations from Tides in or around Summer 2020 and thereafter,
BLM GNF was led to believe that the funds in the Collective Action Fund would be easily and readily
distributed to BLM GNF at a later time at BLM GNF's direction. BLM GNF relied on Tides'
representations and expected that Tides would maintain such funds in the Collective Action Fund for
BLM GNF and release the funds upon BLM GNF's request for distribution toward Black causes as
directed by BLM GNF. On an ongoing basis, the Collective Action Fund maintained by Tides would
receive additional donations from third parties earmarked for and for the benefit of BLM GNF.

17 27. Shalomyah Bowers ("Bowers") began serving as a representative of and consultant to
18 BLM GNF in July 2020. On July 1, 2021, Bowers and two other individuals formally became Board
19 Members of BLM GNF via a notarized resolution. On this same date, Cullors no longer served as a
20 legal agent of BLM GNF.

21 28. On or around July 2020, representatives of BLM GNF (including but not limited to 22 Bowers) received various oral promises and assurances from representatives of Tides regarding the 23 contemplated Collective Action Fund. BLM GNF is informed and believes, and thereon alleges, that 24 those Tides representatives making oral promises and representations to Bowers and others (on behalf 25 of BLM GNF) included, but were not limited to: Eric Brown ("Brown"), an in-house legal counsel for 26 Tides; Sonya Watson ("Watson"), a Tides account specialist and adviser; Leena Barakat ("Barakat"), 27 Tides' Director of Strategic Partnerships; Tiffany M. Abuan ("Abuan"), a Tides philanthropic services adviser; and Sheila Lewis ("Lewis"), Tides Interim Director of Marketing and Communications all of 28

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whom were, on information and belief, authorized to speak for and on behalf of Tides.

On or around July 2020, the foregoing individuals, acting on behalf of Tides, orally 2 29. stated to BLM GNF's representatives, including but not limited to Bowers, that if BLM GNF would 3 establish a Collective Action Fund with Tides and turn over the above-described donated funds to 4 5 Tides to hold on behalf of BLM GNF, then: (a) after BLM GNF obtained its own 501(c)(3) status, Tides would, upon request from BLM GNF, promptly disburse and return to BLM GNF the initial 6 7 donations transferred from Tides Center to the Collective Action Fund totaling \$7.4 million; (b) after 8 BLM GNF obtained its own 501(c)(3) status, Tides would also transfer to BLM GNF all donations 9 made to the BLM GNF Collective Action Fund (funds which were, in fact, raised through the 10 fundraising efforts of BLM GNF); and (c) BLM GNF would retain ultimate decision-making authority as to the final disposition of the funds deposited into the Collective Action Fund. 11

30. For example, on or about July 17, 2020, during a phone call with Bowers, Brown (in 12 13 house legal counsel for Tides) told Bowers that "[a]ll of this stuff won't have to happen after you get [501]c3 status and reclaim those dollars back," referring to the process of "parking" the funds with 14 15 Tides until BLM GNF had secured its 501(c)(3) status. Brown stated in no uncertain terms that BLM GNF would be able to receive its funds back whenever it chose to do so. 16

17 31. In or around June 2020, other Tides representatives stated during various meetings that 18 BLM GNF, whenever it so decides to exercise control, would be able to transfer funds back to BLM 19 GNF bank accounts. They further represented that BLM GNF would retain ultimate decision-making authority over grants. Tides representatives expressed that such authority would remain with BLM 20 21 GNF.

32. 22 For example, in or around June 2020, Tides employees participated in multiple meetings between Tides and BLM GNF where Tides representatives (Brown, Abuan, Watson, Lewis, 23 24 and Barakat) stated in no uncertain terms to BLM GNF representatives that Tides would transfer the 25 funds at Tides on behalf of BLM GNF to BLM GNF bank accounts upon request from BLM GNF and once BLM GNF achieved its 501(c)(3) status. During these conversations, Tides representatives 26 27 confirmed that BLM GNF would retain ultimate decision-making authority as to the final disposition of the funds deposited into the Collective Action Fund. A former Tides employee confirmed as 28

recently as April 2024 with Bowers that these conversations and representations from Tides to BLM 1 2 GNF occurred in or around June and July 2020.

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33. As another example, on or about July 14, 2020, Bowers participated in a virtual meeting with Tides representatives (Brown, Abuan, Watson, Barakat, and others) where Tides made the same or similar representations that BLM GNF would retain ultimate decision-making authority as to the final disposition of the funds deposited into the Collective Action Fund.

7 34. In reliance on the foregoing oral statements, promises and misrepresentations by Tides, BLM GNF entered into a written fiscal sponsorship Memorandum of Understanding with Tides Center 8 9 ("Fiscal Sponsorship MOU") on June 26, 2020 and a Collective Action Fund Memorandum of 10 Understanding ("Collective Action Fund MOU") on July 20, 2020. Neither the Fiscal Sponsorship 11 MOU nor the Collective Action Fund MOU contained any integration clauses, such that all prior oral promises and representations by Tides to induce action on the part of BLM GNF survived the 12 13 execution of both the Fiscal Sponsorship MOU and the Collective Action Fund MOU. BLM GNF thereafter transferred or caused to be transferred to the custody of Tides approximately \$7.4 million 14 15 in funds previously donated to, or for the benefit of, BLM GNF. Tides placed those funds into the Collective Action Fund maintained by Tides earmarked for and for the benefit of BLM GNF. Tides, 16 17 including through Abuan, stated that the Collective Action Fund was only to "serve as a holding pattern while the 501(c)3 was established" for BLM GNF. The alleged purpose of the Collective 18 19 Action Fund was to receive BLM GNF's contributions and allow BLM GNF to continue supporting 20 other Black-led nonprofit organizations through the grantmaking process. The Collective Action Fund 21 MOU explicitly states that it was to assist BLM GNF with the "purpose of supporting the work of 22 Black Lives Matter chapters and other Black-led nonprofit organizations through grantmaking." The 23 assets in the fund were for BLM GNF to determine how to grant and distribute appropriately. BLM 24 GNF itself obviously also is a Black-led nonprofit organization and any grants from the Collective 25 Action Fund directly to BLM GNF align with this stated purpose.

35. On or about September 14, 2020, Bowers had one of many conversations with Brown 26 27 (in-house legal counsel for Tides) during and around this time period where Brown continued to represent to Bowers that BLM GNF would retain ultimate decision-making authority as to the final 28

disposition of the funds deposited into the Collective Action Fund. 1

2 36. Since the formation of the Collective Action Fund until approximately July 2022, Tides even reported to BLM GNF and provided a financial accounting of donations earmarked for BLM 3 GNF with weekly contribution reports of donations to the Collective Action Fund. A true and correct 4 redacted copy of an example of one of the CAF Weekly Reports is attached hereto as **Exhibit C**. Such 5 correspondence indicates that Tides was aware that the funds were specifically intended for BLM GNF 6 7 rather than organizations supporting the BLM Movement generally.

37. Additionally, Raymond Howard ("Howard"), former Director of Operations and 8 9 Special Projects at BLM GNF, indicated that he had direct access to view the account balance of the 10 Collective Action Fund account as a BLM GNF employee.

38. On January 7, 2021, Cullors asked a senior accountant from Tides, Ali Atabaki 11 ("Atabaki"), for the "total that's in our [BLM GNF's] CAF fund" (emphasis added). Atabaki replied 12 13 that same day that "as of November 30th total fund's net asset is \$21,421,335." On May 4, 2022, Tides philanthropic services advisor, Abuan, acknowledged that BLM GNF solicited money directly from 14 15 donors that went to the Collective Action Fund. This correspondence indicates that Tides knew or should have known that BLM GNF believed that such funds belonged to BLM GNF. 16

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Tides Refused to Give BLM GNF its Money Back

39. On June 13, 2022, on behalf of BLM GNF, Bowers officially communicated in writing 18 19 to Tides that BLM GNF was terminating its funding relationship with Tides. In or around June 2022, 20 BLM GNF also contacted Tides and requested that the funds in the Collective Action Fund be returned 21 and transferred to BLM GNF, as Tides had promised would be done when the parties originally 22 discussed forming the Collective Action Fund in Summer 2020.

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40. Despite the statements and promises Tides made to induce BLM GNF to establish the 24 Collective Action Fund with Tides and to transfer donations into Tides' custody, Tides refused to 25 transfer the funds back to BLM GNF. Further, Tides deliberately disbursed portions of the funds in question to third parties rather than to BLM GNF without the consent or authorization of BLM GNF. 26

41. 27 On March 7, 2023, in a meeting with Tides representatives and BLM GNF Board 28 Members, Janiece Evans-Page (Tides' current CEO) stated that "we, Tides, do not really make that

decision [of distributing funds]." She further stated that "ultimately you [BLM GNF] have 1 responsibility, but "we [Tides] do not decide who on the ground receives funds." As such, Tides 2 representatives continued to represent that BLM GNF would be responsible for making grants from 3 the Collective Action Fund. 4

Public Donors Believed Their Donations Were Supporting BLM GNF

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42. Based on Tides' own marketing, public donors have understood BLM GNF to be the 6 7 grantmaking authority and proper recipient of donations furthering the BLM Movement. Tides' own 8 promotional marketing and media reporting sent a clear public message that contributions that it 9 received would be transferred to BLM GNF. On July 2, 2020, Tides announced in a press release its 10 partnership with BLM GNF. A true and correct copy of Tides' press release is attached hereto as 11 **Exhibit D**. The release states "Tides Foundation has launched the Black Lives Matter Support Fund, which will support BLM's grantmaking activities." Id. The reference to "BLM" here is clearly in 12 13 reference to BLM GNF because Tides subsequently writes, "BLM formalized its relationship with Tides Foundation, after BLM's prior fiscal sponsor, Thousand Currents, made the strategic decision 14 15 to sunset fiscal sponsorships " Id. As noted earlier, Thousand Currents was BLM GNF's former 16 fiscal sponsor.

17 43. On December 7, 2020, the Financial Times published an article stating, "The most 18 effective way to donate to the Black Lives Matter Global Network Foundation Inc is via the Tides 19 Foundation, a 'philanthropic partner and nonprofit accelerator' that has set up the Black Lives Matter 20 Support Fund to support BLM's 'grantmaking activities'." A true and correct copy of the Financial 21 *Times* article is attached hereto as **Exhibit E** at p. 4. Donors clearly received a consistent message 22 from multiple sources of media that BLM GNF would ultimately receive donations sent to Tides.

23 44. In solicitations for fundraisers, BLM GNF asked for financial support directly from its 24 donors. Nothing in the solicitations indicated that Tides would commandeer the money indefinitely 25 and that the donations would go to any organizations other than BLM GNF. Nonetheless, funds from these solicitations went to the Collective Action Fund even though they were intended for BLM GNF. 26

45. From solicitations during August 14, 2020 to February 9, 2021, BLM GNF raised 27 28 \$13,076,749.74 with the fundraising platform company ActBlue. These donations went directly to the

Collective Action Fund controlled by Tides even though donors intended them for BLM GNF. On or 1 about February 10, 2021, ActBlue even updated its website to read "Your contribution will benefit 2 Black Lives Matter Global Network Foundation."

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46. Additionally, on June 9, 2022, Gloria Chun ("Chun"), Tides Director of Legal, Risk, & 4 5 Compliance, falsely communicated that Tides actually had transferred \$7.4 million from the Collective Action Fund back to BLM GNF. Instead, Tides' Form 990 for fiscal year 2020 indicates that it 6 7 transferred \$4.75 million dollars to Black Lives Matter – Oklahoma City ("BLM – Oklahoma City"). 8 On information and belief, Tides mistakenly granted \$4.75 million to BLM – Oklahoma City that truly 9 belonged to BLM GNF. Such inference of mistake is supported by the fact that the entries are directly 10 next to one another alphabetically. A true and correct copy of Tides' 2020 Form 990 is attached hereto as Exhibit F at p. 51. On June 16, 2022, Chun expressed that she was not aware of Tides' transfer of 11 \$4.75 million to BLM – Oklahoma City. It is unclear why such a large amount would have been 12 13 granted to a single city's BLM chapter. It is also unclear why Tides transferred \$4.75 million rather 14 than \$7.4 million. Based on Chun's unawareness of the BLM – Oklahoma City transfer and her claim 15 that Tides had already returned the \$7.4 million to BLM GNF without any indication of this transfer on Tides' 2020 Form 990, BLM GNF finds an even greater need for an accounting to clarify funds 16 17 going in and out of Tides and the Collective Action Fund.

47. 18 On information and belief, Tides intends to disburse the overwhelming majority of the 19 remaining BLM GNF funds in the Collective Action Fund to other organizations and not return the 20 funds to BLM GNF. If Tides were to disburse funds in the Collective Action Fund to other 21 organizations, Tides would be contravening donor intent and depriving BLM GNF of the funds raised 22 specifically for BLM GNF. Tides only has access to these funds because BLM GNF relied on Tides' 23 representations that Tides would return the funds to BLM GNF at BLM GNF's sole discretion after 24 BLM GNF acquired 501(c)(3) status.

48. 25 As recently as December 22, 2022, Tides received a \$20,000.00 donation from ImpactAssets, who specifically indicated it was designated for BLM GNF. A true and correct copy of 26 27 the ImpactAssets donation is attached hereto as **Exhibit G**. BLM GNF contends that there are likely countless other donations as such that are designated for BLM GNF but were deposited into the 28

1 Collective Action Fund.

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Tides Continues to Profit From BLM GNF's Money

49. Tides continues to assess various fees under the Collective Action Fund MOU. Such
fees were three percent (3%) of each contribution (administrative fee), three percent of the total amount
of the contract (contract fee), \$50 for each installment of a grant, a minimal annual fee of \$500, and
additional special or unique transaction fees.

Tides Center also assessed fees under the Fiscal Sponsorship MOU. It assessed nine
percent (9%) in fees for up to \$1 million in gross revenue generated, and then six percent (6%) for
anything over \$1 million. It also assessed fees of 15% for funds from government organizations.

10 51. The fees that Tides assessed and continues to assess on donations are not commensurate
11 with the limited administrative function they provide. Tides is operating essentially as an unregulated
12 bank toward Black nonprofit organizations. On information and belief, Tides has over \$1.4 billion in
13 assets. No justifiable reason exists for Tides to withhold funds that donors directed toward BLM GNF,
14 while profiting off such funds through the excessive administrative fees it charges.

15 52. To date, Tides continues to refuse to return and/or transfer the funds in question to
16 BLM GNF. Tides' "managing" of resources has become a paternalistic form of financial oversight of
17 BLM GNF's own funds.

18 53. Tides' refusal to transfer the funds held in the Collective Action Fund to BLM GNF 19 contravenes donors' intent, which was to allocate funds directly to BLM GNF. Such refusal also 20 contradicts the promises and representations that Tides representatives made to BLM GNF. As a result, 21 beginning in or around June 2022, BLM GNF has been prevented from disbursing certain grants to 22 empower Black community leaders and organizations in alignment with its mission. To properly 23 resume its mission and fulfill the expectations of donors, BLM GNF requests that Tides immediately 24 return the full \$33.4 million in the Collective Action Fund to BLM GNF.

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54.

14 COMPLAINT

FIRST CAUSE OF ACTION

BREACH OF ORAL CONTRACT

(Against Tides and DOES 1-20)

Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1-53

above, as though set forth fully herein. 1

2 55. BLM GNF and Tides and DOES 1-20 entered into an oral contract pursuant to which BLM GNF agreed to, and did, (1) provide more than \$7.4 million in donated funds to Tides for Tides 3 to hold and maintain in a Collective Action Fund on BLM GNF's behalf and for its benefit, and 4 (2) engage in fundraising efforts to solicit and obtain over \$26 million in donations intended to benefit 5 BLM GNF and its work, directed to the Collective Action Fund maintained by Tides for the benefit 6 7 of BLM GNF. Combined, such donated funds total \$33.4 million.

56. Pursuant to the above-alleged oral agreement, Tides and DOES 1–20 agreed that, once 8 9 BLM GNF obtained its own 501(c)(3) status, upon request from BLM GNF, Tides and DOES 1–20 10 would promptly transfer and return to BLM GNF both (a) the \$7.4 million in funds initially transferred to Tides by BLM GNF, and (b) the over \$26 million in donations directed to the BLM GNF Collective 11 Action Fund that were raised by the solicitations and fundraising efforts of BLM GNF thereafter. 12 13 Further, Tides and DOES 1-20 promised and represented that BLM GNF would retain ultimate decision-making authority as to the final disposition of all funds deposited into the Collective Action 14 15 Fund.

57. Within two years prior to the filing of this Complaint, Tides and DOES 1-20 breached 16 17 the parties' oral contract when a representative of BLM GNF informed Tides that BLM GNF had 18 obtained its own 501(c)(3) status and asked for the transfer and return of the above-described donated 19 funds, at which time Tides and DOES 1–20 refused, and have continued to fail and refuse, to transfer 20 and return the donated funds to BLM GNF, thereby breaching their obligations under the parties' oral 21 agreement.

58. 22 BLM GNF has fulfilled all of its obligations under the parties' oral agreement, except to the extent that compliance was prevented by Tides' breaches of that same agreement. 23

24 59. Neither the Fiscal Sponsorship MOU nor the Collective Action Fund MOU contained 25 any integration clauses, such that all prior oral promises and representations by Tides to induce action on the part of BLM GNF survived the execution of both the Fiscal Sponsorship MOU and the 26 Collective Action Fund MOU. 27

28

60. As a proximate result of the breaches of the oral agreement by Tides and DOES 1–20,

BLM GNF has been damaged in an amount to be proven at trial, but in no event less than \$33.4 million.

SECOND CAUSE OF ACTION

FRAUD IN THE INDUCEMENT

(Against Tides and DOES 1–20)

61. Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1–60 above, as though set forth fully herein.

7 62. As alleged above, on or around July 2020, authorized representatives of Tides and DOES 1–20 including but not limited to Brown, Watson, Barakat, Lewis, and Abuan orally promised 8 and represented to Bowers as a BLM GNF representative that if BLM GNF would proceed to establish 9 10 a Collective Action Fund with Tides and turn over the above-described donated funds to Tides to hold for the benefit of BLM GNF, then: (a) after BLM GNF obtained its own 501(c)(3) status, upon request 11 from BLM GNF, Tides would promptly disburse and return those donations to BLM GNF; (b) after 12 13 BLM GNF obtained its own 501(c)(3) status, Tides also would transfer to BLM GNF all donations made to the BLM GNF Collective Action Fund (funds which were to be, and were in fact, raised 14 15 through the fundraising efforts of BLM GNF); and (c) BLM GNF would retain ultimate decisionmaking authority as to the final disposition of the funds deposited into the Collective Action Fund. 16

63. 17 Tides and DOES 1–20 did not intend to perform or honor the foregoing promises when 18 those promises were made by Tides representatives including but not limited to the above-identified individuals. 19

20 64. Instead, Tides and DOES 1–20 intended that BLM GNF rely on the above-alleged 21 promises and based on that reliance, transfer funds into the Collective Action Fund maintained by 22 Tides for the benefit of BLM GNF. Tides and DOES 1–20 further intended for BLM GNF to engage 23 in efforts to raise additional donations from third parties for the benefit of BLM GNF that would be 24 directed into that same Collective Action Fund in reliance on Tides' promises. Tides did so, in part, 25 because it charges fees on all such funds held and desired to gain control over BLM GNF's funds.

65. 26 BLM GNF reasonably relied on the above-alleged promises made by Tides and DOES 1-20, in that BLM GNF transferred approximately \$7.4 million in donated funds to the Collective 27 28 Action Fund maintained by Tides for the benefit of BLM GNF, and BLM GNF thereafter engaged in

fundraising efforts to solicit donations totaling more than \$26 million from third-party donors for the
 benefit of BLM GNF that were directed into that same Collective Action Fund.

66. Despite making the above-alleged promises, Tides and DOES 1–20 did not return the
transferred and donated funds to BLM GNF after BLM GNF obtained its own 501(c)(3) status and
requested the return of the funds, and Tides has not honored its promise that BLM GNF would retain
ultimate decision-making authority as to the final disposition of the funds deposited into the Collective
Action Fund.

8 67. As a proximate result of the above-alleged false promises made by Tides and DOES 1–
9 20, BLM GNF has been harmed in an amount to be proven at trial, but in no event less than \$33.4
10 million.

11 68. The conduct of Tides and DOES 1–20, and each of them, was intentional, malicious,
12 fraudulent and oppressive, and in conscious disregard of BLM GNF's rights. BLM GNF is accordingly
13 entitled to recover punitive and/or exemplary damages from Tides and DOES 1–20 pursuant to the
14 terms of California Civil Code § 3294, in an amount sufficient to punish Tides and DOES 1–20 and
15 deter such conduct in the future.

69. Further, as a remedy for the fraudulent conduct of Tides and DOES 1–20, BLM GNF
seeks rescission of the written Collective Action Fund MOU which was procured by Tides by means
of the above-alleged false promises, and restoration to BLM GNF of all funds that Tides received and
disbursed elsewhere through its fraud.

20 <u>THIRD CAUSE OF ACTION</u>
 21 <u>NEGLIGENT MISREPRESENTATION</u>
 22 (Against Tides and DOES 1–20)
 23 70. Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1–69
 24 above, as though set forth fully herein.
 25 71 As alleged above, or an around two 2020, authorized reconstructives of Tides and

71. As alleged above, on or around July 2020, authorized representatives of Tides and
DOES 1–20 including but not limited to Brown, Watson, Barakat, Lewis, and Abuan orally stated to
BLM GNF representatives, including but not limited to Bowers, that if BLM GNF would proceed to
establish a Collective Action Fund with Tides and turn over the above-described donated funds to

Tides for the benefit of BLM GNF, then: (a) after BLM GNF obtained its own 501(c)(3) status, Tides 1 2 would promptly disburse and return those donations to BLM GNF; (b) after BLM GNF obtained its 3 own 501(c)(3) status, upon request from BLM GNF, Tides would also transfer to BLM GNF all donations made to the BLM GNF Collective Action Fund (funds which were to be, and were in fact, 4 5 raised through the efforts of BLM GNF); and (c) BLM GNF would retain ultimate decision-making authority as to the final disposition of the funds deposited into the Collective Action Fund. 6

72. 7 Tides and DOES 1–20 had no reasonable grounds to believe that the foregoing representations were true when those representations were made by Tides representatives including 8 9 but not limited to the above-identified individuals.

- 10 73. Instead, Tides and DOES 1–20 intended that BLM GNF rely on the above-alleged representations by transferring BLM GNF's funds into the Collective Action Fund maintained by 11 Tides for the benefit of BLM GNF and by engaging in efforts to raise additional donations from third 12 13 parties for the benefit of BLM GNF that would be directed into that same Collective Action Fund.
- 74. BLM GNF reasonably relied on the above-alleged representations made by Tides and 14 15 DOES 1-20 in that BLM GNF transferred approximately \$7.4 million in donated funds to the Collective Action Fund maintained by Tides for the benefit of BLM GNF, and BLM GNF thereafter 16 17 engaged in fundraising efforts to solicit donations totaling more than \$26 million from third-party 18 donors for the benefit of BLM GNF that were directed into that same Collective Action Fund.

75. 19 Despite making the above-alleged representations, Tides and DOES 1–20 did not return 20 the transferred and donated funds to BLM GNF after BLM GNF obtained its own 501(c)(3) status and 21 requested a transfer of the funds to BLM GNF, and Tides has not honored its promise that BLM GNF 22 would retain ultimate decision-making authority as to the final disposition of the funds deposited into 23 the Collective Action Fund.

24 76. As a proximate result of the above-alleged misrepresentations made by Tides and 25 DOES 1–20, BLM GNF has been harmed in an amount to be proven at trial, but in no event less than \$33.4 million. 26

77. Further, as a remedy for the misconduct of Tides and DOES 1–20, BLM GNF seeks 27 28 rescission of the written Collective Action Fund MOU which was procured by Tides by means of the

1	above-alleged misrepresentations, and restoration to BLM GNF of all funds that Tides procured and					
2	disbursed elsewhere through its negligent misrepresentations.					
3	FOURTH CAUSE OF ACTION					
4	CONVERSION					
5	(Against Tides and DOES 1–20)					
6	78. Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1–77					
7	above, as though set forth fully herein.					
8	79. BLM GNF owns and has a right to possess \$33.4 million in funds believed to be in the					
9	possession, custody, and/or control of Tides and DOES 1-20.					
10	80. Tides and DOES 1–20 substantially interfered with BLM GNF's property (the \$33.4					
11	million in funds) by knowingly and intentionally refusing to return said property after BLM GNF					
12	demanded its return.					
13	81. BLM GNF did not consent to Tides' continued possession of said property.					
14	82. As a proximate result of the refusal by Tides and DOES 1–20 to return the \$33.4 million					
15	in funds to BLM GNF, BLM GNF has been harmed in an amount to be proven at trial, but in no event					
16	less than \$33.4 million.					
17	83. The conduct of Tides and DOES 1–20, and each of them, was intentional, malicious,					
18	fraudulent, oppressive, and in conscious disregard of BLM GNF's rights. BLM GNF is accordingly					
19	entitled to recover punitive and/or exemplary damages from Tides and DOES 1-20 pursuant to the					
20	terms of California Civil Code § 3294, in an amount sufficient to punish Tides and DOES 1–20 and					
21	deter such conduct in the future.					
22	FIFTH CAUSE OF ACTION					
23	UNFAIR COMPETITION (BUS. & PROF. CODE § 17200)					
24	(Against Tides and DOES 1–20)					
25	84. Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1–83					
26	above, as though set forth fully herein.					
27	85. As a result of the unlawful, unfair, and/or fraudulent business practices engaged in by					
28	Tides and DOES 1-20 as alleged above with regard to the representations made by Tides to BLM					
	19					

1	GNF regarding the Collective Action Fund, BLM GNF suffered economic injury including but not
2	limited to (a) the loss of the \$33.4 million in funds which BLM GNF transferred or caused to be
3	transferred to Tides to be held for the benefit of BLM GNF, and (b) the loss of additional sums donated
4	by third parties (and solicited and raised by BLM GNF) into the BLM GNF Collective Action Fund
5	maintained by Tides for the benefit of BLM GNF. Tides represented that it would transfer those funds
6	to BLM GNF upon request but has failed and refused to do so following such request.
7	86. BLM GNF therefore seeks restitution in an amount to be proven at trial but not less
8	than \$33.4 million in funds belonging to BLM GNF which are being improperly retained and/or
9	disbursed without BLM GNF's authorization by Tides and DOES 1–20.
10	SIXTH CAUSE OF ACTION
11	ACCOUNTING
12	(Against Tides and DOES 1–20)
13	87. Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1–86
14	above, as though set forth fully herein.
15	88. As alleged above herein, an ongoing relationship exists between BLM GNF, on the one
16	hand, and Tides and DOES 1–20, on the other hand, in that Tides and DOES 1–20 have retained and/or
17	disbursed approximately \$33.4 million in funds belonging to BLM GNF, despite BLM GNF's demand
18	that those funds be transferred and returned to BLM GNF.
19	89. Said relationship requires an accounting because a balance is due to BLM GNF from
20	Tides and DOES 1-20, and that balance can only be ascertained by an accounting of (a) funds
21	transferred by, earmarked for, and/or for the benefit of BLM GNF to the Collective Action Fund
22	maintained by Tides and DOES 1-20 for the benefit of BLM GNF, (b) sums disbursed by Tides and
23	DOES 1-20 from that Collective Action Fund, and (c) sums currently remaining in the Collective
24	Action Fund.
25	90. BLM GNF therefore asks the Court to order that BLM GNF be allowed to conduct an
26	accounting of the above-described Collective Action Fund and all funds and sums deposited into
27	and/or disbursed from that Collective Action Fund.
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	20

1	SEVENTH CAUSE OF ACTION	
2	UNLICENSED BANKING ACTIVITIES IN	
3	VIOLATION OF CAL. FIN. CODE § 1006	
4	(Against Tides and DOES 1–20)	
5	91. Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1-90	
6	above, as though set forth fully herein.	
7	92. Tides is not an entity allowed by law to engage in or transact a commercial banking	
8	business within the state of California.	
9	93. Tides has engaged in activities that constitute "banking" as defined under California	
10	Financial Code §1000 et. seq., including receiving deposits and conducting other financial transactions	
11	typically reserved for licensed banking institutions. Tides has violated Cal. Fin. Code § 1006 by	
12	transacting in the business of a commercial bank by receiving deposits and paying checks in the form	
13	of grants to various organizations. Tides also has charged exorbitant fees to Black and Brown 501(c)(3)	
14	organizations like BLM GNF that equate to high interest rate fees similar to commercial bank fees.	
15	Because Tides is not organized for the purpose of engaging in the commercial banking business, it has	
16	violated Cal. Fin. Code § 1006. Tides has performed these activities without obtaining the requisite	
17	banking license from the State of California. This unlicensed conduct has occurred within the	
18	jurisdiction of California.	
19	94. Plaintiff alleges that Tides has violated specific provisions of the California Financial	
20	Code by engaging in financial activities regulated under the Code, including but not limited to the	
21	management, investment, and disbursement of funds on behalf of third parties. Specifically,	
22	Defendant's actions are in violation of California Financial Code sections, which regulate the activities	

of trust companies and similar entities that hold and manage funds for the benefit of others. Defendant 23 24 conducted these activities without proper authorization, oversight, or compliance with the statutory requirements designed to protect stakeholders and ensure financial integrity. This conduct has resulted 25 26 in financial losses and undermined the statutory protections afforded to beneficiaries of such funds.

95. As a proximate cause of Tides' actions, BLM GNF has been harmed in an amount to 27 28 be proven at trial and the unlicensed conduct has caused harm to BLM GNF and the public who rely

on the regulatory safeguards applied to licensed banking institutions. 1 2 **EIGHTH CAUSE OF ACTION** BREACH OF FIDUCIARY DUTY 3 (Against Tides and DOES 1–20) 4 96. 5 Plaintiff repeats and re-alleges each and every allegation contained in paragraphs 1-95 above, as though set forth fully herein. 6 97. Tides was a fiduciary to BLM GNF because it knowingly entered into the Collective 7 Action Fund to act on behalf of and for the benefit of BLM GNF, promising during various 8 9 conversations with BLM GNF that Tides would return BLM GNF's funds as soon as BLM GNF acquired 501(c)(3) status. BLM GNF sought to have Tides hold its funds only for an interim period, 10 11 not for Tides to manage and control those funds. 98. Tides breached its fiduciary duty by refusing to return funds that Tides originally 12 13 promised to BLM GNF immediately upon BLM GNF's acquisition of 501(c)(3) status. Tides further 14 breached its fiduciary duty by accepting funds that donors intended for BLM GNF and withholding 15 them from BLM GNF. Tides further breached its fiduciary duty by granting \$4.75 million to BLM – 16 Oklahoma City that belonged to BLM GNF. 99. 17 Tides further breached its fiduciary duties by misrepresenting its capability to act as a 18 lawful 501(c)(3) collective action fund manager and fiscal sponsor in accordance with IRS regulations. 19 Specifically, Tides failed to exercise necessary supervision and control over the funds of BLM GNF. 20 An instance of this failure is evident from the case where the Clara Lionel Foundation earmarked funds 21 for BLM GNF and BLM GNF activities, which Tides improperly managed. According to IRS 22 regulations, a fiscal sponsor is required to maintain discretionary control over all funds to ensure they 23 are not earmarked directly to a third party or third-party activities. Tides' inability to fulfill these 24 obligations contradicts the fiduciary responsibilities mandated under IRS guidelines, thus 25 compromising their status as a lawful fiscal agent. As a proximate result of Tides' breach, BLM GNF has been harmed in an amount to 26 100.

27 be proven at trial, but in no event less than \$33.4 million.

28

22

1	PRAYER FOR RELIEF									
2	WHEREFORE, BLM GNF respectfully requests that the Court enter judgment in favor of									
3	BLM GNF, and against Tides Foundation and DOES 1–20, and award the following relief to BLM									
4	GNF:									
5	1.	Damages in an amount to be determined at trial, but in no event less than \$33.4 million;								
6	2.	Restitution in the amount of \$33.4 million;								
7	3.	Pre- and post-judgment interest at the maximum rate provided by law;								
8	4.	Punitive damages in an amount sufficient to punish Defendants and deter such conduct								
9		in the future;								
10	5.	Rescission of the written Collective Action Fund MOU dated July 20, 2020 and entered								
11		into by BLM GNF and Tides;								
12	6.	An accounting as requested in more detail herein;								
13	7.	An award of BLM GNF's reasonable attorney's fees to the fullest extent of the law,								
14		pursuant to law or contract;								
15	8.	The costs incurred in this action; and								
16	9.	Any and all other relief to which BLM GNF is entitled, including, without limitation,								
17		injunctive relief and/or other provisional remedies.								
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28										
		23								
		COMPLAINT								

1	DATED: May 3, 2024	Respectfully submitted,
2		FOLEY & LARDNER LLP
3		
4		By <u>/s/ Byron J. McLain</u> Byron J. McLain
5		Tam Wheat Attorneys for Plaintiff Black Lives Matter Global
6		Network Foundation, Inc
7		SEGAL LAW GROUP
8		Pru /s/ Laurance Secal
9		By: <u>/s/ Lawrence Segal</u> Lawrence Segal
10		Lawrence Segal Andrew D. Shupe Attorneys for Plaintiff Black Lives Matter Global Network Foundation, Inc.
11		Network Foundation, Inc.
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		COMPLAINT

EXHIBIT A

EXHIBIT A

				"PUBLIC INSPEC	TION"		
Form 8	879-TE		IRS e-fil for	e Signature / a Tax Exemp	Authorization St Entity	ŀ	OMB No. 1545-0047
Tom		For calendar year 202			2021, and ending JUN 30	, 20 2 2	2024
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Part	Type of	Return and Re	BOARD C				
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1 a	Form 990 check	here 📐 🕨 🗴			Part VIII, column (A), line 12)		
2 a	Form 990-EZ che	eck here 🕨	b Total rev	enue, if any (Form 990-	EZ, line 9)		2b
За	Form 1120-POL	check here 🕨	b Total tax	(Form 1120-POL, line 2	2)		31o
4a	Form 990-PF che				ne (Form 990-PF, Part V, line		4b
5a	Form 8868 check		b Balance	due (Form 8868, line 3c)		5b
6a	Form 990-T chec				e 4)		6b
7a	Form 4720 check				9 1)		
8a 9a	Form 5330 check			ssets at end of tax yea (Form 5330, Part II, line)			8b
	Form 8038-CP ch				ested (Form 8038-CP, Part I		9b 10b
Part			ture Authori	zation of Officer of	r Person Subject to Ta	ax	
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"PUBLIC INSPECTION"

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Form 990				on 501(c), 527,	•		-				∍ 2021
Department of the Treasury			rs on this for	m as it may	be made pub	olic.	Open to Public				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest										Inspection	
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Ac		 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 							0.		
		Net unrelated	Dusiness taxa	ble income no	<u>1111 OIIII 990-</u>	1, 1 alt 1, 11			Prior Ye		Current Year
	8	Contributions	and grants (Pa	art VIII, line 1h)				76,872		9,268,283.
Revenue	9		ice revenue (Pa						- 1 -	0.	0.
eve	10	0								114.	-916,333.
č	11		acome (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					2,772	,707.	137,112.	
				add lines 8 through 11 (must equal Part VIII, column (A), line 12)					79,644		8,489,062.
	13	Grants and si	milar amounts	paid (Part IX, d	column (A), lir	nes 1-3)			25,997	,945.	4,500,777.
	14	Benefits paid	to or for memb	bers (Part IX, c	olumn (A), lin	e 4)				0.	0.
ŝ	15		r compensatio							,839.	476,555.
Expense	16a		fundraising fees						411	,200.	421,800.
ă	b		sing expenses (485,		11 055	1 - 1	11 640 600
ш	1 "		es (Part IX, col						11,055		11,649,678.
	1		es. Add lines 1						37,710		<u>17,048,810.</u> -8,559,748.
0	19	Revenue less	expenses. Sub	otract line 18 fi	rom line 12	<u></u>			41,934 Beginning of Cu		
its 0	20	Total accete /	Dart V lina 161						43,689		End of Year 33,290,886.
Asse	20	-	Part X, line 16) s (Part X, line 2						1,755	,216.	3,085,866.
Net Assets or	22		fund balances	,	21 from line				41,934	,688.	30,205,020.
	art II	Signatur								,	
			Inder penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is								

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, itrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CICLEY GAY, BOARD CHAIL Type or print name and title	R	Date						
Paid	Print/Type preparer's name KAY VOLLANS , CPA	Preparer's signature	Date 05/11/2023	Check PTIN if self-employed P01404047					
Preparer	Firm's name 🕨 RUBINO AND COMPA	NY, CHARTERED	Firm's	sEIN ▶ 52-1186096					
Use Only	Firm's address 🖕 6903 ROCKLEDGE D	RIVE, SUITE 300							
	BETHESDA, MD 208	17-1818	Phone no. $301 - 564 - 3636$						
May the If	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

	"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK
Form	990 (2021) FOUNDATION, INC. 82-4862489 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION ("BLMGNF") IS WORKING INSIDE AND OUTSIDE OF THE SYSTEM TO HEAL THE PAST, RE-IMAGINE THE
	PRESENT, AND INVEST IN THE FUTURE OF BLACK LIVES THROUGH POLICY
	CHANGE, INVESTMENT IN OUR COMMUNITIES, AND A COMMITMENT TO ARTS AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5,118,569. including grants of \$4,250,777.) (Revenue \$)
	HEALING JUSTICE - WE ARE BUILDING A COMMUNITY OF HEALING AND NURTURING
	ECOSYSTEMS THAT SUPPORT BLACK COMMUNITIES IMPACTED BY OPPRESSIVE STRUCTURES AND INJUSTICE. TO THAT END, WE ARE CREATING GLOBAL
	INITIATIVES THAT BUILD COALITIONS AMONGST COMMUNITY ACTIVISTS, LEADERS,
	AND ORGANIZERS; AND SUPPORTING THE WORK OF ORGANIZATIONS AS THEY
	SUPPORT BLACK-LED AND INTERSECTIONAL MOVEMENT WORK LOCALLY AND
	INTERNATIONALLY, BY BUILDING CAPACITY, INFRASTRUCTURE, MEMBERSHIP, AND
	PRESENCE; PROVIDING SEED FUNDING; DEVELOPING PROGRAMMING; PROVIDING
	TRAININGS; AND PROVIDING PUBLIC RELATIONS, AND COMMUNICATIONS.
4b	(Code:) (Expenses \$ 2,358,932. including grants of \$ 250,000.) (Revenue \$)
40	(Code:) (Expenses \$2,358,932 including grants of \$250,000) (Revenue \$) ARTS PROGRAM - WE ARE CONCENTRATING ON THE NEXUS OF ART AND ACTIVISM IN
	PURSUIT OF BLACK LIBERATION AND THE PRESERVATION AND PROTECTION OF
	BLACK CREATIVITY. WE SUPPORT EMERGING AND ESTABLISHED INDIVIDUAL BLACK
	ARTISTS AND ORGANIZATIONS WHO ARE IN SOLIDARITY WITH MARGINALIZED
	COMMUNITIES. IN ADDITION TO UPLIFTING THE VOICES OF THE BLACK ARTS
	COMMUNITY, THIS PROGRAM SERVES AS A CONNECTION POINT TO PROVIDE ART
	EXPOSURE AND EDUCATION FOR COMMUNITIES THAT ARE OFTEN LEFT OUT,
	PARTICULARLY FOR YOUTH. THROUGH THIS PROGRAM, WE HAVE PURCHASED A PROPERTY THAT HAS A PRODUCTION STUDIO AND OFFICE/COMMUNAL SPACES THAT
	SERVES AS OUR ARTISTIC HEADQUARTERS AND ALLOWS US TO EFFECTIVELY MEET
	OUR PROGRAMMATIC OBJECTIVES, INCLUDING: CREATING CUTTING EDGE CONTENT
	ABOUT ABOLITION AND OUR WELL-BEING, CONVENE ESTABLISHED AND EMERGING
4c	(Code:) (Expenses \$1,648,967. including grants of \$) (Revenue \$)
	FRONTLINE ORGANIZING - WE ARE PARTNERING WITH ON-THE-GROUND LEADERS AND
	ORGANIZATIONS AT THE LOCAL LEVEL THAT CENTER ABOLITIONIST PRINCIPLES
	AND ARE BUILDING RADICAL BLACK ORGANIZING MODELS ROOTED IN BLACK POWER, SELF-DETERMINATION AND SUPPORT OF SYSTEM IMPACTED FAMILIES. WE ARE
	HELPING TO KEEP ABOLITIONIST FRONTLINE ORGANIZERS AND ACTIVISTS SAFE BY
	PROVIDING SECURITY SERVICES (BOTH DIGITAL AND PHYSICAL) FOR THEM. WHITE
	SUPREMACISTS AND ALIGNED ORGANIZATIONS REPRESENT A THREAT TO ORGANIZERS
	AND ACTIVISTS AND OUR MISSION WILL NOT BE ACCOMPLISHED IF THESE FREEDOM
	FIGHTERS ARE NOT KEPT SAFE.
لم //	Other program services (Describe on Schedule O.)
40	Other program services (Describe on Schedule O.) (Expenses \$ 2,337,958. including grants of \$) (Revenue \$)
4e	Total program service expenses 11,464,426.
	Form 990 (2021)
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Form 990 (2021) FOUNDATION,
Part IV Checklist of Required Schedules

82-4862489	Page 3
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
<u>د</u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
10000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2021)
132003	3 12-09-21	Form		(2021)

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

	990 (2021) FOUNDATION, INC. 82-4862	2489	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23	х	
2 4a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	v	X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00	x	
00	"Yes," complete Schedule L, Part IV	28c 29		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization requirate, enhance, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part T</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 51		<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	۲. <u> </u>	Yes	No
та	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26	4		

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ______ c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Х Form 990 (2021)

1c

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

82-4862489	Page 5
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Form	990 (2021) FOUNDATION, INC.	82-4862	489	Р	age 5
Par					3-
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction				
3a			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· · · ·	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	·	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK 82-486<u>2489</u> Page 6 FOUNDATION, INC. Form 990 (2021) 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 X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)	•		
		01100	00001		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,, ,				
а	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization			15b		x
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			1.0.0		
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, GA, H	I,I	L,KS,KY,MI	, MA	MI	, MN
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.		(
	Own website Another's website X Upon request Other (explain	on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.				- 1-01	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	PATRICK CURTIS - 301-564-3636					
	6903 ROCKLEDGE DRIVE, SUITE #300, BETHESDA, MD 208	17				
132006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2021)

	"PUBLIC INSPECTION"		
	"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK		
<u>Form 990 (</u>	FOUNDATION, INC.	82-4862489	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	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, 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	ition	 		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	than o s both	n an	compensation	compensation	amount of
	week	offic	cer ar	ıd a d	irecto	r/trus	tee)	from	from related	other
	(list any	actor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loye	i com		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CICLEY GAY	15.00	Ē	<u> </u>	5	¥	Ξə	Fe			
BOARD CHAIR		х		x				0.	0.	0.
(2) SHALOMYAH BOWERS	15.00									
BOARD SECRETARY		х		х				0.	0.	0.
(3) D'ZHANE PARKER	15.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(4) DANIELLE EDWARDS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(5) MINYON MOORE	5.00								0	0
BOARD MEMBER	50.00	Х						0.	0.	0.
(7) PAUL CULLORS	50.00							104 -00		4 - 444
HEAD OF SECURITY						X		124,702.	0.	15,006.
(8) KAILEE SCALES	0.00									
FORMER MANAGING DIRECTOR							Х	114,625.	0.	0.
										– 000 (acc i)

Form	BLACK LIN 990 (2021) FOUNDATIO			LIC	IN: LO	SP BA	EC1	NE NE	N" TWORK	82-4	8624	489	P	age 8
Par				000	ond	1 LI:-	abec	+ ^	ompensated Employee		2021			-90 -
	(A) Name and title	(B) Average hours per week	(do box,	not c	(C Posi heck i ss per	C) itior more rson i		one an	(D) Reportable compensation from	(continuea) (E) Reportable compensatio from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MK 1099-NEC)	SC/	fr org an	pensa om the anizat d relate anizatio	e ion ed
1b	Subtotal					<u> </u>	L		239,327.		0.	1	5,0	
с	Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								239,327.		0.	1	5,0	06.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			1
											ſ		Yes	No
3	Did the organization list any former officer,													
	line 1a? If "Yes," complete Schedule J for st											3	Х	
4	For any individual listed on line 1a, is the su													37
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a											-		х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	oers	on .					5		Δ
1	Complete this table for your five highest cor	nnensated ind	ene	nder	nt co	ontre	actor	e tł	nat received more than \$	100 000 of com	nensat	ion fro	m	
<u> </u>	the organization. Report compensation for t								the organization's tax y					
	(A) Name and business	address							(B) Description of s	ervices	С	ompe)	;) nsatio	n
166	I IMPACT PARTNERS, LLC 54 CHARTWELL DR., DAYTO				ш.	1 1	<u> </u>		CONSULTING S	ERVICES		93	7,5	00.
MIS	ACK TIES LLC, 10316 SEP SSION HILLS, CA 91345					<u> </u>	•,		SECURITY SER	VICES		75	6,3	30.
SUI	ARE RALLY, INC., 5670 TE 820, LOS ANGELES, C		<u>с</u> ,	Ц	עי				COMMUNICATIO	NS		69	3,4	75.
220	DPLE'S TELEVISION, INC W 30TH ST 2ND FLOOR,	NEW YOR	к,	N	Y	10	00:	_				55	7,0	00.
PO	EY SQUARE GROUP BOX 60340, CHARLOTTE,								COMMUNICATIO	-		53	4,2	43.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	to t	thos 12		ted	above) who received mo	ore than				

Form **990** (2021)

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. 82-4862489 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 9,268,283. 1f 1g \$ g Noncash contributions included in lines 1a-1f 9,268,283 h Total. Add lines 1a-1f ► **Business Code** 2 a Program Service b Revenue С d f All other program service revenue g Total. Add lines 2a-2f . ► 3 Investment income (including dividends, interest, and 44,957. 44,957. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 135,554. 135,554. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 1,558. 6a Ο. 6b **b** Less: rental expenses 1,558. c Rental income or (loss) 6c 1,558, 1,558. d Net rental income or (loss) ► (i) Securities (ii) Other **7 a** Gross amount from sales of 172,010. assets other than inventory 7a **b** Less: cost or other basis 1,133,300. Other Revenue and sales expenses 7b -961,290. -961,290. -961,290. d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ► **Business Code** liscellaneous 11 a Revenue b d All other revenue e Total. Add lines 11a-11d -779,221 8,489,062. Ο. Ο.

12 132009 12-09-21

Total revenue. See instructions

►

BLACK LIVES MATTER GLOBAL NETWORK Form 990 (2021) FOUNDATION, INC. Part IX Statement of Functional Expenses

7 <i>b,</i> 8 1 2	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B)	(C)	(D)
2		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
2	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,250,777.	4,250,777.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	250,000.	250,000.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B) Other salaries and wages	325,000.	190,011.	126,948.	8,041
	Pension plan accruals and contributions (include	525,000.	150,011.	120,940.	0,041
	section 401(k) and 403(b) employer contributions)	19,604.	9,368.	9,623.	613
	Other employee benefits	109,577.	68,547.	38,592.	613 2,438
	Payroll taxes	22,374.	10,693.	10,983.	698
	Fees for services (nonemployees):	22,0,10	20,0001	20,5001	
	Management				
	Legal	1,380,284.		1,380,284.	
	Accounting	196,333.		196,333.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17	421,800.			421,800
	Investment management fees	77,183.		77,183.	•
	Other. (If line 11g amount exceeds 10% of line 25,	-			
-	column (A), amount, list line 11g expenses on Sch 0.)	8,500,862.	5,762,123.	2,710,556.	28,183
	Advertising and promotion				
3	Office expenses	97,717.	3,231.	94,486.	
	Information technology	902,919.	527,893.	352,687.	22,339
5	Royalties				
6	Occupancy	264,690.	256,207.	8,483.	
7	Travel	76,849.		76,849.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
	Payments to affiliates	100.000	100 000		
2	Depreciation, depletion, and amortization	102,325.	102,325.	1.0.007	
3	Insurance	50,516.	33,251.	16,237.	1,028
	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 0.)				
а					
b					
c					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	17,048,810.	11,464,426.	5,099,244.	485,140
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2021)
Part X Balance Sheet

FOUNDATION, INC.

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

82-4862489 Page 11

1 0		Check if Schedule O contains a response or note to any line in this Par	+ X		X
		Greek in Schedule O contains a response of note to any line in this Pal	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,335,856.	1	4,394,110.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	113,664.
	5	Loans and other receivables from any current or former officer, directo			
		trustee, key employee, creator or founder, substantial contributor, or 3			
		controlled entity or family member of any of these persons	73,523.	5	0.
	6	Loans and other receivables from other disqualified persons (as define	d		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(3)	6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	316,590.	9	37,276.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,098	5,035. 2,295. 5,923,811.		
	b				5,920,740.
	11	Investments - publicly traded securities		11	22,825,096.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	22 200 000
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	33,290,886.
	17	Accounts payable and accrued expenses		17	1,683,165.
	18	Grants payable		18	1,402,701.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 3	5%		
bilid				22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24			24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Par	tX		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,755,216.	26	3,085,866.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
sec		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	41,934,688.	27	30,205,020.
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Ъ.		and complete lines 29 through 33.			
s of	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31			31	
Nei	32	Total net assets or fund balances	41,934,688.	32	30,205,020.
	33	Total liabilities and net assets/fund balances	43,689,904.	33	33,290,886.
					Form 990 (2021)

	"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK					
Form	990 (2021) FOUNDATION, INC.	82-4	8624	89	Pad	_{ae} 12
	t 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	8,	489	,00	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,	048	, 81	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,	,559	,74	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,	934	.,68	88.
5	Net unrealized gains (losses) on investments	5	-3	,172	,6!	57.
6	Donated services and use of facilities	6		2	,7:	37.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	30,	205	i, 01	20.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					1
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	JUII/	0004

Form **990** (2021)

SCHEDULE A		DULE A	Public Charity Status and Public Support					OMB No. 1545-0047		
(Form 990)			Complete if the organization is a section 501(c)(3) organization or a section						2021	
			947(a)(1) nonexempt cha					202 I		
Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ.					Open to Public		
			-	-	ov/Form990 for instruction			nformation.		Inspection
Nan	ne of	the organizati			ATTER GLOBAL 1	NEILMOF	RΚ			identification number
Da	rt I	Peason	FOUN for Public (DATION, IN			-:	:		2-4862489
					(All organizations must o			ee instruction	S.	
	orgar		-		(For lines 1 through 12, c	•	-			
1	\square				ion of churches described		on 170(b)('	I)(A)(I).		
2	\square				(Attach Schedule E (Forn		V6V4VAV;	::)		
3 4	\square	•	•	•	ganization described in s o onjunction with a hospital			•	Viii) Enter	the hospital's name
4		city, and stat	-		organication with a hospital	described	Section			the hospital s hame,
5		•		or the benefit of a c	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
Ŭ		e e	-	Complete Part II.)		. of operat	5 a 2 y a g a			
6	\square				mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	antial part of its support f				ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization describe	d in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agri	culture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Illy receives (1) more	e than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subje	ect to certain exceptions;	and (2) no	more than	33 1/3% of it	s support fi	om gross investment
					e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
				mplete Part III.)						
11	\square	-	-	-	sively to test for public sa	•				
12		-	-	-	sively for the benefit of, to	-			•	
				-	ed in section 509(a)(1) of					neck the box on
		-	•		of supporting organization supervised, or controlled		-		-	aivina
а					egularly appoint or elect a	• • • •	-			
			-	complete Part IV, S		i majority c				pporting
b		¬ ~		•	d or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ina
				-	ganization vested in the s			-		-
			-		, Sections A and C.	•			5 11	
c] Type III fur	nctionally inte	grated. A supporti	ng organization operated	in connect	tion with, a	and functional	ly integrate	d with,
					s). You must complete					
d		Type III no	n-functionally	/ integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	ation(s)
		that is not f	unctionally int	egrated. The organ	ization generally must sat	isfy a distr	ibution red	quirement and	an attentiv	reness
		requiremen	t (see instructi	ions). You must co	omplete Part IV, Sections	A and D,	and Part	V .		
e					written determination fro			Туре I, Туре	II, Type III	
		-	-	•••	onally integrated supporti	ng organiz	ation.			
		er the number		•						
<u>0</u>		vide the follow (i) Name of supp		n about the support (ii) EIN	ed organization(s).	(iv) Is the org in your govern	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organizatior		(.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir	,	support (see instructions)
					above (see instructions))	103				
Tota	al									

	В	LACK LIVE	"PUBLIC INSF	PECTION" GLOBAL NE	TWORK		
Sch		OUNDATION				82-486	2489 Page 2
	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) and		
	(Complete only if you checked	-					
	fails to qualify under the tests				. ,		U U
See	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(-,	(-/	(-) = - = -		(-)
	membership fees received. (Do not						
	include any "unusual grants.")				76872002.	9268283.	86140285.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3				76872002.	9268283.	86140285.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
-	column (f)						86140285.
	Public support. Subtract line 5 from line 4.						00140205.
		(-) 0017	(1-) 0010	(-) 0010	(.1) 0000	(-) 0001	(6) Takal
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2017	(b) 2018	(c) 2019	(d) 2020 76872002.	(e) 2021 9268283	(f) Total 86140285.
8	Gross income from interest,				10012002.	5200205.	00140203.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				2772821.	182,069.	2954890.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						89095175.
12	Gross receipts from related activities,	·	,			12	
13	First 5 years. If the Form 990 is for the						
-	organization, check this box and stor	here					► X
	tion C. Computation of Publi						
. –	Public support percentage for 2021 (I					14	<u>%</u>
15	Public support percentage from 2020						%
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-		- line 15 in 00 1/00/		
b	33 1/3% support test - 2020. If the c						
17-	and stop here. The organization qual						
178	10% -facts-and-circumstances test and if the organization meets the facts						
	meets the facts-and-circumstances te			-		-	
۲	10% -facts-and-circumstances test	-			-	7a, and line 15 is	
~	more, and if the organization meets the	-					/ 0 .
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		-	-			s

Schedule A (Form 990) 2021

"PUBLIC INSPECTION"

Calendar year (or fiscal year beginning in) 🕨 (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 [.]	1 (f) Total
1 Gifts, grants, contributions, and membership fees received. (Do n	ot					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpos	-					
3 Gross receipts from activities that						
are not an unrelated trade or bus iness under section 513						
4 Tax revenues levied for the organ	·····					
ization's benefit and either paid t or expended on its behalf						
 5 The value of services or facilities furnished by a governmental unit the organization without charge 	to					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a 3 received from disqualified perso	and					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line	6.)					
Section B. Total Support		1	1	1		
Calendar year (or fiscal year beginning in		(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from busines	sses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included on line 10k whether or not the business is regularly carried on	D,					
12 Other income. Do not include gai or loss from the sale of capital assets (Explain in Part VI.)	in					
13 Total support. (Add lines 9, 10c, 11, and					L	
14 First 5 years. If the Form 990 is	-			-		
check this box and stop here Section C. Computation of P	ublic Support Pa	rcontago				<u></u>
			(f)		45	
15 Public support percentage for 2016 Public support percentage from 2		•	.,,		15 16	<u> </u>
Section D. Computation of In						70
17 Investment income percentage for			ne 13. column (f))		17	%
18 Investment income percentage fr					18	%
19a 33 1/3% support tests - 2021.					· · · · · · · · · · · · · · · · · · ·	
more than 33 1/3%, check this b						
b 33 1/3% support tests - 2020.	-	•				
line 18 is not more than 33 1/3%	-					
20 Private foundation. If the organi						
132023 01-04-22		,				dule A (Form 990) 2021

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

 Schedule A (Form 990) 2021
 FOUNDATION, INC.

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

82-4862489 Page 3

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

"PUBLIC INSPECTION"

132024 01-04-21

7

8

9a

9b

9c

10a

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6

dule A (Form 990) 2021	FOUNDATION,	INC.		82-48	36248	9 Pa	age 5
t IV Supporting Organiz	ations (continued)						
						Yes	No
Has the organization accepted a	gift or contribution from	any of the following per	sons?				
A person who directly or indirect	ly controls, either alone o	or together with persons	described on lines 11b and				
11c below, the governing body o	f a supported organizatio	on?			11a		
A family member of a person des	cribed on line 11a above	? ?			11b		
A 35% controlled entity of a perso	on described on line 11a	or 11b above? If "Yes"	to line 11a, 11b, or 11c, provide				
detail in Part VI.					11c		

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

detail in Part VI. Section B. Type I Supporting Organizations

Sche Pa

11 а

> b c

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No

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

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 110 1 00 1010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

No

Yes

1

"PUBLIC INSPECTION"

Schedule A (Form 990) 2021

	"PUBLIC INSPECT BLACK LIVES MATTER GLOP	I <mark>ON</mark> " BAL NET	WORK	
Sche	dule A (Form 990) 2021 FOUNDATION, INC.			82-4862489 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on N	lov. 20, 1970 (<i>explain</i>)	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

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

Schedule A (Form 990) 2021

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

Sche	dule A (Form 990) 2021 FOUNDATION, I			8	2-4862489	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	~		10		
.		(i) European Distributions	(ii) Underdistribution	<u>د</u>	(iii) Distributab	le
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2021	5	Amount for 2	
	Distributable amount for 2021 from Section C. line 6					
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reasonable acues required and the in Part VI). See instructions					
3	able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2021					
	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

		"P BLACK LIVES		PECTION"	NEWMODY	
Schodulo A	(Form 990) 2021	FOUNDATION,		GLOBAL	NETWORK	82-4862489 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, ines 2 and 3; Part IV, Se	planations rec 9a, 9b, 9c, 11a ction E, lines 1	a, 11b, and 11 c, 2a, 2b, 3a,	and 3b; Part V, Section E	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

		"PUBLIC	INSPECTION"			
SCHEDULE C	Po	OMB No. 1545-0047				
(Form 990)	For Org	anizations Exempt From Incor	ne Tax Under section	501(c) and section 5	27	2021
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
If the organization answ	vities), then					
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.			
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Par	t I-B.	
 Section 527 organization 						
-		Form 990, Part IV, line 4, or F			-	
		nave filed Form 5768 (election u				
	•	nave NOT filed Form 5768 (elect	•			•
Tax) (See separate inst		Form 990, Part IV, line 5 (Prox	(y Tax) (See separate i	instructions) or Form	1990-EZ, I	Part V, line 35C (Proxy
<i>,</i> , ,		ions: Complete Part III.				
Name of organization		IVES MATTER GLOB	AL NETWORK		Employe	r identification number
	FOUNDAT	ION, INC.			8	82-4862489
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 52	27 organ	nization.
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities i	n Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	political campai	gn activities				
Deut I.D. Comm	ata if tha are	onization is avampt und	ar agation E01(a)(0)		
		anization is exempt und		-		
		incurred by the organization und				
	•	incurred by organization manag n 4955 tax, did it file Form 4720				Yes No
4a Was a correction m			,			
b If "Yes," describe in						
		anization is exempt und	er section 501(c),	except section 5	501(c)(3)	
1 Enter the amount d	lirectly expended	by the filing organization for se	ction 527 exempt funct	ion activities	▶\$	
2 Enter the amount o	f the filing organi	ization's funds contributed to ot	her organizations for se	ection 527		
exempt function ac	tivities				►\$	
3 Total exempt functi	ion expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
					►\$	
00		1120-POL for this year?				Yes No
		ployer identification number (El				
		ion listed, enter the amount pai omptly and directly delivered to				
		additional space is needed, prov			-pa.a.c -c -	grogatoù tarta et a
(a) Name	.	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
(a) Harris			(0) 2.11	filing organizatio	on's co	ntributions received and
				funds. If none, ent		promptly and directly delivered to a separate
						political organization.
						If none, enter -0

Schedule C (Form 990) 2021

В	LACK LI	"PUBLIC INSPECT VES MATTER GLO	I <mark>ON</mark> " BAL NETWORK		
Schedule C (Form 990) 2021 F	OUNDATI	ON, INC.			862489 Page 2
Part II-A Complete if the orga section 501(h)).	nization is o	exempt under section	n 501(c)(3) and file	d Form 5768 (ele	ction under
	on belonas to a	In affiliated group (and list in	Part IV each affiliated	proup member's name	e, address, FIN,
expenses, and share	-	• • •		9. e a p	, aaa,
B Check 🕨 📄 if the filing organization	on checked bo	A and "limited control" pre	ovisions apply.		
	on Lobbying tures" means	Expenditures amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opir	nion (grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c a	nd 1d)			
f Lobbying nontaxable amount. Enter	the amount fro	m the following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: Th	e lobbying nontaxable am	ount is:		
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500	· · · · ·	75,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		25,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1	,000,000.			
g Grassroots nontaxable amount (ente	or 25% of line 1	A			
h Subtract line 1g from line 1a. If zero		,			
i Subtract line 1f from line 1c. If zero c	•				
j If there is an amount other than zero					
reporting section 4911 tax for this ye	_	, J		[Yes No
	4-Yea	ar Averaging Period Under	Section 501(h)		
(Some organizations that		ion 501(h) election do not eparate instructions for li	•	f the five columns be	elow.
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
				Schedu	ule C (Form 990) 2021

Schedule C (Form 990) 2021

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37		
	Media advertisements?		X X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	x	Δ	0.0	9,991.
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			3,330.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			9,955.
	Other activities?				3,276.
1	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	01.	5,270.
	If "Yes," enter the amount of any tax incurred under section 4912		21		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	501(c)(6).		,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	•
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				

PEOPLE'S RESPONSE ACT - LOBBYING MEMBERS OF CONGRESS

SENATE BUDGET AMENDMENT - LOBBYING MEMBERS OF CONGRESS AGAINST THE

AMENDMENT

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK Schedule C (Form 990) 2021 FOUNDATION, INC. Part IV Supplemental Information (continued)	82-4862489 Page 4
END QUALIFIED IMMUNITY - LOBBYING MEMBERS OF CONGRESS; D	ELIVERING
LETTER AND PETITION TO CONGRESS MEMBERS AT DC OFFICE	

		"PUE	BLIC INSPECTION"				
20		Supplement	al Financial Statements		OMB No. 1	545-0047	7
			anization answered "Yes" on Form 990,		20	91	
(For	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		20		
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information	n.	Open t Inspec	o Public tion	2
-	lame of the organization BLACK LIVES MATTER GLOBAL NETWORK Employer id						
	-	FOUNDATION, INC.		8	32-4862	489	
Par			d Funds or Other Similar Funds or A	Accounts.	Complete if t	he	
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds ar	nd other acco	unts	
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised fu				
•			exclusive legal control?		. 🦲 Yes		No
6			dvisors in writing that grant funds can be used				
			r donor advisor, or for any other purpose confe	0			N
Par			ganization answered "Yes" on Form 990, Part		Yes		No
1		servation easements held by the organization		IV, III O 7.			
•		of land for public use (for example, recrea		storically impo	ortant land are	а	
		f natural habitat	Preservation of a ce				
		n of open space					
2		• •	ied conservation contribution in the form of a	conservation e	easement on t	he last	
	day of the tax year	a b c c			at the End of t		ear
а	Total number of co	onservation easements		2a			
b	Total acreage rest						
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure				
	listed in the Nation	nal Register		2d			
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization durin	g the tax		
	year 🕨						
4	Number of states	where property subject to conservation eas	sement is located				
5	•	tion have a written policy regarding the per					
		orcement of the conservation easements it					No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easement	is during the y	/ear	
_		<u> </u>					
7	· ·	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	easements dui	ring the year		
0		viction accompant reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(
8					Yes		No
9			on easements in its revenue and expense state		165		NU
5		-	note to the organization's financial statements		the		
		ounting for conservation easements.					
Par			Art, Historical Treasures, or Other	Similar As	sets.		
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet v	works		
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in further	ance of public			
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	ce sheet work	s of		
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public s	ervice,		
	provide the followi	ng amounts relating to these items:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		🕨 💲 🔄			
	.,						
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial gair	n, provide			
	-	unts required to be reported under FASB A	-				
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.	Sche	edule D (Forn	n 990) 2	.021

132051 10-28-21

	BLACK L	IVES MATTI	<u>IC INS</u> F	PECTION	, ₽₩₩₩ ₩ ₽₽₩						
Coho		ION, INC.	л өп	ODAL N.	LIWORK		82.	-186	52489		age 2
	dule D (Form 990) 2021 F'OUNDA'I'.		rt. Hist	orical Tre	easures. o	r Other					age 🗠
3	Using the organization's acquisition, accession								Contin	ueu)	
Ŭ	collection items (check all that apply):			carry of the	ionowing that	t marke orgi		110			
а	Public exhibition		ч 🗌	Loan or exc	hange progra	am					
b	Scholarly research				ange progra						
c	Preservation for future generations		e 🖂								
4	Provide a description of the organization's co	lections and evel	ain haw th	ov furthor th	o organizativ	on'o ovomr	at purpaga in	Dort V	/111		
- 5	During the year, did the organization solicit of							Fail	MII.		
5	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang							rt IV. lii			
	reported an amount on Form 990, Par			9			,	,	,		
1a	Is the organization an agent, trustee, custodia		•								_
	on Form 990, Part X?							. L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the f	following f	table:							
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iir	ne 21, for	escrow or cu	ustodial acco	unt liability	/?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.						<u></u>]
Par	Tt V Endowment Funds. Complete i	f the organization a	answered	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d	d) Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balan	ice (line 1)	a. column (a)) held as:	ľ					
	Board designated or quasi-endowment	,	%	3, (-)	,,,						
	Permanent endowment	%									
		<u> </u>									
•	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	-	zation the	at are held ar	nd administer	red for the	organization				
	by:						o ga naaron		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								50		
	t VI Land, Buildings, and Equipm			iunus.							
	Complete if the organization answered		90, Part IV	/, line 11a. S	See Form 990), Part X, lir	ne 10.				
	Description of property	(a) Cost or			t or other		cumulated		(d) Book	value	è.
	Description of property	basis (inves		• • •	(other)		reciation		(u) Book	value	
19	Land		/		0,000.			1	3,000),00	00.
	LandBuildings			-	8,781.	1	49,940.		2,848		
	Leasehold improvements				5,,01.	<u> </u>		·	-,010	, , , , ,	•
								-			
	Equipment			<u>م</u>	9,254.		27,355.	1	71	. , 89	99
-	Other				-		-		5,920		
rota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>quai ⊢orm 990, Pai</u>	π x, colur	пп (В), line 1	UC.)		🏴		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , 4	± U •

Schedule D (Form 990) 2021

	"PUBLIC INSPECT MATTER GLOBA		
			2-4862489 Page 3
Schedule D (Form 990) 2021 FOUNDATION, Part VII Investments - Other Securities.		0	<u>2-4002409 Page J</u>
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 e	nd-of-vear market value
(1) Financial derivatives			
 (2) Closely held equity interests (3) Other 			
(A) (B)			
(C)			
(D)			
(E)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)	(
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	<u>, (0.)</u>	,	<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X. line 2	25.
1. (a) Description of liability		···· ; · · · · · · · · · · · ·	(b) Book value
(1) Federal income taxes			
(1) 1 ederal income taxes			
(3)			
(4)			
(5)			

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

(6) (7)

	"PUBLIC INSPECTION BLACK LIVES MATTER GLOBAL M	V VETWOR	к			
Sche	dule D (Form 990) 2021 FOUNDATION, INC.			82-	4862489	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-			
1				1	5,319	,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a -	3,172,657.			
b	Donated services and use of facilities	2b	2,737.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-3,169	
3	Subtract line 2e from line 1			3	8,489	<u>,062.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,489	<u>,062.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 - 0 1 0	
1	Total expenses and losses per audited financial statements			1	17,048	,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities			-		
b	Prior year adjustments			-		
С	Other losses			-		
d						•
е	Add lines 2a through 2d			2e	1 - 0 1 0	0.
3	Subtract line 2e from line 1			3	17,048	,810.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,048	,810.
Pa	t 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:

BLMGNF IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY
THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN
ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE
CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A)(VI), AND
HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS
509(A)(1). BLMGNF IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION
EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, IT IS SUBJECT
TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT
ARE UNRELATED TO ITS EXEMPT PURPOSE. BLMGNF HAS DETERMINED THAT IT IS NOT
SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.
132054 10-28-21 Schedule D (Form 990) 2021

"PUBLIC INSPECTION"

		UBLIC INSPECTION" MATTER GLOBAL	NETWORK		
Schedule D (Form 990) 2021 Part XIII Supplemental Infor	FOUNDATION,	INC.		82-4862489	Page 5
	(continued)				

		"	PUBLIC INSPECTION"				
SCHEDULE F (Form 990)	Stateme ► Complete if		<u>م</u>	1B No. 1545-0047			
Department of the Treasury			Attach to Form 990.				to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the lates	t information.		Inspe	
Name of the organization			~		Employer	identifi	cation number
BLACK LIVES MA		AL NETWO	RK			~ ~ . ~	•
FOUNDATION, IN					82-48		
		ctivities Out	side the United States. Compl	ete if the organ	ization answ	/ered "Y	es" on
Form 990, Par	t IV, line 14b.						
-	•		ds to substantiate the amount of its gra the selection criteria used to award the			X	Yes 🗌 No
2 For grantmakers. De United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsi	de the
3 Activities per Region.	(The following Part	1	n be duplicated if additional space is r	needed.)			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in	. ,	(f) Total
	offices	agents, and	(by type) (such as, fundraising, pro-		gram service		expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific typ (s) in the req		investments
		in the region	recipients located in the region)	OI Service	(s) in the reg		in the region
EUROPE (INCLUDING							
ICELAND & GREENLAND)	0	0	GRANTMAKING				250,000.
	0	0	GRANIMAKING				250,000.
NORTH AMERICA -							
CANADA AND MEXICO,							
BUT NOT THE UNITED							
STATES	0	0	PROGRAM SERVICES	TRAVEL EXPE	INSES		2,232.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	LEGAL AND E EXPENSES	VENT RELA	TED	2,154.
3 a Subtotal	0	0					254,386.
b Total from continuation							
sheets to Part I		0					0.
c Totals (add lines 3a and 3b)	0	0					254,386.

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

Schedule F (Form 990) 2021

			"PUBLIC INSPECTION"
BLACK	LIVES	MATTER	GLOBAL NETWORK

82-4862489

Schedule F (Form 990) 2021

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.

FOUNDATION, INC.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		ICELAND &	CONDUCTING ACTIVITIES TO SUPPORT BLACK ARTS	250,000				
		GREENLAND)	PROGRAM	250,000.	EFT	0.		
-								
			ecognized as charities by the f					4
			or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter	🕨		<u> </u>
3 Enter total number of	other organizations o	or entities				>		0

Schedule F (Form 990) 2021

132072 12-20-21

			"PI	JBLIC INSPECTION"
BLACK	LIVES	MATTER	GLOBAL	NETWORK
FOUNDA	ATION,	INC.		

82-4862489

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 peeded

Schedule F (Form 990) 2021

132073 12-20-21

Part III can be duplicated if ad	doitional space is needed	1.					
(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)

Schedule F (Form 990) 2021

Page 3

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

Sched	ule F (Form 990) 2021 FOUNDATION, INC.	82-4862489	Page 4
Part		02 1002105	T age 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

INC.

Schedule F (Form 990) 2021 FOUNDATION , 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:

BLMGNF GRANTS FUNDS TO OTHER ORGANIZATIONS TO SUPPORT COMMUNITY ORGANIZING EFFORTS TO EMPOWER BLACK LIVES. ALL GRANTS WILL BE RESTRICTED FOR ACTIVITY THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZATION. POTENTIAL GRANTEES WILL BE REQUIRED TO SUBMIT A PROPOSAL AND A BUDGET FOR REVIEW BY BLMGNF BEFORE FUNDS ARE DISPERSED. GRANT AGREEMENTS WILL REQUIRE EACH GRANTEE TO USE THE GRANT FUNDS ONLY FOR THE PURPOSES FOR WHICH THE GRANT WAS MADE AND WILL ACKNOWLEDGE BLMGNF'S AUTHORITY TO WITHHOLD AND/OR RECOVER GRANT FUNDS IF FUNDS ARE MISUSED. THE GRANT AGREEMENTS REQUIRE GRANTEES TO SUBMIT PERIODIC REPORTS CONCERNING THE USE OF GRANT FUNDS. BLMGNF WILL MAINTAIN A GRANT AGREEMENT FOR EACH GRANT IT FUNDS, ALONG WITH EACH REPORT RECEIVED FROM ALL GRANTEES AND ANY ADDITIONAL REPORTS MADE BY THE BLMGNF'S STAFF OR INDEPENDENT AUDITORS CONCERNING THE EXPENDITURE.

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		IVES MATTER GLOBAL					Employer ide	entification number
	FOUNDAT	ION, INC.					82-4862	489
	complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	/ities. (Check all that apply.			
a Mail solicitat	tions	e Solicita	tion of	non-q	overnment grants			
b X Internet and	email solicitations			Ũ	nment grants			
c Phone solici	tations	g 🔛 Special						
d 🗌 In-person so	licitations			0				
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, P	Part VII) or entity in connection with p	rofessi	onal fi	undraising services?		X Yes	s 🗌 No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	have custody		(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser	(vi) Amount paid to (or retained by)
			or cor contrib	utions?	nom activity		ted in col. (i)	organization
FIRESIDE CAMPAIGNS	- 815 16TH	FUNDRAISING COUNSEL	Yes	No				
STREET, NW, WASHING	GTON, DC	ACTIVITIES		x	0.		102,000.	0.
NEW IMPACT PARTNERS	S, LLC -	FUNDRAISING COUNSEL						
1664 CHARTWELL DR.	, DAYTON,	ACTIVITIES		x	0.		285,000.	0.
BOWERS CONSULTING	FIRM - 3355	FUNDRAISING COUNSEL						
N. WHITE AVE, LA VI	ERNE, CA	ACTIVITIES		x	0.		34,800.	0.
				<u> </u>				
				<u> </u>				
Total				•			421,800.	
3 List all states in whi	ich the organizatio	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	aistration

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

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

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

Sche		IVES MATTER (ION, INC.	ECTION" GLOBAL NETWOR		4862489 Page :
	rt II Fundraising Events. Complete if th	e organization answered		t IV, line 18, or reported	more than \$15,000
	of fundraising event contributions and gro	oss income on Form 990 (a) Event #1	EZ, lines 1 and 6b. List e (b) Event #2	vents with gross receip (c) Other events	ts greater than \$5,000. (d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
<i>"</i>	5 Noncash prizes				
pense	6 Rent/facility costs				
Direct Expense	7 Food and beverages				
	 8 Entertainment 9 Other direct expenses 				
	 Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. 	ne 3, column (d)		►	
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Be	1 Gross revenue				
ses	2 Cash prizes				
zpense	3 Noncash prizes				
Direct Ex	4 Rent/facility costs				
-	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── 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 condu Is the organization licensed to conduct gaming ac	tivities in each of these s			Yes N
а	If "No," explain:				
a b	If "No," explain:		rminated during the tax y	ear?	Yes N

132082 10-21-21

Schedule G (Form 990) 2021

	"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK			
Sch		-4862	489	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	
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 No
	Indicate the percentage of gaming activity conducted in:	120	I	07
	a The organization's facility o An outside facility			<u>%</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
L	of gaming revenue retained by the third party ▶\$			
c	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	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗀	Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lir	nes 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u . r ,		
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
(1) NAME OF FUNDRAISER: FIRESIDE CAMPAIGNS			
(I) ADDRESS OF FUNDRAISER: 815 16TH STREET, NW, WASHINGTON, DC	2000	6	
<u>(</u> I) NAME OF FUNDRAISER: NEW IMPACT PARTNERS, LLC			
(I) ADDRESS OF FUNDRAISER: 1664 CHARTWELL DR., DAYTON, OH 4545)		
<u>, </u>				
(I) NAME OF FUNDRAISER: BOWERS CONSULTING FIRM			

132083 10-21-21

Schedule G (Form 990) 2021

Sched	ule G (Form 990)	ment	BLACK FOUNDA tal Information (cor	TION.	PUBI MA IN	L <mark>IC INSPE</mark> TTER G	CTION LOBAL	" NE	TWORK		82-4862489	Page 4
(I)			FUNDRAISER:		N.	WHITE	AVE,	LA	VERNE,	CA	91750	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an	d Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
	Compl	ete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		Co to www.ir	Attach to Fori s.gov/Form990 fo		ation		Open to Public Inspection
Name of the organization BLACK LIV	ES MATTER	GLOBAL NET	<u>v</u>				Employer identification number
FOUNDATIO							82-4862489
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t		-			-		
criteria used to award the grants or assis	tance?						X Yes N
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					nization answard "Y	(aall on Form 000, Dad	t IV line 21 for onv
recipient that received more than \$					anization answered i	es on Form 990, Pan	LTV, IIIIe ∠T, IOF ariy
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
LOVE NOT BLOOD CAMPAIGN							
3996 SAN PABLO AVE UNIT G							TO CONDUCT ACTIVITIES TO
EMERYVILLE, CA 94608	81-4000831	501(C)(3)	1,269,368.	0.			SUPPORT BLACK COMMUNITIE
CENTER FOR BLACK POWER							
3349 43RD STREET							TO CONDUCT ACTIVITIES TO
LOS ANGELES, CA 90008	87-3278839	501(C)(3)	800,000.	0.			SUPPORT BLACK COMMUNITIE
CENTER FOR THIRD WORLD ORGANIZING							
1714 FRANKLIN STREET 100-245							TO CONDUCT ACTIVITIES TO
OAKLAND, CA 94612	52-1211059	501(C)(3)	533,200.	0.			SUPPORT BLACK COMMUNITIE
TAMIR RICE FOUNDATION							
PO BOX 35167							TO CONDUCT ACTIVITIES TO
CLEVELAND, OH 44135	81-3500175	501(C)(3)	400,000.	0.			SUPPORT BLACK COMMUNITIE
CHOSEN FOR CHANGE I/C/O URBAN							
LEAGUE OF METROPOLITAN ST. LOUIS -							
1408 NORTH KINGS HIGHWAY - ST.							TO CONDUCT ACTIVITIES TO
LOUIS, MO 63113	43-0653605	501(C)(3)	297,000.	0.			SUPPORT BLACK COMMUNITIE
REUNITING OF AFRICAN DESCENDANTS							
C/O NALA SIMONE TOUSSAINT 2214 8TH		501(C)(3)					TO CONDUCT ACTIVITIES TO
NEW YORK, NY 10026	83-0683693		200,000.	0.			SUPPORT BLACK COMMUNITIE
2 Enter total number of section 501(c)(3) ar			, -			1	▶ 10
3 Enter total number of other organizations		-					2

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

Schedule I (Form 990) 2021

	BLACK LIVES	MATTER	GLOBAL	NETWORK
Schedule I (Form 990)	FOUNDATION,	INC.		

82-4862489

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTI POLICE-TERROR PROJECT							
1201 MARTIN LUTHER KING JR WAY 200							TO CONDUCT ACTIVITIES TO
OAKLAND, CA 94612	86-2883695	501(C)(3)	200,000.	0.			SUPPORT BLACK COMMUNITIES
ST. ELMOS VILLAGE							
4830 ST. ELMO DRIVE							TO CONDUCT ACTIVITIES TO
LOS ANGELES, CA 90019	23-7213122	501(C)(3)	200,000.	0.			SUPPORT BLACK COMMUNITIES
TRANS JUSTICE HOUSING PROJECT							
1048 WASHINGTON COALITION INC							TO CONDUCT ACTIVITIES TO
ATLANTA, GA 30315	85-1636168	501(C)(3)	200,000.	0.			SUPPORT BLACK COMMUNITIES
THE MICHAEL O.D. BROWN WE LOVE OUR							
SONS & DAUGHTERS FOUNDATION - 4022							
FLANDRE COVE CT FLORISSANT, MO							TO CONDUCT ACTIVITIES TO
63034	47-2123013	501(C)(3)	89,303.	0.			SUPPORT BLACK COMMUNITIES
COMMITTEE TO SUPPORT THE LOS							
ANGELES EQUITY FUND INITIATIVE -							
312 CLAY ST STE 300 - OAKLAND, CA							TO SUPPORT A BALLOT
94607	88-0678870	N/A	49,999.	0.			INITIATIVE
BYP100 EDUCATION FUND							
6515 S. INGLESIDE AVE							TO CONDUCT ACTIVITIES TO
CHICAGO, IL 60637	81-0975889	501(C)(3)	11,907.	0.			SUPPORT BLACK COMMUNITIES

Schedule I (Form 990)

IRE	GRANTEES	7

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III	ll, column (b); and any other	additional information.	
PART I, LINE 2:			
BLMGNF GRANTS FUNDS TO OTHER ORGANIZATIONS TO SU	PPORT COMMUNIT	Y ORGANIZING	
EFFORTS TO EMPOWER BLACK LIVES. ALL GRANTS WILL	BE RESTRICTED	FOR ACTIVITY	
THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZATION	. POTENTIAL GR	ANTEES WILL	
BE REQUIRED TO SUBMIT A PROPOSAL AND A BUDGET FO	R REVIEW BY BL	MGNF BEFORE	
FUNDS ARE DISPERSED. GRANT AGREEMENTS WILL REQUI	RE EACH GRANTE	E TO USE THE	
GRANT FUNDS ONLY FOR THE PURPOSES FOR WHICH THE	GRANT WAS MADE	AND WILL	
ACKNOWLEDGE BLMGNF'S AUTHORITY TO WITHHOLD AND/O	R RECOVER GRAN	T FUNDS IF	
FUNDS ARE MISUSED. THE GRANT AGREEMENTS REQUIRE	GRANTEES TO SU	BMIT PERIODIC	

FOUNDATION, INC. Schedule I (Form 990) 2021 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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

132102 10-26-21

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

82-4862489

Page 2

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK Schedule I (Form 990) FOUNDATION, INC. Part IV Supplemental Information	2-4862489	Page 2
REPORTS CONCERNING THE USE OF GRANT FUNDS. BLMGNF WILL MAINTAIN	N A GRANT	
AGREEMENT FOR EACH GRANT IT FUNDS, ALONG WITH EACH REPORT RECE	IVED FROM	ALL
GRANTEES AND ANY ADDITIONAL REPORTS MADE BY THE BLMGNF'S STAFF	OR	
INDEPENDENT AUDITORS CONCERNING THE EXPENDITURE.		
		-
132291 04-01-21	Schedule I (Fo	orm 990)

		"PUBLIC INSPECTION"						
SC	HEDULE J	Compensation Information		OMB No. 1545-0047				
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	1			
•	·	Compensated Employees		20				
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Publ	ic			
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information. BLACK LIVES MATTER GLOBAL NETWORK		Inspection				
Nam	e of the organization		er identification numb					
		FOUNDATION, INC.	82-48	6248	9			
Ра	rt I Question	s Regarding Compensation						
	o				Yes	No		
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account						
			,,					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	-			1b				
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2				
3		ly, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		ompensation consultant						
		ther organizations Approval by the board or compensation c	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а		e payment or change-of-control payment?		4a	Х			
b		eive payment from a supplemental nonqualified retirement plan?				Х		
с		eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the r			_		v		
				<u>5a</u>		X		
b		ation?		5b		X		
e		r 5b, describe in Part III. n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
6	contingent on the n		11					
я	-			6a		x		
		ation?		6b		x		
~		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i					
		es 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
				. 8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	n 990)	2021		

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

Schedule J (Form 990) 2021

FOUNDATION, INC.

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAILEE SCALES	(i)	0.	0.	114,625.	0.	0.	114,625.	0.
FORMER MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

82-4862489

Schedule J (Form 990) 2021

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

PART I, LINE 4A:

KAILEE SCALES DID NOT SERVE DURING THE FISCAL YEAR ENDED JUNE 30, 2022,

HOWEVER, SHE DID RECEIVE A SEVERANCE PAYMENT FOR CALENDAR YEAR 2021 IN THE

AMOUNT OF \$114,625. THE TERMS AND CONDITIONS OF THE ARRANGEMENT ARE

FOUNDATION, INC.

CONFIDENTIAL.

Schedule J (Form 990) 2021

82-4862489

Page 3

			"	PUBL		ISPE	CTION"									
SCHEDULE L		Tra	insactior	ns V	Vith	Inte	erested	P	ersons			O	/IB No. ⁻	1545-00	47	
(Form 990)	Complete i	f the o	rganization and 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		2	02	1	
Department of the Treasury Internal Revenue Service		Go to v					Form 990-EZ ions and the		est information.		Open To Public Inspection					
Name of the organization	n BLACK	LIV	ES MATTE								Employer identification number					
Part I Excess I			N, INC.	01(c)(3	() secti	ion 501	(c)(4) and set	rtior	1 501(c)(29) orga			<u>62489</u>				
									Form 990-EZ, Pa							
1 (a) Name of disqual	ified person	(b) F	Relationship bety person and o			ified	(0	c) De	escription of tran	saction (d) (cted? No	
			1	5										85	NO	
													_			
2 Enter the amount o	of tax incurred by	the or	rganization man	agers	or disc	ualified	l persons duri	ing t	he year under							
3 Enter the amount o	of tax, if any, on I	ine 2, a	above, reimburs	ed by	the org	ganizati	ion				▶ \$					
	o and/or From															
	f the organizatio n amount on For					, Part V	', line 38a or F	orm	n 990, Part IV, line	e 26; (or if th	e orga	nizatio	on		
(a) Name of interested person	(b) Relation	onship	(c) Purpose of loan	(d) Lo fror	oan to or n the ization?		(e) Original (f) Balance due orincipal amount			by			Approved board or mmittee?			
				To	From					Yes	No	Yes	No	Yes	No	
Total							> \$									
	or Assistance	Ben	efiting Inter	este	d Per	sons.										
· · · · · · · · · · · · · · · · · · ·	f the organizatio									<u></u>						
(a) Name of interested person(b) Relationship between interested person and the organization				(c) Amount of assistance (d) Type of assistance (e) Purpose o assistance					I							
		_														
		+														

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

Schedule L (Form 990) 2021

	"PUBLIC INSPECTION" LIVES MATTER GLOBAL TION, INC.	NETWORK	82-4862	489	Page 2
	•				
Complete if the organization answered (a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	òrģaniz	aring of zation's
	poroon and the organization	traneaetien	traneaetien	reven Yes	No
	FAMILY MEMBER OF FO				X
SHALOMYAH BOWERS, 35% OR M					X
DANIELLE EDWARDS, 35% OR M	DIRECTOR OF THE ORG	1,063,500.	CONSULTING		X
Part V Supplemental Information.					<u> </u>
Provide additional information for respo	nses to questions on Schedule L (see i	nstructions).			
		notraotionoj.			
SCH L, PART IV, BUSINESS TH	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF INTERESTED PERS	SON:				
PAUL CULLORS, 35% OR MORE (OWNER OF BLACK TIES	LLC & CULLO	RS PROTECTI	ON, I	LLC
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
FAMILY MEMBER OF FOUNDER					
(D) DESCRIPTION OF TRANSACT	TION: PROFESSIONAL S	ECURITY SER	VICES		
<u></u>					
(A) NAME OF INTERESTED PER:	50N:				
SHALOMYAH BOWERS, 35% OR MO	ORE OWNER OF BOWERS	CONSULTING	FIRM		
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
OFFICER OF THE ORGANIZATION	N				
(D) DESCRIPTION OF TRANSAC'	TON, CONSULTING AND	ספו אייפיט פפ	DUTCES		
(D) DESCRIPTION OF TRANSAC.	TION: CONSULTING AND	KELAILO SE	RVICED		
(A) NAME OF INTERESTED PERS	SON:				
DANIELLE EDWARDS, 35% OR MO	ORE OWNER OF NEW IMP	ACT PARTNER	S, LLC		
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
DIRECTOR OF THE ORGANIZATIO	ON				
(D) DESCRIPTION OF TRANSAC'		VICES			
(D) DESCRIPTION OF TRANSAC.	TION. CONSULTING SEK				

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service BLACK LIVES MATTER GLOBAL NETWORK Employer identification number Name of the organization FOUNDATION INC. 82-4862489

"PUBLIC INSPECTION"

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

CULTURE.

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION IMAGINES A WORLD WHERE

BLACK PEOPLE ACROSS THE DIASPORA THRIVE, EXPERIENCE JOY, AND ARE NOT

DEFINED BY THEIR STRUGGLES. BY ACHIEVING LIBERATION, WE ENVISION A

FUTURE THAT IS FULLY DIVESTED FROM POLICE, PRISONS, AND ALL PUNISHMENT

PARADIGMS TO BE REPLACED WITH INVESTMENT INTO JUSTICE, JOY, AND

CULTURE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LEADERS IN THE GLOBAL ARTS COMMUNITY; RUN ART ACTIVATIONS, CREATE AND

CURATE ARTISTIC PERFORMANCES (FILM, TELEVISION, THEATER, ETC.); AND RUN

AN AMBASSADOR AND FELLOWSHIP PROGRAMMING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POLICY - WE ARE INTERVENING ON EXISTING AND NEW POLICIES THAT REIMAGINE

A WORLD WITHOUT PUNITIVE MEASURES AND CREATE A WORLD WHERE BLACK PEOPLE

HAVE ALL THAT WE NEED: FOOD, EDUCATION, HOUSING, HEALTH CARE, CLEAN

WATER, BREATHABLE AIR, AND EVERYTHING THAT IS FOUNDATIONAL TO PERSONAL

AND COMMUNITY SAFETY.

EXPENSES \$ 1,179,549. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CULTURE - WE ARE UPLIFTING AND INVESTING IN BLACK CULTURE THAT PROPELS

US TO DREAM BIG AND CREATE THE COMMUNITY WE WANT AND NEED TO FLOURISH,

 GROW, AND THRIVE. FOR EXAMPLE, "THE BLACK LIVES MATTER JOY EXPERIENCE"

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

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

"PUBLIC INSPECTION"

Schedule O (Form 990) 2021	Page
Name of the organization BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.	Employer identification number 82-4862489
IS A CULTURAL INTERVENTION THAT FORCES PEOPLE TO ACKNOWLE	DGE THE POWER
OF JOY. WITHOUT JOY, WE WON'T ACHIEVE LIBERATION. WITHOUT	JOY, WE WON'T
SURVIVE. WITHOUT JOY, WE WILL NEVER HEAL. AND WITHOUT JOY	, WE CAN'T
LOVE RADICALLY. BUT THROUGH THE EXPERIENCE OF BLACK JOY,	WE WILL
CONJURE UP DREAMS OF FREEDOM THAT OUR ANCESTORS WILL BE P	ROUD OF AND
THAT PROPEL US CLOSER TO OUR DESIRED GLOBAL SOCIETY.	
EXPENSES \$ 1,113,083. INCLUDING GRANTS OF \$ 0. REVENU	Е\$О.
RESEARCH & EDUCATION - WE ARE INVESTING IN MODERN-DAY RES	EARCH AND
EDUCATION FOCUSING ON ABOLITIONIST FRAMEWORKS AND CURRICU	LUM AROUND
BLACK HISTORY, IDENTITY, AND BLACK FUTURES. WE ARE LEADIN	G PUBLIC
EDUCATION CAMPAIGNS TO IMPROVE AND CHANGE THE MATERIAL CO	NDITIONS FOR
BLACK PEOPLE (WHICH WILL UNDOUBTEDLY HAVE POSITIVE IMPACT	S FOR ALL
PEOPLE), THROUGH RELEASING AND SPONSORING "WHITE PAPERS"	AND OTHER
RESEARCH BRIEFS, INVESTING IN OTHER PEOPLE AND ORGANIZATI	ONS CONDUCTING
RESEARCH, IN PERSON ACTIVATIONS, TRADITIONAL AND DIGITAL	
COMMUNICATIONS, AND OTHER MULTIMEDIA CAMPAIGNS FOCUSING O	N RACIAL
INJUSTICE, POLICE BRUTALITY, CRIMINAL LEGAL TRANSFORMATIO	NS, BLACK
IMMIGRATION, ECONOMIC INJUSTICE, LGBTQIA+ AND HUMAN RIGHT	S ,
ENVIRONMENTAL INJUSTICE, ACCESS TO HEALTHCARE, ACCESS TO	QUALITY
EDUCATION, AND VOTING RIGHTS AND SUPPRESSION. THIS PROGRA	M INCLUDES
NON-PARTISAN VOTER EDUCATION CAMPAIGNS.	
EXPENSES \$ 45,326. INCLUDING GRANTS OF \$ 0. REVENUE \$	

FORM 990, PART VI, SECTION A, LINE 3:

BOWERS* F/K/A BOWERS CONSULTING FIRM PROVIDED THE FOLLOWING MANAGEMENT

SERVICES TO THE ORGANIZATION:

(A) CONSULTANT IS A MANAGEMENT CONSULTING FIRM FOR BLMGNF

"PUBLIC INSPECTION"	
Schedule O (Form 990) 2021	Page 2
Name of the organization BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.	Employer identification number 82-4862489
(B) PROJECT MANAGEMENT ACROSS BLMGNF PROGRAMMING, INCLUDIN	G: MANAGEMENT OF
ALL EXTERNAL VENDORS AND SUBCONTRACTORS, MAINTAINING PROJE	CT TIMELINES, AND
DRAFTING MEMOS FOR KEY STAFF MEMBERS	
(C) RUNNING AND OVERSEEING FULL ADMINISTRATIVE & OPERATION	S SUITE FOR
CLIENT	
(D) RUNNING FULL DIGITAL SUITE, INCLUDING EMAIL, SOCIAL ME	DIA, AND TEXT
PROGRAMS	
(E) SUPPORT TO FIRMS HIRED BY BLMGNF FOR COMMUNICATIONS, C	ORE MESSAGING,
CREATIVE DESIGN AND BRANDING SUPPORT ACROSS PROJECTS	
(F) DIGITAL CONSULTING AND ADVICE TO ORGANIZATIONS RECEIVI	NG SUPPORT
(G) CREATIVE AND PROJECT MANAGEMENT OF TV & DIGITAL VIDEO	PRODUCTION
(H) POLICY & ADVOCACY CAMPAIGNS	
(I) DIGITAL SECURITY OPERATIONS INCLUDING PROACTIVE DIGITA	L SCANS AND DAILY
THREAT ASSESSMENTS	
(J) FUNDRAISING ADVICE	
SHALOMYAH BOWERS IS AN OFFICER OF THE ORGANIZATION AND A 3	5% OR MORE OWNER
OF BOWERS* AND RECEIVED COMPENSATION FROM BOWERS* FOR MANA	GEMENT SERVICES
TO THE ORGANIZATION FOR CALENDAR YEAR 2021 IN THE AMOUNT O	F \$42,240.

FORM 990, PART VI, SECTION A, LINE 4:

THE NUMBER OF THE GOVERNING BODY'S VOTING MEMBERS AND THE DUTIES AND

COMPOSITION OF THE GOVERNING BODY'S OFFICERS WERE AMENDED. POLICIES AND

PROCEDURES CONTAINED WITHIN THE ORGANIZING DOCUMENTS REGARDING CONFLICTS OF

INTEREST AND COMPENSATION OF OFFICERS AND DIRECTORS WERE ADDED.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
132212 11-11-21
Schedule O (Form 990) 2021

Name of the organization	BLACK	LIVES	MATTER	GLOBAL	NETWORK
		ATION,			

BODY.

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

THE FORM 990 REVIEW PROCESS INCLUDES PROVIDING A FULL COPY TO THE THREE

CURRENT VOTING BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION USES ANNUAL STATEMENTS TO MONITOR THE POLICY AND

COMMUNICATES THAT SIGNERS MUST READ THE POLICY AND COMPLY. THEY ALSO

CONFIRM THEIR UNDERSTANDING THAT THE ORGANIZATION IS CHARITABLE AND IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

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

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION COMPLIES WITH THE REQUIREMENTS TO MAKE CERTAIN DOCUMENTS

AVAILABLE FOR PUBLIC INSPECTION.

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

THE ORGANIZATION PLANS TO CONTINUE MAKING ITS AUDITED FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC THROUGH ITS TRANSPARENCY CENTER AT

BLACKLIVESMATTER.COM/TRANSPARENCY.

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

Schedule O (Form 990) 2021 Name of the organization BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.	Page 2 Employer identification number 82-4862489
CONSULTING:	
PROGRAM SERVICE EXPENSES	1,487,513.
MANAGEMENT AND GENERAL EXPENSES	2,257,901.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,745,414.
DESIGN & MEDIA:	
PROGRAM SERVICE EXPENSES	2,022,137.
MANAGEMENT AND GENERAL EXPENSES	175.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,022,312.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	666,001.
MANAGEMENT AND GENERAL EXPENSES	444,960.
FUNDRAISING EXPENSES	28,183.
TOTAL EXPENSES	1,139,144.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,520.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,520.
PROFESSIONAL SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	1,586,472.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 . Schedule O (Form 990) 2021

Name of the organization	BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.	Employer identification number 82-4862489
TOTAL EXPENSE:	3	1,586,472.
TOTAL OTHER FI	EES ON FORM 990, PART IX, LINE 11G, COL A	8,500,862.

FORM 990, PART X, LINE 11, COLUMN (B):

INVESTMENTS - PUBLICLY TRADED SECURITIES: THERE WAS A SIGNIFICANT

UNREALIZED LOSS FOR THE FISCAL YEAR WHICH IMPACTS THE FINAL INVESTMENT

ACCOUNT BALANCE.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Comp	OMB No. 1545-0047 2021 Open to Public Inspection					
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC. Employer identification of Disregarded Entities. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.							
,	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asse	(f) ts Direct controlling entity	
DISREGARDED ENTITY - 99-9999999 UNDISCLOSED BUSINESS ADDRESS LOS ANGELES, CA 91604		HOLD REAL ESTATE	DELAWARE	0.	5,920,74	0.BLMGNF	

Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, k	because it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BLACK LIVES MATTER POLITICAL ACTION COMMITTEE, 248 3RD ST. #305, OAKLAND, CA	SUPPORT PROGRESSIVE COMMUNITY LEADERS,						
94607	ACTIVISTS, & WORKING-CLASS	DISTRICT OF COLUMBIA	527				X
	-						

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

Schedule R (Form 990) 2021

				"PUBLIC INSPECTION"
BLACK	LIVES	MATTER	GLOBAL	NETWORK

Schedule R (Form 990) 2021 FOUNDATION, INC.

82-4862489 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box 20 of Schedule	mana partr	er? OV	ercentage wnership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										$\left \right $		
	-											
	-											
]											
	1											
	1											
	1			1								

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

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

BLACK LIVES MATTER GLOBAL NETWORK

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

FOUNDATION, INC.

Schedule R (Form 990) 2021

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Schedule R (Form 990) 2021

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	N or Pe ing or? ON	(k) ercentage ownership

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 F

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

82-4862489 Page 5

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

BLACK LIVES MATTER POLITICAL ACTION COMMITTEE

PRIMARY ACTIVITY: SUPPORT PROGRESSIVE COMMUNITY LEADERS, ACTIVISTS, &

WORKING-CLASS CANDIDATES

SCHEDULE R, PART I:

THE IDENTIFYING INFORMATION OF THE DISREGARDED SINGLE MEMBER LLC ENTITY

IS NOT BEING RELEASED HERE DUE TO SAFETY AND SECURITY CONCERNS AND

THREATS TO BLMGNF'S LEADERSHIP, STAFF AND CREATORS.

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION PURCHASED PROPERTY TO SERVE AS AN ARTISTIC HEADQUARTERS FOR ITS ART AND CULTURE PROGRAMMING. THE ORGANIZATION REMAINS DEDICATED TO RADICAL BLACK PHILANTHROPY AND SUPPORT OF ARTISTS WHO CONTRIBUTE THEIR TALENTS TO RAISING AWARENESS FOR THE MOVEMENT. THE PROPERTY PROVIDES RECORDING RESOURCES AND DEDICATED SPACE FOR BLACK CREATIVES TO LAUNCH CONTENT ONLINE AND IN REAL LIFE FOCUSED ON ABOLITION, HEALING JUSTICE, URBAN AGRICULTURE AND FOOD JUSTICE, POP CULTURE, AND ACTIVISM.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Rev. January 2022)

Form **8868**

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ▶ <u>301-564-3636</u> Fax No. ▶	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ O1 Form 1041-A Form 990-FF O4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 Form 990-T (corporation) O7 PATRICK CURTIS OThe books are in the care of 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. > 301-564-3636 Fax No. > It is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for all members the extension of time until MAY 15, 2023 , to file the exempt organization return or MAY 15, 2023 , to file the exempt organization return for:	Return Code 08 09 10 11 12
Is For Code Is For Form 990 or Form 990 EZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS The books are in the care of ► 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ► 301-564-3636 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box I request an automatic 6-month extension of time until MAY 15, 2023 A to file the exempt organization return for: Calendar year or Calendar year or A file organization named above. The extension is for the organization's return for: Calendar year or A file the exempt organization or the organization's return for: Calendar year or A file the exempt organization or the organization's return for: A file the exempt organization or the organization'	Return Code 08 09 10 11 12
Is For Code Is For Form 990 or Form 990 EZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ▶ 301-564-3636 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Code 08 09 10 11 12 17 ►
Form 990 or Form 990 eEZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 • Telephone No. ▶ 301-564-3636 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box	08 09 10 11 12 17
Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ▶ 301-564-3636 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box	09 10 11 12 17 17
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ▶ 301-564-3636 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box	10 11 12 17 ►
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ▶ 301-564-3636 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box	11 12 17 ▶□
Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ► 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ► 301-564-3636 Fax No. ► • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension 1 I request an automatic 6-month extension of time until MAY 15, 2023 , to file the exempt organization return for: ►	12 17 ▶ □
Form 990-T (corporation) 07 PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ▶ 301-564-3636 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box	<u>17</u> ▶ □
 PATRICK CURTIS The books are in the care of ► 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 2083 Telephone No. ► 301-564-3636 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group box ► If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension I request an automatic 6-month extension of time untilMAY 15, 2023, to file the exempt organization return for: ► calendar year or 	
 The books are in the care of ► <u>6903 ROCKLEDGE DRIVE</u>, <u>SUITE #300 - BETHESDA</u>, <u>MD 2083</u> Telephone No. ► <u>301-564-3636</u> Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group box ► If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension I request an automatic 6-month extension of time until <u>MAY 15, 2023</u>, to file the exempt organization return for: ► or 	
 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 	is for.
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	0.
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 3c using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for instructions.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXHIBIT B

EXHIBIT B

	•	00	Return of Organization Exempt From Income Ta	x	OMB No. 1545-0047			
Forr	пy	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)						
Depa	tment o	of the Treasury	Do not enter social security numbers on this form as it may be made public.		Open to Public Inspection			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
_			ar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 20					
BC	heck if pplicabl	lo:	forganization D Employer ide	entificati	on number			
x	Addre		DATION, INC.					
123	Name		usiness as 82-486	2489	1			
	Imber							
	Final return	2/8	and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone nu 3RD ST. Box (510)		1603			
	termir ated		own, state or province, country, and ZIP or foreign postal code G Gross receipts \$		79,644,823.			
	Amen	UAKL	AND, CA 94607 H(a) Is this a gro	up retur				
	Applic tion pendi	F Name a	nd address of principal officer: SHALOMYAH BOWERS for subordir	nates?	Yes X No			
	·	SAME .	AS C ABOVE H(b) Are all subordin					
		empt status:			. See instructions			
			BLACKLIVESMATTER.COM H(c) Group exem					
	orm of Irt I	Summary	X Corporation Trust Association Other ► L Year of formation: 201	- / M Si	tate of legal domicile: DE			
			e the organization's mission or most significant activities: HEAL THE PAST, RE-I	MAGT	NE THE			
e	•		, AND INVEST IN THE FUTURE OF BLACK LIVES	11101				
Governance	2	Check this box	- -	et assets				
ver	3		ing members of the governing body (Part VI, line 1a)	3	1			
G	4		lependent voting members of the governing body (Part VI, line 1b)	4	0			
s &	5		of individuals employed in calendar year 2020 (Part V, line 2a)	5	2			
Activities &			of volunteers (estimate if necessary)	6	49275			
Acti	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12	7a	0.			
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.			
	-	0.11.1	Prior Year	0.	Current Year 76,872,002.			
ne	8		and grants (Part VIII, line 1h)	0.	10,872,002.			
Revenue	9 10	-	ce revenue (Part VIII, line 2g)	0.	114.			
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	2,772,707.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	79,644,823.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	25,997,945.			
			to or for members (Part IX, column (A), line 4)	0.	0.			
s	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	245,839.			
use	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	411,200.			
Expense	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨 <u>909, 868.</u>		44 455 451			
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	11,055,151.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	37,710,135.			
- v		Revenue less	expenses. Subtract line 18 from line 12	0.	41,934,688.			
t Assets or d Balances	00	Total assats //	Beginning of Current Y	<u>(ear</u> 0.	End of Year 43,689,904.			
Asse Bala	20 21	Total assets (F		0.	1,755,216.			
Net A	21		(Part X, line 26)	0.	41,934,688.			
	rt II				11,551,000.			

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

Sign Here	Signature of officer SHALOMYAH BOWERS, BOAR Type or print name and title	D SECRETARY	. Date	5/13/2022					
Paid	Print/Type preparer's name KAY VOLLANS , CPA	Preparer's signature	Date 5-12-2022	Check PTIN if self-employed P0140404					
Preparer	Firm's name 🕨 RUBINO AND COMPA	NY, CHARTERED	Firm'	s EIN ▶ 52-1186096	5				
Use Only	Firm's address 💊 6903 ROCKLEDGE I	DRIVE, SUITE 300							
BETHESDA, MD 20817-1818 Phone no.301-564-36									
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
032001 12-2	J32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

PUBLIC	INSPECTION	COPY
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	BLACK LIVES MATTER GLOBAL NETWORK	
Form	990 (2020) FOUNDATION, INC. 82-4862489 Page	, 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	ζ
1	Briefly describe the organization's mission:	
	BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION IS WORKING INSIDE AND	
	OUTSIDE OF THE SYSTEM TO HEAL THE PAST, RE-IMAGINE THE PRESENT, AND	
	INVEST IN THE FUTURE OF BLACK LIVES THROUGH POLICY, CHANGE, INVESTMENT	
	IN OUR COMMUNITIES, AND A COMMITMENT TO ARTS AND CULTURE.	
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 N	o
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	o
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 14,445,678. including grants of \$ 13,097,626.) (Revenue \$	_)
	GRASSROOTS - WE ARE WORKING AND COLLABORATING WITH BLACK LEADERS TO	
	SUPPORT ON THE GROUND ORGANIZING.	
	14 000 000 10 000 010	
4b	(Code:) (Expenses \$ 14,200,203. including grants of \$ 12,900,319.) (Revenue \$	_)
	HEALING JUSTICE PROGRAM - WE ARE DEVELOPING A MODEL FOR CREATING SPACE	
	FOR SURVIVORS AND FAMILIES IMPACTED BY POLICE VIOLENCE AND TRAUMA TO	
	HEAL AND THRIVE THAT CAN BE REPLICATED ACROSS THE COUNTRY. WE ARE	
	CREATING NATIONAL AND INTERNATIONAL CAMPAIGNS THAT BUILD COALITIONS	
	AMONGST COMMUNITY ACTIVISTS, LEADERS, AND ORGANIZERS; AND SUPPORTING	
	THE WORK OF ORGANIZATIONS AS THEY SUPPORT BLACK-LED AND INTERSECTIONAL	
	MOVEMENT WORK LOCALLY AND INTERNATIONALLY, BY BUILDING INFRASTRUCTURE,	
	MEMBERSHIP, AND PRESENCE; PROVIDING SEED FUNDING; DEVELOPING	
	PROGRAMMING; PROVIDING TRAININGS; AND PROVIDING PUBLIC RELATIONS,	
	COMMUNICATIONS, AND FUNDRAISING ASSISTANCE. ADDITIONALLY, WE ARE WORKING TO DEVELOP INITIATIVES TO BUILD BLACK WEALTH, POWER AND	—
	SELF-DETERMINATION.	—
<u></u>		
40	(Code:) (Expenses \$ 2,720,960. including grants of \$) (Revenue \$) (Rev	_)
	BELIEFS OF BLMGNF IN A WAY THAT ENGAGES AND CENTERS BLACK ARTISTS AND	—
	BLACK PEOPLE. WE SUPPORT EMERGING AND ESTABLISHED INDIVIDUAL BLACK	—
	ARTISTS WHO STAND IN SOLIDARITY WITH MARGINALIZED COMMUNITIES. IN	—
	ADDITION TO UPLIFTING THE VOICES OF THE BLACK ARTS COMMUNITY, THIS	—
	PROGRAM SERVES AS A CONNECTION POINT TO PROVIDE ART EXPOSURE AND	—
	EDUCATION FOR DISENFRANCHISED COMMUNITIES, PARTICULARLY FOR YOUTH. THIS	
	PROGRAM CONVENES A BLACK LIVES MATTER ARTS & CULTURE GLOBAL ARTS	—
	ADVISORY COUNCIL, WHICH WILL CREATE A COALITION OF ESTABLISHED AND	
	EMERGING LEADERS IN THE GLOBAL ARTS COMMUNITY; RUN ART ACTIVATIONS,	—
	THROUGH WHICH WE WILL CREATE POP-UP ART GALLERIES IN AT LEAST FOUR	—
	MAJOR CITIES, GLOBALLY, PER YEAR, TO BE CURATED BY THE GLOBAL ARTS	
A !		
40	Other program services (Describe on Schedule O.) (Expenses \$ 1,672,826. including grants of \$) (Revenue \$)	
40		
<u>4e</u>	Total program service expenses ► 33,039,667.	

Form **990** (2020)

BLACK LIVES MATTER GLOBAL NETWORK

Form	990 (2020) FOUNDATION, INC. 82-486	2489	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
5		5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
U		11c		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
u				x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
"		17	х	
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	- 23	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

BLACK LIVES MATTER GLOBAL NETWORK

Form	990 (2020) FOUNDATION, INC. 82-4862	2489	Р	_{age} 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		v	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		х	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	~	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		- 23
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	Х	

BLACK	LIVES	MATTER	GLOBAL	NETWORK
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Form	990 (2020) FOUNDATION, INC. 82-4862	489	Р	age 5	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	10			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>			
	Note: See the instructions for additional information the organization must report on Schedule O.				
a	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand 13c	14-		X	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x	
	excess parachute payment(s) during the year?	15			
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			
-	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

BLACK LIVES MATTER GLOBAL NETWORK

Form	990 (2020) FOUNDATION, INC.		82-486		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ii	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	·		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?				X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					<u></u>
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			37
a	The governing body?			<u>8a</u>		X
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	
100	Did the organization have local chapters, branches, or affiliates?			10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		offiliatos	10a		- 23
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, anniales,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	 / hefor	e filina the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	beior		114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}					
·	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?					X
14	Did the organization have a written document retention and destruction policy?					x
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			·		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, GA, I	L,K	S,KY,MD,M	A,MI	, MN ,	, NH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (Section 501(c)	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other _{(explain}		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo P_{A} mp T_{C} Q_{A} Q_{A} P_{A} Q_{A}	ks and	records			
	PATRICK CURTIS - 301-564-3636 6903 ROCKLEDGE DRIVE, SUITE #300, BETHESDA, MD 208	17				
	0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 >	· エ /				

SEE SCHEDULE O FOR FULL LIST OF STATES

BLACK	LIVES	MATTER	GLOBAL	NETWORK

82-4862489 Page 7

X

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.

FOUNDATION, INC.

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

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

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

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

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

Form 990 (2020)

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

week (list any hours for related organizations officer and a director/trustee) to the organizations from the organizations from related organizations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(F) Estimated amount of	(E) Reportable compensation	(D) Reportable compensation	one	than o	more	Pos heck	o not cl k, unles	(de	(B) Average hours per	(A) Name and title
(1) KAILEE SCALES0.00FORMER MANAGING DIRECTORX(2) PATRISSE CULLORS40.00	other compensation from the organization and related organizations	from related organizations	from the organization	ee)	or/trus	irecto	nd a di	icer an	off	week (list any hours for related organizations below	
(2) PATRISSE CULLORS 40.00	0.	0.	139,625.						_	0.00	
FOUNDER & EXECUTIVE DIRECTOR X X O. O.										40.00	(2) PATRISSE CULLORS
	0.	0.	0.		-		X	$\left - \right $		<u> </u>	FOUNDER & EXECUTIVE DIRECTOR
									1		
									-		
									_		
									_		
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									+		
									$\frac{1}{1}$	<u> </u>	
									-		
									-		

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATTON, IN	

82-4862489 Page 8

Form	990 (2020) FOUNDATI	ON, INC.								82-48	3624	189	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per		not cł	Pos heck i	more	l than o s both		(D) Reportable compensation	(E) Reportable compensatio			(F) timate	
		week (list any hours for related organizations below	ndividual trustee or director	Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s I	com fr org and	other pensa om the anizati d relate	tion e ion ed
		line)	Indivi	Instit	Officer	Key ei	Highe empl	Former						
			-											
			-											
			-											
	Subtotal								139,625.		0.			0.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					 		0. 139,625.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	;			1
											ſ		Yes	No
3	Did the organization list any former office													
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s										····	3	X	
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or											5		х
Sec	rendered to the organization? <i>If</i> "Yes," continued to the organization of the second term of t	nplete Schedule	<u>ə J T</u>	or su	icn ț	bers	on .				<u></u>	5	I	21
1	Complete this table for your five highest c the organization. Report compensation for	-	-								pensati	ion fro	m	
	(A) Name and busines	s address							(B) Description of s	ervices	C	C) omper	;) nsatio	n
	VERS CONSULTING FIRM	RNE, CA	91	75	0				SEE SCHEDULE	0	2	,16'	7,89	94.
TRA	P HEALS LLC 7 S ST ANDREW PL, LOS					00	18		LIVE PRODUCT DESIGN & MEDI	lon,			9,4!	
NW	EY SQUARE GROUP, LLC, SUITE 500, WASHINGTON	, DC 200		STI	RE:	ET	'		COMMUNICATION AND DIGITAL	-		70	9,1	90.
121	LER STRATEGIC MEDIA I 03 VIEWCREST RD., STU		,	CA	9	16	04		MEDIA PLANNIN PLACEMENT	NG AND		69	6,30	54.
902	ISTANCE LABS								TECH SUPPORT			504	4,00	00.
2	Total number of independent contractors \$100.000 of compensation from the organ	-	ot lin	nited	to 1	thos S		ted	above) who received mo	ore than				

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. 82-4862489 Page 9 Form 990 (2020) Part VIII Statement of Revenue X Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 76,872,002. similar amounts not included above ... 1f 1g \$ g Noncash contributions included in lines 1a-1f 76,872,002 h Total. Add lines 1a-1f **Business Code** 2 a Program Service b Revenue С d f All other program service revenue g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and other similar amounts) 114. 114 ► 4 Income from investment of tax-exempt bond proceeds ► 2,772,707. 2,772,707. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) ► (i) Securities (ii) Other **7 a** Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ► **Business Code** liscellaneous 11 a Revenue b С d All other revenue e Total. Add lines 11a-11d ► Ο. 2,772,821 79,644,823. Ο. Total revenue. See instructions 12 ►

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC.

Form 990 (2020)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete al	l columns. All othe	er organizations mus	complete colum	ın (A).	
	Check if Schedule O contains a respor	ise or r				<u></u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Тс	(A) otal expenses	(B) Program service expenses	(C) Managem general e	nent and	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17	<u>,971,790.</u>	17,971,79	0.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8	,026,155.	8,026,15	5.		
4 5	Benefits paid to or for members Compensation of current officers, directors,						
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages		199,928.	159,77	5. 3!	5,753.	4,400
8	Pension plan accruals and contributions (include		,-=				_, _ 0
	section 401(k) and 403(b) employer contributions)		7,808.	6,23	9.	1,397.	172
9	Other employee benefits		21,772.	17,40	2. 3	3,891.	479
10	Payroll taxes		16,331.	13,05	0.	2,922.	359
11	Fees for services (nonemployees):						
а	Management						
	Legal		546,542.		540	5,542.	
	Accounting	1	10,294.	1 261 00		0,294.	
	Lobbying	,	,261,901. 411,200.	1,261,90	±•		411,200
	Professional fundraising services. See Part IV, line 17		411,200.		-		411,200
f	Investment management fees						
-	column (A) amount, list line 11g expenses on Sch 0.)	7	,648,768.	4,750,52	9. 2,42	7,793.	470,446
12	Advertising and promotion		380,863.	1 13	0 376	5,433.	
13	Office expenses	1	.011,974.	<u>4,43</u> 808,73	6 180	0,967.	22,271
14 15	Information technology		,011,)/4.	000,75		5,507.	22,271
15 16	Royalties		26,798.		20	5,798.	
17	Occupancy Travel		68,440.			8,440.	
18	Payments of travel or entertainment expenses		-			· / ·	
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization		74,970.	10.55	74	4,970.	
23			24,601.	19,66	0. 4	4,400.	541
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
а							
b							
С							
d							
	All other expenses	27	710 125	33 030 66	7 2 7 6 1		000 060
25	Total functional expenses. Add lines 1 through 24e	57	,710,135.	33,039,66	/• 3,/60	0,600.	909,868
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						Form 990 (20)

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	5,335,856.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	40,010.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	73,523.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	316,590.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,998,781.			
	b	Less: accumulated depreciation 10b 74,970.	0.	10c	5,923,811.
	11	Investments - publicly traded securities		11	32,000,114.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	43,689,904.
	17	Accounts payable and accrued expenses		17	223,093.
	18	Grants payable		18	1,532,123.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
liti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	1,755,216.
6		Organizations that follow FASB ASC 958, check here 🕨 🗴			
čě		and complete lines 27, 28, 32, and 33.			41 024 600
alan	27	Net assets without donor restrictions		27	41,934,688.
Ä	28	Net assets with donor restrictions		28	
oun		Organizations that do not follow FASB ASC 958, check here			
Ľ		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	11 024 600
Re	32	Total net assets or fund balances	0.	32	41,934,688.
	33	Total liabilities and net assets/fund balances	0.	33	43,689,904.

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

BLACK LIVES MATTER GLOBAL NETWORK

_		
	eck if Schedule O contains a response or note to any line in this Pa	
	eck il Schedule O contains à response of note to any line in this Pa	וואו

FOUNDATION, INC.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,644,823.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,710,135.
3	Revenue less expenses. Subtract line 2 from line 1	3	41,934,688.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	10	41,934,688.
Da	rt VIII Financial Statements and Departing		

Part XII Financial Statements and Reporting

Part XI Reconciliation of Net Assets

Form 990 (2020)

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: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		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	3b		

Form 990 (2020)

SCH	EDULE A								OMB No. 1545-0047
(Form	990 or 990-EZ)			arity Status ar					2020
		Co		ganization is a section 50 4947(a)(1) nonexempt cha			or a section		2020
	nt of the Treasury evenue Service		l	Attach to Form 990 or	Form 990-	EZ.			Open to Public
				gov/Form990 for instructi			nformation.	Frankaria	
Name	of the organizati		DATION, I	IATTER GLOBAL	NEIWOI	KK			dentification number $2-4862489$
Part	I Reason			(All organizations must of	complete t	nis part) S	ee instruction		2-4002409
				s: (For lines 1 through 12, o					
1		•		ation of churches described			1)(A)(i).		
2	-). (Attach Schedule E (Forr					
3				organization described in s			ii).		
4	•	•	•	conjunction with a hospita			•)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a	college or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		te, or local go	vernment or gove	rnmental unit described in	section 1	70(b)(1)(A)	(v).		
7 Σ	•		-	stantial part of its support f	rom a gove	ernmental	unit or from th	ne general	oublic described in
	-		complete Part II.)						
8	-			(b)(1)(A)(vi). (Complete Par	-				
9	-	-	-	ed in section 170(b)(1)(A)		-		-	-
		or a non-land-g	grant college of ac	priculture (see instructions).	Enter the	name, city	, and state of	the college	e or
10	university:	on that norma	ally receives (1) mo	ore than 33 1/3% of its sup	ort from c	ontribution	ns membersh	in fees an	d aross receipts from
10				ject to certain exceptions;					
			-	me (less section 511 tax) fro					÷
			mplete Part III.)	, , , , , , , , , , , , , , , , , , ,		·	, ,		
11	An organizati	on organized a	and operated exc	lusively to test for public sa	ifety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exc	lusively for the benefit of, to	o perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations descr	ibed in section 509(a)(1)	or section	509(a)(2).	See section	509(a)(3). (Check the box in
	lines 12a thro	ugh 12d that	describes the typ	e of supporting organizatio	n and com	plete lines	12e, 12f, and	12g.	
а			-	d, supervised, or controlled	•	-			
		-		regularly appoint or elect a	a majority o	of the direc	tors or truste	es of the su	upporting
	0		•	Sections A and B.			-1	··· (-) · ··· · · ·	
b			•	sed or controlled in connec			0		•
		0		organization vested in the s IV, Sections A and C.	arrie perso	ns that co	ntroi or mana	ge the supp	Joned
с	•	. ,	•	rting organization operated	in connec	tion with a	and functional	llv integrate	ed with
Ŭ	••	-	•	ons). You must complete				iy intograte	
d		0	()(upporting organization ope	,			ted organi:	zation(s)
		-		anization generally must sa				J. J	
	requiremen	t (see instruct	ions). You must o	complete Part IV, Section	s A and D,	and Part	v .		
е	Check this	box if the orga	anization received	a written determination fro	om the IRS	that it is a	Туре I, Туре	II, Type III	
		•		tionally integrated support	ing organiz	ation.			[]
	inter the number		•						
<u> </u>	rovide the follow (i) Name of supp		n about the suppo (ii) EIN	orted organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization		(,	(described on lines 1-10	in your govern Yes	ing document?	support (see ir	-	support (see instructions)
				above (see instructions))	100				
					1				
									ļ
Total									

BLACK LIVES MATTER GLOBAL NETWORK

Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION, INC.

82-4862489 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fineal year beginning in)	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 76872002. 76872002. 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt 76872002. 76872002. 3 The value of services or facilities furnished by a governmental unit to the organization without charge or appareted organization without charge supported organization) included on line 1 that exceeds 250 of the amount shown on line 11, column (f) 76872002. 76872002. 6 Public support. Sometries for the and governmental unit or publicly supported organization without charge and unit of publicly supported organization. 76872002. 7 Amounts from line 4 76872002. 76872002. 7 Amounts from line 4 76872002. 7 Amounts from line 4 76872002. 7 Amounts from line 4 76872002. 9 Net income from similar sources and income from similar sources and income from similar sources and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on securities local for the organization's first, second, third, fourth, or fifth tax year as a section 501(s) organization, check this box and stop here. 12 10 Other income 2019 Schudule 4, Der H, line 4 14 59 14 Ubits support test - 2020. If the organization's first, second, third, fourth, or fifth tax year as a set of 50(s) organization, check this box and stop here. 14 15 Trist Syares. The forgm3015 schudule A, Part I, line 14	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants') 76872002. 76872002. 2 Tax revenues levied for the organization's behalf	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is behalf and ether pairs and on the side of the organization without charge this behalf and ether pairs and on the side of the organization without charge this there is through 3 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thrackeds 250 of the amount shown on line 11, column (f) 6 Public support, Bioreties to musk. 6 Public support, Bioreties to musk. 6 Organization (for field year beginning in) 7 6872002. 76872002. 76872002. 7 6872002. 7 7 6872002. 7		membership fees received. (Do not						
Ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, some the finance is the form line 4. 6 Public support of teal person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, some the form line 4. 6 Public support of teal years the form line 4. 6 Public support of teal years the some 4. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002		include any "unusual grants.")					76872002.	76872002.
or expended on its behalf The value of services or facilities timished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 6 Public support. Subtract line 8 no mixe. 76872002. 778221. 2772821.	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 76872002. 76872002. 4 Total. Add lines 1 through 3 76872002. 76872002. 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 76872002. 6 Public support, storad time 5 one let 76872002. 7 Amounts from line 4 76872002. 8 Gross income from similar sources set shown on the business activities. Whether or not business is regularly carried on on line 10 th rate access (column f), whether or not be business is regularly carried on on or coss from the sale of capital assets (Explain in Part V). 10 Other income. Do not include gain or lass from the sale of capital assets (Explain in Part V). 12 11 Total support Add lines 3 through 10 cores receipts from related activities, whet evert on the organization's first, second, third, fourth, or fifth tax year as a section SOI(c)(3) organization, qualifies as a publicly support deorganization in gain stap kerce. 12 Abilities support percentage for 2202 (line 6, column f), divided by line 11, column (f)). 14 9 14 Publitis support percentage form 2019 Schedule A, Part II, line 14 15 9 <td< td=""><td></td><td>ization's benefit and either paid to</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		ization's benefit and either paid to						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circu	umstances test. Th	ie organization qu	alifies as a publicly	supported orgar	ization	►
	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	o, check this box	and see instructions	s >

Schedule A (Form 990 or 990-EZ) 2020

Part II

BLACK LIVES MATTER GLOBAL NETWORK

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 82-4862489 Page 3

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	·					
	3 received from disgualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section &	501(c)(3) orga	nization,
_	check this box and stop here						····· •
Se	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2020 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qual	fies as a publicly s	supported organiza	ation	►
k	33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions	

BLACK LIVES MATTER GLOBAL NETWORK INC.

Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION,

Part IV Supporting Organizations

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

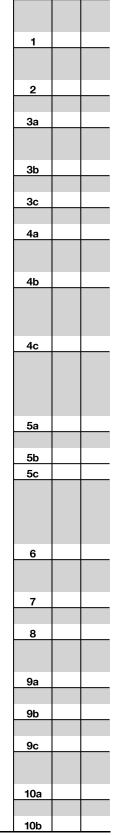
Section A. All Supporting Organizations

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

032024 01-25-21

Yes

No



BLACK LIVES MATTER GLOBAL NETWORK Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	20)	
2	Activities Test. Answer lines 2a and 2b below.	silucion	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		1

Schedule A (Form 990 or 990-EZ) 2020

82-4862489 Page 5

BLACK LIVES MATTER GLOBAL NETWORK

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION , 82-4862489 Page 6 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

	dule A (Form 990 or 990 EZ) 2020 FOUNDATION, I	NC.		8	2-4862489 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
C	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	Applied to underdistributions of prior voors				
	Applied to underdistributions of prior years Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

					GLOBAL	NETWORK	
Schedule A	(Form 990 or 990-EZ) 2020	FOUNDA	ATION,	INC.			82-4862489 Page 8
Part VI	Part IV, Section A, lines 1,	2, 3b, 3c, 4t ines 2 and 3	o, 4c, 5a, 6, ; Part IV, Se	9a, 9b, 9c, 11 ction E, lines	a, 11b, and 1 ⁻ 1c, 2a, 2b, 3a,	1c; Part IV, Section B and 3b; Part V, line 1	: 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.

SCHEDULE C	Pc	olitical Campaign	and Lobbyin	na Activities		OMB No. 1545	-0047
(Form 990 or 990-EZ)		anizations Exempt From Incor	-	-		202	n.
	-	if the organization is describe				Open to P	ublic
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 fo	r instructions and the	latest information.		Inspecti	
If the organization answ	vered "Yes," or	Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, li	ne 46 (Political Camp	aign Ac	tivities), then	
 Section 501(c)(3) org 	anizations: Corr	plete Parts I-A and B. Do not co	omplete Part I-C.				
 Section 501(c) (other 	than section 50	1(c)(3)) organizations: Complete	e Parts I-A and C below	. Do not complete Par	t I-B.		
 Section 527 organiza 	ations: Complete	e Part I-A only.					
If the organization answ	vered "Yes," or	Form 990, Part IV, line 4, or F	orm 990-EZ, Part VI, I	ine 47 (Lobbying Act	ivities), t	then	
 Section 501(c)(3) org 	anizations that I	nave filed Form 5768 (election u	nder section 501(h)): C	omplete Part II-A. Do r	not comp	olete Part II-B.	
		nave NOT filed Form 5768 (elect	,			•	
•		Form 990, Part IV, line 5 (Pro	xy Tax) (See separate	instructions) or Form	n 990-EZ	Z, Part V, line 35c	(Proxy
Tax) (See separate instr		iono: Complete Dart III					
Name of organization	· · · · ·	ions: Complete Part III. IVES MATTER GLOB			Employ	ver identification	number
Nume of organization		ION, INC.	AL NEIWORK		Employ	82-486248	
Part I-A Comple		anization is exempt und	ler section 501(c)	or is a section 52	27 orga	anization.	, ,
1 Provide a description	on of the organiz	ation's direct and indirect polition	cal campaign activities	in Part IV.			
2 Political campaign a					►\$		
3 Volunteer hours for					_		
		-					
		anization is exempt und	. , ,	3).	•		
		incurred by the organization un					
		incurred by organization manag					Na
 3 If the organization in 4a Was a correction matrix 		n 4955 tax, did it file Form 4720					No No
b If "Yes," describe in						165	NO
Part I-C Comple	ete if the org	anization is exempt und	ler section 501(c),	except section §	501(c)(3).	
-	-	by the filing organization for se			▶\$	•	
2 Enter the amount of	f the filing organ	ization's funds contributed to of	ther organizations for se	ection 527			
exempt function act	tivities				▶\$_		
3 Total exempt function	on expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,			
line 17b					▶\$_		
4 Did the filing organiz	zation file Form	1120-POL for this year?				Yes	No
		nployer identification number (El		-			
	•	tion listed, enter the amount pai				•	
		omptly and directly delivered to additional space is needed, prov			eparate s	segregated fund o	ra
· · ·			1			(-) (- 1141 1
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of pe contributions recei	
				funds. If none, ent		promptly and di	
						delivered to a se	
						political organiz If none, enter	
						,	

BLACK LIVES MATTER GLOBAL NETWORK

Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC

82-4862489 Page 2

Part II-A Complete if the organ section 501(h)).	ization is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
			n Part IV each affiliated g	group member's nam	ie, address, EIN,
B Check if the filing organization	checked box A ar	nd "limited control" pr	ovisions apply.		
	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	ce public opinion (prassroots lobbving)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	•		F		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f _Lobbying nontaxable amount. Enter th			F		
If the amount on line 1e, column (a) or (b		bying nontaxable an	11		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00	0 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,		0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
 h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero or reporting section 4911 tax for this yea (Some organizations that) 	less, enter -0- n either line 1h or r? 4-Year Ave made a section 5	eraging Period Under	ation file Form 4720 Section 501(h) have to complete all or		Yes No elow.
	•	nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

82-4862489 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?	X				
	X				
c Media advertisements?			165	5,663.	
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X	60	100	
g Direct contact with legislators, their staffs, government officials, or a legislative body?),178.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				.,387.	
i Other activities?				,673.	
j Total. Add lines 1c through 1i			1,261	.,901.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sect		a) or sec	tion		
501(c)(6).		<i>J</i> , 01 3ec			
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 					
 3 Did the organization make only influese lobbying expenditures of \$2,000 of less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from 					
Part III-B Complete if the organization is exempt under section 501(c)(4), sect			tion		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	itical				
expenses for which the section 527(f) tax was paid).					
a Current year					
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	l political				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information		5	L		
		• 11 • •			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list); Part II-	A, lines 1 a	nd 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
THE BREATHE ACT - LOBBYING MEMBERS OF CONGRESS AND THE	HE ADMIN	IISTRA	TION.		
END THE 1033 PROGRAM - DOJ - LOBBYING MEMBERS OF CONC	GRESS AN	ID THE			
ADMINISTRATION.					
EXECUTIVE ORDERS - LOBBYING THE ADMINISTRATION TO UT	LIZE EX	KECUTI	VE		

ACTIONS TO ADVANCE RACIAL EQUITY POLICIES.

e **4**

PUBLIC INSPECTION COPY	
BLACK LIVES MATTER GLOBAL NETWORK Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC. 82-4862489 Part IV Supplemental Information (continued)	Page
GEORGE FLOYD JUSTICE IN POLICING ACT - LOBBYING MEMBERS OF CONGRESS AND	
THE ADMINISTRATION AGAINST THE ACT.	
IMPEACHMENT - LOBBY MEMBER OF CONGRESS TO VOTE IN FAVOR OF IMPEACHMENT.	
CALIFORNIA PROPOSITION 25 - SUPPORTED THE VETO REFERENDUM TO REPEAL THE	
LEGISLATION.	

00		Supplement	al Einanaial (Statomonto	L	OMB No. 1545-00	47
		Supplement				2020	1
(Forn	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "), 11a, 11b, 11c, 11d, "	11e, 11f, 12a, or 12b.		Ζυζυ	J
	ment of the Treasury Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990.			Open to Pub Inspection	JIIC
	e of the organization					dentification nu 2 – 4 8 6 2 4 8 9	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other	Similar Funds or Ac			
		n answered "Yes" on Form 990, Part IV, lir					
			(a) Donor adv	ised funds	b) Funds and	other accounts	
1	Total number at er	nd of year			-		
2		f contributions to (during year)					
3		f grants from (during year)					
4	Aggregate value at	t end of year					
5	-	on inform all donors and donor advisors in	-				
	are the organizatio	on's property, subject to the organization's	exclusive legal control	?		Yes	No
6	•	on inform all grantees, donors, and donor a	•	•			
	• •	oses and not for the benefit of the donor o		, , ,	•		
Par	impermissible prive				line 7	Yes	No
		ation Easements. Complete if the or			line 7.		
1	1 ()	servation easements held by the organizati n of land for public use (for example, recrea	· · · · · ·	y). Preservation of a histo	vically import	ant land area	
		f natural habitat	LIION OF EQUCATION [Preservation of a certi	, 1		
		of open space	L			liuciule	
2		through 2d if the organization held a quali	fied conservation cont	ribution in the form of a cor	nservation eas	sement on the las	st
-	day of the tax year					t the End of the Tax	
а		onservation easements			2a		
b					2b		
с	-	vation easements on a certified historic str			2c		
d		vation easements included in (c) acquired a					
	listed in the Nation	nal Register			2d		
3		vation easements modified, transferred, re			zation during	the tax	
	year 🕨						
4	Number of states v	where property subject to conservation eas	sement is located 🕨				
5	•	tion have a written policy regarding the pe	•				
	,	orcement of the conservation easements in				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservatio	n easements	during the year	
-			dies of cipleties and			a. 41a a a a	
7	Amount of expens	es incurred in monitoring, inspecting, hand	aling of violations, and	enforcing conservation eas	sements durin	g the year	
8		vation easement reported on line 2(d) abov	a satisfy the requirem	ents of section $170(h)(A)(B)$	(i)		
U		(4)(B)(ii)?				Yes	No
9		be how the organization reports conservati					
-		d include, if applicable, the text of the footr				ne	
	organization's acc	ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical T	reasures, or Other S	imilar Asse	ets.	
	Complete if	the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its r	evenue statement and bala	ance sheet wo	rks	
	of art, historical tre	easures, or other similar assets held for pul	olic exhibition, educati	on, or research in furtheran	ice of public		
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that d	lescribes these items.			
b	-	elected, as permitted under FASB ASC 95	· ·				
		sures, or other similar assets held for public	exhibition, education	, or research in furtherance	of public serv	/ice,	
	-	ng amounts relating to these items:			•		
		ded on Form 990, Part VIII, line 1					
~	.,			r acceto for financial acin r			
2	•	received or held works of art, historical tre		a 1	orovide		
~		unts required to be reported under FASB A on Form 990, Part VIII, line 1			▶ ¢		
a b		Form 990, Part X					
		eduction Act Notice, see the Instruction				ule D (Form 990) 2020

Osha		IVES MATTE ION, INC.	R GLOBAL	NET	WORK		92-19	62489	D 2
Par			t. Historical	Treas	sures, or Othe				
3	Using the organization's acquisition, accessio							<u>(continue</u>	ea)
U	collection items (check all that apply):		is, check any of		owing that make t	signinicant t			
а	Public exhibition	c		r exchar	nge program				
b	Scholarly research	e			ngo program				
c	Preservation for future generations								
4	Provide a description of the organization's col	llections and explai	n how they furt	her the c	organization's exe	mot purpo	se in Part	XIII	
5	During the year, did the organization solicit or	-	-		-			,	
-	to be sold to raise funds rather than to be mai							Yes	No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		U				, ,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contrib	utions o	r other assets not	included			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow	or custo	odial account liabi	ility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if	the organization ar	nswered "Yes" o						
		(a) Current year	(b) Prior ye	ar (c) Two years back	(d) Three y	ears back	(e) Four ye	ars back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc		nn (a)) h	eld as:				
a	Board designated or quasi-endowment		%						
	Permanent endowment	%							
С	Term endowment 9	-							
0-	The percentages on lines 2a, 2b, and 2c shou			المحرم الم	a aluasiusia ta una al faurat	h			
38	Are there endowment funds not in the posses	ision of the organiza	ation that are ne	elu anu a	administered for t	ne organiza	alion	Ye	
	by:								es No
	(i) Unrelated organizations							3a(i)	
h	(ii) Related organizations							3a(ii) 3b	
4	Describe in Part XIII the intended uses of the o			en:				30	
Par	t VI Land, Buildings, and Equipme	ent.	wittent funds.						
	Complete if the organization answered). Part IV. line 1	1a. See	Form 990. Part X	. line 10.			
	Description of property	(a) Cost or c		Cost or			ed	(d) Book v	alue
		basis (investr	• • •	basis (otl		epreciation		(1) 2001	
1 a	Land				,000.			3,000,	000.
	Buildings				,781.	74,9		2,923,	
	Leasehold improvements		1		·	•		. ,	
	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must eq		X. column (B). I	line 10c.)			5,923,	811.

Schedule D (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule D	(Form 990) 2020 FOUNDATION	I, INC.	82	-4862489 Page 3
Part VII				<u>M</u>
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of securit	y) (b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financi	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Ye			d of yoor market yolyo
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-ot-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)	►		
Part IX				
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
<u>1.</u>	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		// 05 \		
<u>ι οται. (Colι</u>	<u>ımn (b) must equal Form 990, Part X, col. (B)</u>	line 25.)		I

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

n provided in Part XIII ... X Schedule D (Form 990) 2020

	BLACK LIVES MATTER GLOB	AL NETWORK		
Sche	dule D (Form 990) 2020 FOUNDATION, INC.		82-	4862489 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			79,644,823.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			79,644,823.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		79,644,823.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	37,710,135.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			37,710,135.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		37,710,135.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

BLMGNF IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY
THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN
ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE
CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A)(VI), AND
HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS
509(A)(1). BLMGNF IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION
EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, IT IS SUBJECT
TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT
ARE UNRELATED TO ITS EXEMPT PURPOSE. BLMGNF HAS DETERMINED THAT IT IS NOT
SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.
032054 12-01-20 Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FOUNDATION, INC. 82-4862489 Part XIII Supplemental Information (continued) 6000000000000000000000000000000000000	Page 5
(continued)	

		PUBLIC IN	SPECTION COPY				
SCHEDULE F (Form 990)			ivities Outside the Un n answered "Yes" on Form 990, Part			ON	IB No. 1545-0047
Department of the Treasury	-	-	Attach to Form 990.			Open	to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspe	
Name of the organization BLACK LIVES MAT		AL NETWO	RK				cation number
FOUNDATION, INC	• mation on A	ativitiae Aut	side the United States. Comple		82-48		
Part I General Infor Form 990, Part IV		cuvilles Out	side the Onited States. Comple	ete if the organ	ization answ	/ered "Y	es" on
		maintain record	ds to substantiate the amount of its gra	nts and other a	assistance.		
-	-		he selection criteria used to award the			X	Yes No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistan	ce outsi	de the
United States. 3 Activities per Begion (TI	he following Part	L line 3 table ca	n be duplicated if additional space is n	eeded)			
in the region agents, and independent gram services, investments, grants to describe sp				gram service specific typ	e, pe	(f) Total expenditures for and investments	
		contractors in the region	recipients located in the region)	of service	(s) in the reg	lion	in the region
NORTH AMERICA	0	0	GRANTMAKING				8,024,626.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING				1,529.
SOB-SANAKAW AFRICA	0	0	SKANIMARING				1,525.
				CONSULTING			
NORTH AMERICA	0	2	PROGRAM SERVICES	COMMUNICATI	ONS		73,389.
3 a Subtotal	0	2					8,099,544.
b Total from continuation sheets to Part I	0	0					0.
c Totals (add lines 3a and 3b)	0	2					8,099,544.

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

Schedule F (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020

Part II

FOUNDATION, INC. 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)
			CONDUCTING ACTIVITIES TO EDUCATE AND SUPPORT BLACK					
		NORTH AMERICA	COMMUNITIES, AND TO	8024626.	EFT	0.		
			ecognized as charities by the f					
			or counsel has provided a sect			►		1
3 Enter total number of	other organizations o	or entities		<u></u>		>	Eabad	0 ule F (Form 990) 2020

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 2

82-4862489

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020

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

82-4862489

Schedule F (Form 990) 2020

Scheo	BLACK LIVES MATTER GLOBAL NETWORK dule F (Form 990) 2020 FOUNDATION, INC.	82-4862489	Page 4
Par	t 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? 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	X 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	X 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	X No

Schedule F (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020 FOUNDATION, INC.	82-4862489	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accoun		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metho	,, , , , , , , , , , , , , , , , , , , ,	
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation. See instructions.	
PART I, LINE 2:		
BLMGNF GRANTS FUNDS TO OTHER ORGANIZATIONS TO SUPPORT COMM	UNITY	
ORGANIZING EFFORTS TO EMPOWER BLACK LIVES. ALL GRANTS WILL	BE RESTRICTE	D
FOR ACTIVITY THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZAT	ION. POTENTIA	<u>ь </u>
GRANTEES WILL BE REQUIRED TO SUBMIT A PROPOSAL AND A BUDGE	T FOR REVIEW	BY
BLMGNF BEFORE FUNDS ARE DISPERSED. GRANT AGREEMENTS WILL R	EQUIRE EACH	
GRANTEE TO USE THE GRANT FUNDS ONLY FOR THE PURPOSES FOR W	HICH THE GRAN	Т
WAS MADE AND WILL ACKNOWLEDGE BLMGNF'S AUTHORITY TO WITHHO	LD AND/OR	
RECOVER GRANT FUNDS IF FUNDS ARE MISUSED. THE GRANT AGREEM	ENTS REQUIRE	
GRANTEES TO SUBMIT PERIODIC REPORTS CONCERNING THE USE OF	GRANT FUNDS.	
BLMGNF WILL MAINTAIN A GRANT AGREEMENT FOR EACH GRANT IT F	UNDS, ALONG	
WITH EACH REPORT RECEIVED FROM ALL GRANTEES AND ANY ADDITI	ONAL REPORTS	
MADE BY THE BLMGNF'S STAFF OR INDEPENDENT AUDITORS CONCERN	ING THE	
EXPENDITURE.		

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: CONDUCTING ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES, AND TO PURCHASE AND RENOVATE PROPERTY FOR CHARITABLE USE.

SCHEDULE F, PART II, LINE 1, COLUMN (A):

PER THE IRS INSTRUCTIONS FOR SCHEDULE F, STATEMENT OF ACTIVITIES

OUTSIDE THE UNITED STATES, ORGANIZATIONS DO NOT HAVE TO COMPLETE PART

II, LINE 1, COLUMN (A) OR (B) LISTING THE GRANT RECIPIENT BY NAME.

HOWEVER, BLMGNF IS CHOOSING TO REPORT THE FOREIGN GRANT RECIPIENT AS:

M4BJ OPERATING AS BLACK LIVES MATTER CANADA, A NOT-FOR-PROFIT

BLACK LIVES MATTER GLOBAL NETWORK Schedule F (Form 990) 2020 FOUNDATION, INC. 82-4862489 Page 5 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. CORPORATION INCORPORATED UNDER THE CANADA NOT-FOR-PROFIT CORPORATIONS ACT, AND A REGISTERED CHARITY DESIGNATED AS A CHARITABLE ORGANIZATION UNDER THE INCOME TAX ACT (CANADA).

SCHEDULE G Supplem	nental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if	the organization answered "Yes" on organization entered more than \$1				r 19, or if the	2020
Department of the Treasury	Attach to Form 990) or Fo	rm 99	0-EZ.		Open to Public
	Go to www.irs.gov/Form990 for inst				on.	Inspection
	LIVES MATTER GLOBAL					identification number
	TION, INC.				82-48	52489
Part I Fundraising Activitie required to complete this p	S. Complete if the organization answ art.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not
1 Indicate whether the organization r	aised funds through any of the followi	ng activ	vities.	Check all that apply.		
a Mail solicitations	• •	U U		overnment grants		
b X Internet and email solicitation	ons f Solicita	ation of	gover	nment grants		
c Phone solicitations	g Specia	l fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a writte	n or oral agreement with any individua	l (incluc	ling of	ficers, directors, trus		
key employees listed in Form 990	Part VII) or entity in connection with p	orofessi	onal fi	undraising services?	X	res No
b If "Yes," list the 10 highest paid in	dividuals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fundraiser is to	be
compensated at least \$5,000 by t	he organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	(v) to (or retained by)
FIRESIDE CAMPAIGNS - 815 16TH	FUNDRAISING COUNSEL	Yes	No			
STREET, NW, WASHINGTON, DC	ACTIVITIES		x	1,461,529.	99,00	0. 1,362,529.
NEW IMPACT PARTNERS, LLC - 33	FUNDRAISING COUNSEL					
WHITE ALLEN AVENUE, DAYTON,	ACTIVITIES		x	0.	107,00	0. 0.
BOWERS CONSULTING FIRM - 3355	FUNDRAISING COUNSEL					
N. WHITE AVE, LA VERNE, CA	ACTIVITIES		x	0.	205,20	0. 0.
Total	tion is registered or licensed to solicit	<u>.</u>		1,461,529.	411,20	

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

AL, AK, AR, CA, CO, CT, HI, ME, MN, MO, NM, ND, OH, OK, OR, PA, UT, WV, WI, NJ, VA, NH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule G (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

82-4862489 Page 2

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	
			(a) Event #1	(D) Event #2	(C) Other events	(d) Total events
						(add col. (a) through
						col. (c))
ð			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts				
ũ						
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	3					
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
сt	7	Food and beverages				
Dire		•				
	8	Entertainment				
	9	Other direct expenses				
	-	Direct expense summary. Add lines 4 through	0 in column (d)		•	
Pa	irt I	Net income summary. Subtract line 10 from lin Gaming. Complete if the organization a		000 Dart IV line 10 or r		
10		\$15,000 on Form 990-EZ, line 6a.	inswered res on Form	990, Fait IV, iiile 19, 011	eported more than	
		\$13,000 011 0111 330-EZ, inte ba.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				biligo/progressive biligo		
Sev						
	1	Gross revenue				
s	2	Cash prizes				
Expenses						
per	3	Noncash prizes				
Щ						
Direct	4	Rent/facility costs				
Ē	.					
	-	Other direct expenses				
	5	Other direct expenses	Vee 0/	Vee 0/	Vac 01	
		Malanda ay lab ay	Yes%	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
						1

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

032082 11-25-20

BLACK	LIVES	MATTER	GLOBAL	NETWORK

Schedule G (Form 990 or 990-EZ) 2020 FOUNDATION, INC.	82-4862	2489	Page 3
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 e			
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			%
14 Enter the name and address of the person who prepares the organization's gaming/special events be		•	
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 \triangleright \$			
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 proceed			
retain the state gaming license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organiza			
organization's own exempt activities during the tax year 🕨 \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu		nes 9, 9t	o, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	IS.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS:		
(I) NAME OF FUNDRAISER: FIRESIDE CAMPAIGNS			
(I) ADDRESS OF FUNDRAISER: 815 16TH STREET, NW, WASHI	NGTON, DC 2000	6	
(I) NAME OF FUNDRAISER: NEW IMPACT PARTNERS, LLC			
(I) ADDRESS OF FUNDRAISER: 33 WHITE ALLEN AVENUE, DAY	TON, OH 45405		

(I) NAME OF FUNDRAISER: BOWERS CONSULTING FIRM

PUBLIC INSPECTION COPY BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC. 82-4862489 Page 4 Schedule G (Form 990 or 990-EZ) Part IV Supplemental Information (continued) (I) ADDRESS OF FUNDRAISER: 3355 N. WHITE AVE, LA VERNE, CA 91750 SCHEDULE G, PART I, LINE 3: THE ORGANIZATION HAS SUBMITTED AND IS PENDING APPROVAL IN THE FOLLOWING STATES: FL, KS, MD, MA, MI, NV, NY, RI, WA THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF REGISTERING OR RENEWING IN THE FOLLOWING STATES: DC, GA, IL, NC, SC, TN

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Uni on Form 990, Pa	ted States		OMB No. 1545-0047 2020 Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization BLACK LIV FOUNDATIO		GLOBAL NET					Employer identification number 82-4862489
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?	-			-		
Part II Grants and Other Assistance to I					anization answord "	(as" on Form 000 Part	IV line 21 for any
recipient that received more than \$					anization answered i	es on Form 990, Fan	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIED MEDIA PROJECTS 4126 THIRD STREET	01 0550600	E01(0)(2)	400,000	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK
DETROIT, MI 48201	01-0559608	501(C)(3)	400,000.	0.			COMMUNITIES
ARTS BUSINESS COLLABORATIVE INC. P.O. BOX 296	02 2172060	F01 (G) (2)	200.000				TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK
ELMHURST, NY 11380	83-2173068	501(C)(3)	200,000.	0.			COMMUNITIES
AUDRE LORDE PROJECT INC. 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	06-1502452	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
BLACK LIVES MATTER 5280 / ICO ROCKY MOUNTAIN PEACE AND JUSTICE CENTER - 3970 BROADWAY 105 - BOULDER, CO 80304	74-2302470	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
, BLACK LIVES MATTER BOSTON / ICO BUILDING AUDACITY, INC 75 ALLEN AVE - LYNN, MA 01902	83-4650961	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
BLACK LIVES MATTER DC / ICO GRASSROOTS DC - 4004 E STREET SE - WASHINGTON, DC 20019	46-2411511	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 			e line 1 table				42.

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

Schedule I (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

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

-4862489

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK LIVES MATTER DETROIT / ICO							TO CONDUCT ACTIVITIES TO
ALLIED MEDIA PROJECTS INC 4126							EDUCATE AND SUPPORT BLACK
THIRD STREET - DETROIT, MI 48201	01-0559608	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER LANSING & BLACK				••			
LIVES MATTER MICHIGAN / ICO ONE							TO CONDUCT ACTIVITIES TO
LOVE GLOBAL - 913 W HOLMES -							EDUCATE AND SUPPORT BLACK
LANSING, MI 48933	20-0373503	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER LONG BEACH /							
ICO FOOD CHAIN WORKERS ALLIANCE							TO CONDUCT ACTIVITIES TO
INC 3055 WILSHIRE BLVD 300 RM Q							EDUCATE AND SUPPORT BLACK
- LOS ANGELES, CA 90010	90-0728464	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER LOS ANGELES /			,				
ICO CANGRESS DBA LOS ANGELES							TO CONDUCT ACTIVITIES TO
COMMUNITY ACTION N - 838 E SIXTH							EDUCATE AND SUPPORT BLACK
STREET - LOS ANGELES, CA 90021	02-0661629	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER NWI GARY / ICO							
CHRIST UNITED METHODIST CHURCH -							TO CONDUCT ACTIVITIES TO
201 WEST RIDGE ROAD - GARY, IN							EDUCATE AND SUPPORT BLACK
46408	35-1617113	501(C)(3)	68,000.	٥.			COMMUNITIES
BLACK LIVES MATTER PHILADELPHIA /							
ICO MOVEMENT ALLIANCE PROJECT -							TO CONDUCT ACTIVITIES TO
924 CHERRY ST NO 5 - PHILADELPHIA,							EDUCATE AND SUPPORT BLACK
PA 19107	26-0307123	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER SOUTH BEND							
(SOUTH BEND BLACK EMPOWERMENT							TO CONDUCT ACTIVITIES TO
FUND) - 424 S. MICHIGAN ST., UNIT							EDUCATE AND SUPPORT BLACK
660 - SOUTH BEND, IN 46601	85-1481799	501(C)(3) PNDNG	505,000.	0.			COMMUNITIES
BLACK TRANS MEDIA / ICO ALLIANCE							TO CONDUCT ACTIVITIES TO
FOR GLOBAL JUSTICE - 225 E 26TH							EDUCATE AND SUPPORT BLACK
STREET - TUCSON, AZ 85713	52-2094677	501(C)(3)	200,000.	0.			COMMUNITIES
BOLD WOMEN'S LEADERSHIP NETWORK /							
ICO HIGHLANDER RESEARCH &							TO CONDUCT ACTIVITIES TO
EDUCATION CENTER INC - 1959							EDUCATE AND SUPPORT BLACK
HIGHLANDER WAY - NEW MARKET, TN	62-0646373	501(C)(3)	200,000.	0.			COMMUNITIES

Schedule I (Form 990)

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other	-	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		2-4002409 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BYP100 EDUCATION FUND							TO CONDUCT ACTIVITIES TO
6515 S. INGLESIDE AVE							EDUCATE AND SUPPORT BLACK
CHICAGO, IL 60637	81-0975889	501(C)(3)	188,093.	0.			COMMUNITIES
CENTER ON HALSTED							TO CONDUCT ACTIVITIES TO
3656 NORTH HALSTED							EDUCATE AND SUPPORT BLAC
CHICAGO, IL 60613	51-0178807	501(C)(3)	200,000.	0.			COMMUNITIES
CHINESE PROGRESSIVE ASSOCIATION							TO CONDUCT ACTIVITIES TO
1042 GRANT AVENUE 5TH FLOOR							EDUCATE AND SUPPORT BLAC
SAN FRANCISCO, CA 94133	23-7404756	501(C)(3)	150,000.	0.			COMMUNITIES
COMMUNITY AID AND DEVELOPMENT							TO CONDUCT ACTIVITIES TO
CORPORATION - P.O. BOX 361270 -							EDUCATE AND SUPPORT BLAC
DECATUR, GA 30036	95-3402456	501(C)(3)	75,000.	0.			COMMUNITIES
COMMUNITY SERVICES UNLIMITED							
P.O. BOX 62696							TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLAC
LOS ANGELES, CA 90062	95-3218396	501(C)(3)	500,000.	0.			COMMUNITIES
EQUITY AND TRANSFORMATION							TO CONDUCT ACTIVITIES TO
10 W 35TH STREET SUITE 9C5							EDUCATE AND SUPPORT BLACI
CHICAGO, IL 60616	83-4701430	501(C)(3)	200,000.	0.			COMMUNITIES
FII - NATIONAL DBA UPTOGETHER (FKA							
FAMILY INDEPENDENCE INITIATIVE) -							TO CONDUCT ACTIVITIES TO
663 13TH STREET NO 200 - OAKLAND, CA 94612	02 0784700	E01(0)(2)	25.000	0.			EDUCATE AND SUPPORT BLAC
CA 94612	02-0784790	501(C)(3)	25,000.	0.			COMMUNITIES
GRIFFIN-GRACY EDUCATIONAL RETREAT							TO CONDUCT ACTIVITIES TO
& HISTORICAL CENTER - 23 BROOKLAWN							EDUCATE AND SUPPORT BLACK
DRIVE - LITTLE ROCK, AR 72205	82-1080729	501(C)(3)	200,000.	0.			COMMUNITIES
HAITIAN BRIDGE ALLIANCE							TO CONDUCT ACTIVITIES TO
13 OVERTURE LANE							EDUCATE AND SUPPORT BLACK
ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	200,000.	0.			COMMUNITIES

Schedule I (Form 990)

82-4862489

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDER RESEARCH & EDUCATION							TO CONDUCT ACTIVITIES TO
CENTER INC 1959 HIGHLANDER WAY							EDUCATE AND SUPPORT BLACK
- NEW MARKET, TN 37820	62-0646373	501(C)(3)	200,000.	0.			COMMUNITIES
HOUSE OF TULIP							TO CONDUCT ACTIVITIES TO
3816 BIENVILLE AVE							EDUCATE AND SUPPORT BLAC
NEW ORLEANS, LA 70119	85-1376745	501(C)(3)	200,000.	0.			COMMUNITIES
TUTNO MUDOUGU GTUTNO FOUNDARTON							
LIVING THROUGH GIVING FOUNDATION							TO CONDUCT ACTIVITIES TO
8544 BURTON WAY STE 401		501 (2) (2)					EDUCATE AND SUPPORT BLAC
LOS ANGELES, CA 90048	80-0928421	501(C)(3)	2,300,000.	0.			COMMUNITIES
LOVE NOT BLOOD CAMPAIGN							TO CONDUCT ACTIVITIES TO
3996 SAN PABLO AVE UNIT G							EDUCATE AND SUPPORT BLAC
EMERYVILLE, CA 94608	81-4000831	501(C)(3)	700,000.	0.			COMMUNITIES
MARSHA P. JOHNSON INSTITUTE / ICO							TO CONDUCT ACTIVITIES TO
SOCIAL GOOD FUND - 12651 SAN PABLO							EDUCATE AND SUPPORT BLAC
AVE - RICHMOND, CA 94805	46-1323531	501(C)(3)	200,000.	0.			COMMUNITIES
NATIONAL ALUMNI ASSOCIATION OF THE							TO CONDUCT ACTIVITIES TO
BLACK PANTHER PARTY - P.O. BOX							EDUCATE AND SUPPORT BLAC
7978 - GARDEN CITY, NY 11530	45-3274524	501(C)(3)	50,000.	0.			COMMUNITIES
The GRADEN CITE, NE 11550	45 52/4524	501(0)(5)	50,000.				
NATIONAL INSTITUTE FOR PEER							TO CONDUCT ACTIVITIES TO
SUPPORT - 7001 ARLINGTON ROAD							EDUCATE AND SUPPORT BLAC
SUITE 237 - BETHESDA, MD 20814	20-1398650	501(C)(3)	200,000.	0.			COMMUNITIES
OFFICIAL BLACK LIVES MATTER			· ·				
MEMPHIS / ICO MEMPHIS ARTISTS FOR							TO CONDUCT ACTIVITIES TO
CHANGE - 1540 NETHERWOOD -							EDUCATE AND SUPPORT BLAC
MEMPHIS, TN 38106	81-4207475	501(C)(3)	500,000.	0.			COMMUNITIES
							L
OSCAR GRANT FOUNDATION							TO CONDUCT ACTIVITIES TO
22097 REDWOOD ROAD							EDUCATE AND SUPPORT BLAC
CASTRO VALLEY, CA 94546	37-1761761	501(C)(3)	200,000.	Ο.			COMMUNITIES

Schedule I (Form 990)

82-4862489

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

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

		incone ergamzanene	and Bonnootio do		eaale i (i eilii eee), i a	,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR THE ADVANCEMENT OF							TO CONDUCT ACTIVITIES TO
NEW AMERICANS - 4089 FAIRMOUNT							EDUCATE AND SUPPORT BLACK
AVENUE - SAN DIEGO, CA 92105	47-5299457	501(C)(3)	200,000.	0.			COMMUNITIES
ST. JAMES INFIRMARY							TO CONDUCT ACTIVITIES TO
730 POLK STREET							EDUCATE AND SUPPORT BLACK
SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	200,000.	0.			COMMUNITIES
TAKEACTION MINNESOTA EDUCATION							TO CONDUCT ACTIVITIES TO
FUND - 705 RAYMOND AVE NO 100 -							EDUCATE AND SUPPORT BLACK
ST. PAUL, MN 55114	41-1635130	501(C)(3)	200,000.	0.			COMMUNITIES
							L
TEAM BLACKBIRD LLC							TO CONDUCT ACTIVITIES TO
8605 SANTA MONICA BLVD UNIT 81873	64 4550000		1 500 000				EDUCATE AND SUPPORT BLACK
WEST HOLLYWOOD, CA 90069	61-1779029	N/A	1,500,000.	0.			COMMUNITIES
TRANSGENDER GENDER-VARIANT &							
INTERSEX JUSTICE PROJECT / ICO							TO CONDUCT ACTIVITIES TO
JUSTICE NOW - 1322 WEBSTER STREET	40.4550600						EDUCATE AND SUPPORT BLACK
- OAKLAND, CA 94612	42-1559699	501(C)(3)	200,000.	0.			COMMUNITIES
THE GEORGE FLOYD MEMORIAL							TO CONDUCT ACTIVITIES TO
FOUNDATION INC 18212 STUDMAN							EDUCATE AND SUPPORT BLACK
BRANCH AVE - CHARLOTTE, NC 28278	85-2280701	501(C)(3)	200,000.	0.			COMMUNITIES
THE MICHAEL O.D. BROWN WE LOVE OUR							
SONS & DAUGHTERS FOUNDATION - 4022							TO CONDUCT ACTIVITIES TO
FLANDRE COVE CT FLORISSANT, MO							EDUCATE AND SUPPORT BLACK
63034	47-2123013	501(C)(3)	1,410,697.	٥.			COMMUNITIES
THE TRANSGENDER DISTRICT / ICO ST.							
JAMES INFIRMARY - 1460 MISSION ST,							TO CONDUCT ACTIVITIES TO
SUITE 103 - SAN FRANCISCO, CA							EDUCATE AND SUPPORT BLACK
94103	94-3330568	501(C)(3)	200,000.	0.			COMMUNITIES
THE TRAYVON MARTIN FOUNDATION,							TO CONDUCT ACTIVITIES TO
INC 15800 NW 42ND AVE - MIAMI							EDUCATE AND SUPPORT BLACK
GARDENS, FL 33054	46-5518442	501(C)(3)	200,000.	0.			COMMUNITIES

Schedule I (Form 990)

82-4862489

BLACK LIVES MATTER GLOBAL NETWORK

20-3074517 501(C)(3)

95-4116679 501(C)(3)

Schedule I (Form 990) FOUNDATIC			, or difference of the second s			8	2-4862489 Page 1
Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANS JUSTICE FUNDING PROJECT / ICO TIDES FOUNDATION - P.O. BOX 29903 - SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRANS UNITED FUND 2425 17TH STREET, NW WASHINGTON, DC 20009	81-1465260	501(C)(4)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRANSGENDER ADVOCATES KNOWLEDGEABLE EMPOWERING - 340 E VIEW BLVD - BIRMINGHAM, AL 35215	85-0702039	501(C)(3)	400,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRANSGENDER LAW CENTER P.O. BOX 70976 OAKLAND, CA 94612	05-0544006	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRUSTAFRICA C/O UPS STORE 2100 M ST NW							TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK

200,000.

400,000.

Ο.

Ο.

COMMUNITIES

COMMUNITIES

TO CONDUCT ACTIVITIES TO

EDUCATE AND SUPPORT BLACK

CA 91302

WASHINGTON, DC 20037

SOCIAL AND ENVIRONMENTAL ENTREPRENEURS, INC. - 23564

CALABASAS ROAD NO 201 - CALABASAS,

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answeret "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 assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Image:

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

PART I, LINE 2:

Schedule I (Form 990) 2020

BLMGNF GRANTS FUNDS TO OTHER ORGANIZATIONS TO SUPPORT COMMUNITY ORGANIZING

EFFORTS TO EMPOWER BLACK LIVES. ALL GRANTS WILL BE RESTRICTED FOR ACTIVITY

THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZATION. POTENTIAL GRANTEES WILL

BE REQUIRED TO SUBMIT A PROPOSAL AND A BUDGET FOR REVIEW BY BLMGNF BEFORE

FUNDS ARE DISPERSED. GRANT AGREEMENTS WILL REQUIRE EACH GRANTEE TO USE THE

GRANT FUNDS ONLY FOR THE PURPOSES FOR WHICH THE GRANT WAS MADE AND WILL

ACKNOWLEDGE BLMGNF'S AUTHORITY TO WITHHOLD AND/OR RECOVER GRANT FUNDS IF

FUNDS ARE MISUSED. THE GRANT AGREEMENTS REQUIRE GRANTEES TO SUBMIT PERIODIC

82-4862489 Page 2

PUBLIC INSPECTION COPY
BLACK LIVES MATTER GLOBAL NETWORK
Schedule I (Form 990) FOUNDATION, INC. 82-4862489 Page 2
Part IV Supplemental Information
REPORTS CONCERNING THE USE OF GRANT FUNDS. BLMGNF WILL MAINTAIN A GRANT
AGREEMENT FOR EACH GRANT IT FUNDS, ALONG WITH EACH REPORT RECEIVED FROM ALL
GRANTEES AND ANY ADDITIONAL REPORTS MADE BY THE BLMGNF'S STAFF OR
INDEPENDENT AUDITORS CONCERNING THE EXPENDITURE.

sc	SCHEDULE J Compensation Information								
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ	20	20	1			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J			
Depa	rtment of the Treasury		Open to						
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Employeri	-	ection				
Nan	ne of the organizatio		Employeri ວ່າ /			mber			
Pa	rt I Question	FOUNDATION, INC. s Regarding Compensation	02-4	100240	3				
	destion				Vac	Ne			
10	Chack the appropr	ate hex(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No			
Id		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,						
	X First-class or		nalusa						
	Travel for con	.							
		ation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as maid, chauffel							
	Discretionary		, 01101)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
-	-			1b		x			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				<u> </u>			
_		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		x			
		······································							
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's							
		ector. Check all that apply. Do not check any boxes for methods used by a related organization							
	establish compens	ation of the CEO/Executive Director, but explain in Part III.							
	Compensatio	n committee Written employment contract							
	Independent of	compensation consultant Compensation survey or study							
	-	ther organizations Approval by the board or compensation c	ommittee						
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
а	Receive a severand	e payment or change-of-control payment?		4a	Х				
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
С	Participate in or ree	eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
)(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 compensatio	n						
	contingent on the r								
а	The organization?			5 a		X			
b		ation?		5b		X			
		or 5b, describe in Part III.							
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the	-				v			
						X			
b		ation?		<u>6b</u>		X			
_		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v			
~		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v			
~				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
	Regulations section	1 53.4958-6(c)?		9	l	1			

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

Schedule J (Form 990) 2020

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) KAILEE SCALES	(i)	0.	0.	139,625.	0.	0.	139,625.	0.
FORMER MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

Page 2

82-4862489

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

Schedule J (Form 990) 2020

82-4862489 Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

CHARTER TRAVEL FOR THE EXECUTIVE DIRECTOR WAS INCURRED DUE TO SECURITY

THREATS AND DURING THE COVID PANDEMIC. THIS TRAVEL WAS FOR ORGANIZATIONAL

PURPOSES. THE EXPENDITURE WAS VOLUNTARILY REIMBURSED SUBSEQUENT TO YEAR

END; THIS WAS NOT TAXABLE COMPENSATION.

PART I, LINE 1B:

THE EXPENDITURE WAS FOR ORGANIZATIONAL PURPOSES. THE DECISION MAKING

PROCESS WAS PERFORMED BY THE EXECUTIVE DIRECTOR AND MADE IN CONSIDERATION

OF SECURITY THREATS AND THE COVID PANDEMIC.

PART I, LINE 4A:

KAILEE SCALES DID NOT SERVE DURING THE FISCAL YEAR ENDED JUNE 30, 2021,

HOWEVER, SHE DID RECEIVE A SEVERANCE PAYMENT FOR CALENDAR YEAR 2020 IN THE

AMOUNT OF \$139,625. THE TERMS AND CONDITIONS OF THE ARRANGEMENT ARE

CONFIDENTIAL.

Schedule J (Form 990) 2020

SCHEDULE L		Tra	insactior	ns V	Vith	Inte	eres	ted	Pers	ons			ON	/IB No	1545-00	47
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,									28a,		2020					
			28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.							Open To Public						
Department of the Treasury Internal Revenue Service		Go to v	www.irs.gov/Fo							formation.			In	spect	ion	
Name of the organizatior			ES MATTE	RG	LOB	AL N	IETW(ORK					rident 624		on nu	mber
Part I Excess E			N, INC. ons (section 50	01(c)(3	3). sect	ion 501	1(c)(4), a	and sec	ction 501	(c)(29) orga				29		
			vered "Yes" on I		-								•			
1 (a) Name of disquali	fied person	(b) F	Relationship bety person and or			lified		(c	:) Descri	otion of tran	sactio	n		(d) Corrected		
PATRISSE CUL	LORS	FOU	NDER & E	•		VE	USE	OF	REAL	ESTAT	E				es	No
					-			-								
														+		
														+		
2 Enter the amount of		-	-	-		-	-					•			2	0.0
section 4958 3 Enter the amount o			above reimburs									► \$ ► \$				<u>90.</u> 0.
						ganizat						ΨΨ				
			erested Pers													
•	•		vered "Yes" on I , Part X, line 5, 6			, Part \	/, line 3	8a or F	orm 990	, Part IV, lin	e 26; (or if th	e orga	nizatio	on	
(a) Name of		elationship	(c) Purpose	(d) La	oan to or	(e) Origin	al	(f) Bal	ance due	(g)) In	(h) Ap	oroved		Vritten
interested person	with o	organization	of loan	organi	n the ization?	1.	ipal am	ount		default?		ault?	by board or committee?		—	
PATRISSE CUL		NDER	THIS WAS		From X	· ·	73,5	23.	7	3,523.	Yes	No X	Yes	No X	Yes	No X
							1010	231	, , , , , , , , , , , , , , , , , , ,							<u> </u>
																<u> </u>
																+
																<u> </u>
																+
Total	I							▶ \$	7	3,523.		1				1
			efiting Inter													
(a) Name of interes			vered "Yes" on I (b) Relationship				ne 27. c) Amol	int of		(d) Type	of		(6)) Purp		f
	sted person		interested pers	son an			assista			assistan			• •	assista		

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

Schedule L (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule L (Form 990 or 990 EZ) 2020 FOUNDA			82-4862	489	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrģaniz	aring of zation's nues?
				Yes	No
PAUL CULLORS, CULLORS PROT	FAMILY MEMBER OF FO	840,993.	PROFESSIONA		Х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART I, EXCESS BENEFIT TRANSACTIONS:

(A) NAME OF PERSON: PATRISSE CULLORS

(B) RELATIONSHIP WITH DISQUALIFIED PERSON: FOUNDER & EXECUTIVE DIRECTOR

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: PATRISSE CULLORS

(B) RELATIONSHIP WITH ORGANIZATION: FOUNDER & EXECUTIVE DIRECTOR

(C) PURPOSE OF LOAN: THIS WAS NOT A LOAN; INCLUDES OTHER RECEIVABLES FOR

TRAVEL & REIMBURSEMENTS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PAUL CULLORS, CULLORS PROTECTION LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FOUNDER & EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: PROFESSIONAL SECURITY SERVICES

SCHEDULE L, PART II:

CHARTER TRAVEL FOR THE EXECUTIVE DIRECTOR WAS INCURRED DUE TO SECURITY

THREATS AND DURING THE COVID PANDEMIC. THIS TRAVEL WAS FOR

ORGANIZATIONAL PURPOSES. THE EXPENDITURE WAS VOLUNTARILY REIMBURSED

Schedule L (Form 990 or 990-EZ) 2020

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

	(Form 990 or 990-EZ)	FOUNDATION
Part V	Supplemental In	formation
	Complete this part to	provide additional informa

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SUBSEQUENT TO YEAR END.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.



82-4862489

FORM 990, PAGE 1:

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC. ("BLMGNF")

INCORPORATED IN 2017 IN DELAWARE. THE ORGANIZATION RECEIVED TAX-EXEMPT

STATUS EFFECTIVE AUGUST 28, 2020. PRIOR TO OBTAINING ITS OWN TAX-EXEMPT

STATUS, BLMGNF WAS A FISCALLY SPONSORED PROJECT OF THOUSAND CURRENTS, A

501(C)(3) PUBLICLY SUPPORTED CHARITABLE ORGANIZATION.

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

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION IMAGINES A WORLD WHERE

BLACK PEOPLE ACROSS THE DIASPORA THRIVE, EXPERIENCE JOY, AND ARE NOT

DEFINED BY THEIR STRUGGLES. BY ACHIEVING LIBERATION, WE ENVISION A

FUTURE THAT IS FULLY DIVESTED FROM POLICE, PRISONS, AND ALL PUNISHMENT

PARADIGMS TO BE REPLACED WITH INVESTMENT INTO JUSTICE, JOY, AND

CULTURE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVISORY COUNCIL; CREATE AND CURATE ARTISTIC PERFORMANCES (FILM,

TELEVISION, THEATER, ETC.); AND RUN A FELLOWSHIP PROGRAM, WHERE WE WILL

SPONSOR ARTISTS ALIGNED WITH OUR MISSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

 POLICY - WE ARE INTERVENING ON EXISTING POLICIES AND NEW POLICIES TO

 BENEFIT BLACK PEOPLE BY REIMAGINING PUBLIC SAFETY, COMMUNITY CARE, AND

 HOW WE SPEND MONEY AS A SOCIETY. WE ARE SHAPING INTELLECTUAL DISCOURSE

 AND IMPACTING PUBLIC POLICY UNIQUELY FROM A BLACK AND PEOPLE OF COLOR

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

Schedule O (Form 990 or 990-EZ) 20		Page 2
Name of the organization BLAC	K LIVES MATTER GLOBAL NETWORK	Employer identification number
	DATION, INC.	82-4862489
PERSPECTIVE IN THE	UNITED STATES AND THROUGHOUT THE DIASPOR	RA.
EXPENSES \$ 1,346,5	58. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.

INVESTMENT - WE ARE INVESTING IN SOLUTIONS THAT ARE FOR US BY US AND

ALLOW BLACK PEOPLE TO GAIN INDEPENDENCE FROM SYSTEMS THAT DON'T CENTER

THE NEEDS OF BLACK PEOPLE, SO WE HAVE THE POWER TO DREAM BIG AND CREATE

THE COMMUNITY WE WANT AND NEED TO FLOURISH, GROW, AND THRIVE.

EXPENSES \$ 230,887. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THINK TANK - WE ARE INVESTING IN RESEARCH ON BLACK LIFE AND CREATIVE

SOLUTIONS THAT CAN BE USED TO INFLUENCE DEEPER INVESTMENTS AND POLICY

MAKING. WE ARE LEADING PUBLIC EDUCATION CAMPAIGNS TO IMPROVE AND CHANGE

THE MATERIAL CONDITIONS FOR ALL PEOPLE, THROUGH BILLBOARDS AND A

DIGITAL VIDEO SERIES FOCUSING ON RACIAL INJUSTICE, POLICE BRUTALITY,

CRIMINAL JUSTICE REFORM, BLACK IMMIGRATION, ECONOMIC INJUSTICE,

LGBTQIA+ AND HUMAN RIGHTS, ENVIRONMENTAL INJUSTICE, ACCESS TO

HEALTHCARE, ACCESS TO QUALITY EDUCATION, AND VOTING RIGHTS AND

SUPPRESSION. THIS PROGRAM WILL INCLUDE NON-PARTISAN VOTER EDUCATION

CAMPAIGNS.

EXPENSES \$ 95,381. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8A:

PER DELAWARE LAW, THE BOARD CONSISTED OF ONE VOTING DIRECTOR. AS SUCH, NO

BOARD MEETINGS WERE HELD DURING THE FISCAL YEAR ENDING JUNE 30, 2021.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE WERE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

Schedule O (Form 990 or 9	90-EZ) 2020					Page 2
Name of the organization	BLACK	LIVES	MATTER	GLOBAL	NETWORK	Employer identification number
	FOUND	ATION,	INC.			82-4862489

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

THE FORM 990 REVIEW PROCESS INCLUDES PROVIDING A FULL COPY TO THE THREE

CURRENT VOTING BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION USES ANNUAL STATEMENTS TO MONITOR THE POLICY AND

COMMUNICATES THAT SIGNERS MUST READ THE POLICY AND COMPLY. THEY ALSO

CONFIRM THEIR UNDERSTANDING THAT THE ORGANIZATION IS CHARITABLE AND IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

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

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION COMPLIES WITH THE REQUIREMENTS TO MAKE CERTAIN DOCUMENTS

AVAILABLE FOR PUBLIC INSPECTION.

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

THE ORGANIZATION PLANS TO MAKE ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 10:

BLMGNF WORKS WITH AND HAS MADE GRANTS TO SEVERAL BLACK LIVES MATTERS

ORGANIZATIONS. THESE ORGANIZATIONS ARE ALL STAND ALONE ENTITIES OR

Schedule O (Form 990 or 9	990-EZ) 2020				Page 2
Name of the organization	BLACK LIVES FOUNDATION,	MATTER INC.	GLOBAL	NETWORK	Employer identification number 82-4862489

FISCALLY SPONSORED BY OTHER CHARITABLE ORGANIZATIONS. AS SUCH, THERE

ARE NO WRITTEN POLICIES OR PROCEDURES FOR CONTROL OR SUPERVISION OF

THESE ORGANIZATIONS.

FORM 990, PART VII, SECTION A, LINE 1A:

THE FOUNDER & EXECUTIVE DIRECTOR SERVED AS AN UNPAID VOLUNTEER TO

BLMGNF.

FORM 990, PART VII, SECTION B, LINE 1:

DESCRIPTION OF SERVICES FOR BOWERS CONSULTING FIRM:

PROVIDED SERVICES INCLUDE: ADMINISTRATIVE SUPPORT, GENERAL CONSULTING,

STRATEGY, DESIGN, COMMUNICATIONS, DATA, DIGITAL, ADVOCACY, TRAINING,

MESSAGE DEVELOPMENT, COPYWRITING, EXECUTIVE COACHING AND SUPPORT, TV

AND DIGITAL PRODUCTION SUPPORT, CAMPAIGN AND PROGRAM MANAGEMENT,

PROJECT MANAGEMENT, FUNDRAISING, DEVELOPMENT SUPPORT, AND STAFF

MANAGEMENT UNDER THE DIRECTION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VIII LINE 3 AND PART X LINE 11:

AFTER A RIGOROUS PROCESS, BLMGNF SELECTED AN ADVISOR AND INVESTED

\$32,000,000 DURING THE MONTH ENDED JUNE 30, 2021.

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

CONSULTING:

PROGRAM SERVICE EXPENSES

1,020,815.

608,561.

418,725.

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

2,048,101.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization BLACK LIVES MATTER GLOBAL NETWORK	Page 2
FOUNDATION, INC.	82-4862489
SECURITY:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,383,048.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,383,048.
DESIGN & MEDIA:	
PROGRAM SERVICE EXPENSES	1,999,098.
MANAGEMENT AND GENERAL EXPENSES	10,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,009,098.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	1,730,616.
MANAGEMENT AND GENERAL EXPENSES	420,258.
FUNDRAISING EXPENSES	51,721.
TOTAL EXPENSES	2,202,595.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,926.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,926.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,648,768.

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships > Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. > Attach to Form 990. Department of the Treasury Internal Revenue Service > Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organizat	ion BLACK LIVES MA FOUNDATION, IN	TTER GLOBAL NETWORK				Employer identification number 82-4862489	
Part I Identificati	ion of Disregarded Entities. Complet	e if the organization answered "Yes" o	n Form 990, Part IV, line 33.				
	(a) Iress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asse	(f) Direct controlling entity	
DISREGARDED ENTIT	TY - 99-9999999						
UNDISCLOSED BUSIN		4					
LOS ANGELES, CA 91604		HOLD REAL ESTATE	DELAWARE	0.	5,923,81	1.BLMGNF	
		-					
		-					

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

(a) Name, address, and EIN of related organization		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
			501(c)(3))		Yes	No

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

Schedule R (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2020 FOUNDATION, INC.

82-4862489 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	(managing O		Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Vac	No	amount in box 20 of Schedule K-1 (Form 1065)	Vac	No	
		oound y)					103					
	•											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)		01 (1031)		833613			No

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. Schedule R (Form 990) 2020

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
<u>(5)</u>				
(6)				

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2020 FOUNDATION, INC.

82-4862489 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners si 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner? Yes No	(k) Percentage ownership
							110			

Schedule R (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Schedule R (Form 990) 2020 FOUN Part VII Supplemental Information

82-4862489 Page 5

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

SCHEDULE R, PART I:

THE IDENTIFYING INFORMATION OF THE DISREGARDED SINGLE MEMBER LLC ENTITY

IS NOT BEING RELEASED HERE DUE TO SAFETY AND SECURITY CONCERNS AND

THREATS TO BLMGNF'S LEADERSHIP, STAFF AND CREATORS.

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION PURCHASED PROPERTY TO

SERVE RECIPIENTS OF THE BLACK JOY CREATORS FELLOWSHIP. THE ORGANIZATION

REMAINS DEDICATED TO RADICAL BLACK PHILANTHROPY AND SUPPORT OF ARTISTS

WHO CONTRIBUTE THEIR TALENTS TO RAISING AWARENESS FOR THE MOVEMENT. THE

FELLOWSHIP PROVIDES RECORDING RESOURCES AND DEDICATED SPACE FOR BLACK

CREATIVES TO LAUNCH CONTENT ONLINE AND IN REAL LIFE FOCUSED ON

ABOLITION, HEALING JUSTICE, URBAN AGRICULTURE AND FOOD JUSTICE, POP

CULTURE, AND ACTIVISM.

EXHIBIT C

EXHIBIT C

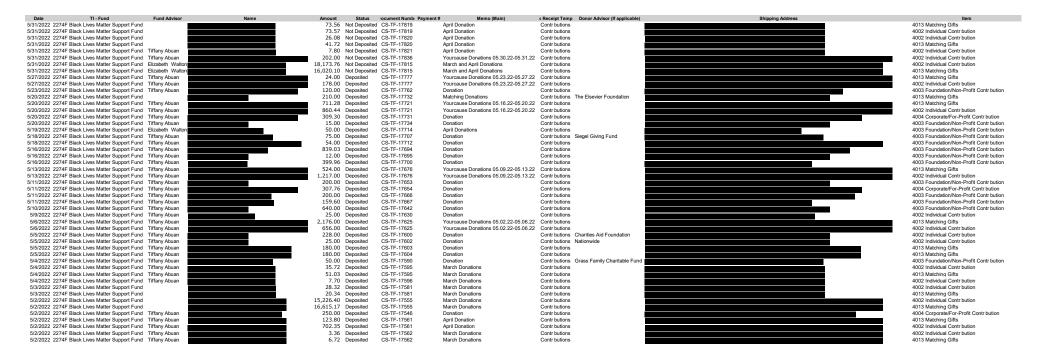


EXHIBIT D

EXHIBIT D



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Perspective by Tides

July 2, 2020

Tides Welcomes Black Lives Matter As A New Partner

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Tides welcomes Black Lives Matter as a new partner.

Tides Foundation has launched the Black Lives Matter Support Fund, which will support BLM's grantmaking activities. This unique partnership will further amplify the extraordinary, unparalleled successes of BLM's chapter-led, decentralized organizational model, while also allowing BLM to build the necessary infrastructure for sustainability.

BLM formalized its relationship with Tides Foundation, after BLM's prior fiscal sponsor, Thousand Currents, made the strategic decision to sunset fiscal sponsorships in order to focus on its core grantmaking work. BLM is creating impactful, historic social change, not only in the U.S. but throughout the world, and Tides is proud to be their partner.

EXHIBIT E

EXHIBIT E

How To Give It in 2020 - and beyond

HTSI Philanthropy

How To Give It in 2020

The full impact of Covid-19 on vulnerable communities is almost impossible to grasp. We shine a light on #howtogiveit and ways you can help

Claire Wrathall DECEMBER 7 2020

Unlock the Editor's Digest for free

Roula Khalaf, Editor of the FT, selects her favourite stories in this weekly newsletter.

Enter your email address

Sign up

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First, the good news. People are still giving to charity. Research funded by the <u>Gates Foundation</u> found that 56 per cent of US households gave to charity or volunteered in response to the pandemic, an increase of 12.6 per cent in the number of new donors during the first half of this year. In the UK, donations increased, totalling £5.4bn £800m more than during the same period in 2019. "That's a giving level that we would usually see around Christmas," says Caroline Mallan, head of external affairs at the <u>Charities Aid Foundation</u> (CAF), which commissioned the research from YouGov.

The bad news is it's not enough. Income from fundraising is significantly down, in part because lockdowns coincided with the peak season for galas, fêtes and sponsored sports events. In 2019 the latter raised £435m in the UK, with the 2019 London Marathon alone raising £66.4m. The 2020 marathon, where amateur athletes ran alone on their own routes over a wet weekend in October, raised just £16.1m.



Emily Yap photographed this young skateboarder in front of streetwear brand Supreme's take on the NHS logo "to show solidarity to the country's hard working accessible healthcare system" during the strict UK lockdown

To illustrate this story, How To Spend It collaborated with BA (Hons) Photography students at London South Bank University. The images featured are from the projects of the 2020 graduating class, which were undertaken during lockdown – hence the collective title. Home Work 2020. They are also published by Ottoby Press in an accompanying book. Special thanks to course director Daniel Alexander, lead tutors Simon Terrill and Dave Lewis. and the students involved. More of their work can be seen on Instagram, at @lsbu_photo

How To Give It in 2020

The lockdown closure of every charity shop Cancer Research UK's 600 shops typically raise more than £25m a year, says the charity's CEO, <u>Michelle Mitchell</u> – was another blow to income that charities are unlikely to recoup, however much decluttering went on.

But individuals are stepping up to make up at least some of the shortfall. "We have been advising people to think through their favourite charities and what they want still to be here when [the pandemic] passes," says Mark Greer, head of private clients at CAF. Not everything is likely to survive. "Charities don't hit the wall as fast as companies do, because they don't usually have much debt."

CAF's polling reveals that "roughly 10 per cent [of UK charities] say they've only got about six months to go, with as many as 25 per cent saying that without significant cash coming in from somewhere, they've only got a year". According to research by <u>Pro Bono Economics</u> in partnership with the <u>Chartered Institute of Fundraising</u> and the <u>Charity Finance Group</u>, 29 per cent of UK charities have already laid off staff, and one-third expect to do so. That amounts to about 60,000 job losses in a sector that employed 909,000 people in 2019 almost three per cent of the UK workforce.

CAF's advice to donors across the globe is to make unrestricted gifts rather than those that specify how the money should be used. Charities need funds for frontline work, but they also need to pay staff salaries and rent. "Core costs really matter," says Mallan. "You need to keep the lights on."

In terms of where to give, it's complex. But the areas on the following pages shine a light on some of the worst affected sectors, as well as those most in need. We have listed some of the larger organisations, but there are many smaller, specific charities that deserve support just as much.

Social Activism

2020 will also be remembered for the growth of the Black Lives Matter movement one of the few organisations whose messaging and fundraising efforts decisively broke through the Covid-19 roar. On 2 June, a day of collective action dubbed Blackout Tuesday, \$41m was raised in the US in just 24 hours.



Sophie Gibbons captured a moment of silence at a Black Lives Matter protest in June

But though BLM is a nonprofit, it is not a tax-exempt charity, and this has led to confusion. A similarity of name has led to donations being given to a small California-based nonprofit called the Black Lives Matter Foundation, an entity that strives to bring "the community and police closer together", but which is not affiliated with the better-known social justice movement.

The most **effective way** to donate to the Black Lives Matter Global Network Foundation Inc is via the <u>Tides Foundation</u>, a "philanthropic partner and nonprofit accelerator" that has set up the Black Lives Matter Support Fund to support BLM's "grantmaking activities".

In the UK it is possible to donate to an organisation calling itself <u>Black Lives Matter</u> <u>UK</u> via PayPal. It states that it operates as a "non-political, non-partisan, nonviolence social platform raising awareness of racism" and is not "affiliated with any political party or group in the UK or any other land". In September, activists of another organisation, UKBLM, which had raised £1.2m via GoFundMe, registered an organisation called Black Liberation Movement UK as a community benefit society, to which supporters will be able to donate and take advantage of the tax breaks allowable through Gift Aid. At the time of writing, a website in that name had not yet been launched.

There is a substantial number of similar charities. In November, to aid targeted giving, *New York Magazine* <u>posted a directory</u> of 174 US nonprofits that support black lives and communities of colour, ranging from victim, bail and memorial funds to police-reform organisations. The list also included youth and community groups and organisations such as the Black Career Women's Network, the Institute for the Development of African American Youth, and the National Black Child Development Institute. For those in search of advice on this sector, it's an invaluable resource.

Conservation and climate change

Covid has put organisations such as <u>Greenpeace</u> under increased pressure on issues from escalating plastic pollution – discarded PPE, retailers' insistence on wrapping goods that were previously sold unwrapped, and cafés' reluctance to fill reusable cups to the challenges of getting food and medical supplies safely to remote indigenous communities who would be at acute risk from the virus if it reached them.



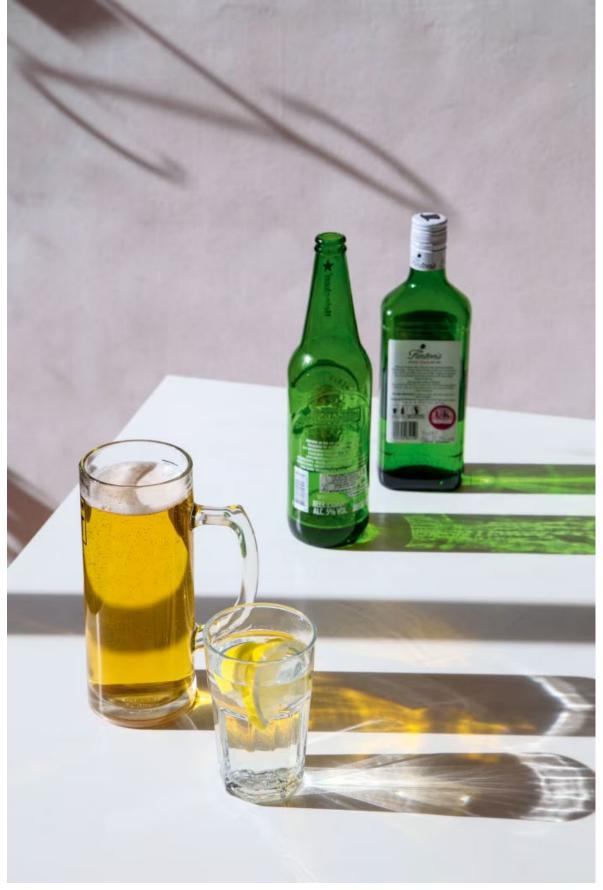
Gabrielle Avancini says: "The photographs I took during lockdown capture an isolated, almost idyllic moment in time. I began to understand the power of fantasy and escapism to allow us to endure"

But it has been a good year for raising eco-awareness. Research <u>published in July</u> by Ganga Shreedhar and Susana Mourato at the London School of Economics "found that the narrative linking human destruction of nature to Covid-19 increases support for conservation". The year began, of course, with the worst wildfires in living memory in Australia, followed by those in California. In addition, Andrew Terry, director of conservation and policy at the global conservation charity <u>ZSL</u>, points out that "in regions [such as Africa] where tourism revenues underpin funding for state agencies to protect wildlife, this income has gone, and teams are under huge pressure". Support from ZSL and other charities is a lifeline. "In Kenya, we continue to support the Kenya Wildlife Service in rhino monitoring," says Terry as an example.

ZSL stands to lose more than £20m this financial year. Its London and Whipsnade zoos, which raise vital funds for worldwide conservation, were closed to visitors for both lockdowns, but their costs – the animals still needed to be cared for – run to £2.3m a month. It's a similar story across the globe, and especially for charities that rely on visitor income. From the five zoos and aquariums operated by <u>WCS</u> in New York to the <u>National Park Foundation</u>, the non-profit that supports the US's national parks, it feels especially brutal as the need to connect with nature and open spaces is more acute than ever.

Food poverty

Food poverty afflicts people the world over, even in more affluent nations, and as in so many areas, Covid-19 has deepened the crisis. "There are more and more younger people who cry with relief because they can get something to eat and refill their fridge," said Jochen Brühl, chairman of <u>Tafel Deutschland</u>, Germany's food bank umbrella group. Despite greater need this year, the organisation witnessed the closure of more than 400 of its 950 banks partially because they could not find sufficient volunteers since many people had to shield. "Even though the federal government has initiated quick and unbureaucratic help," he added, "some people are in dire straits."



Sophie Gibbons' project The Essentials focused on how we define our essential items in lockdown

In the UK, food poverty has moved to the front of the social and political agenda in large part thanks to Marcus Rashford. In March, the Manchester United and England forward became an ambassador for <u>FareShare</u>, the UK's longest-running food redistribution charity that feeds more than 930,000 people each week, two-thirds of whom are children and vulnerable families.

"Marcus Rashford's campaign really put food poverty in people's minds, and we've seen a lot of people giving to food banks," says CAF's Mark Greer of Rashford's efforts. "He's a really powerful messenger, and people have thought about these issues in ways that they perhaps hadn't before. To hear a very wealthy young man talk in such stark terms about his own upbringing and how they didn't have enough food to put on the table has made a huge difference."

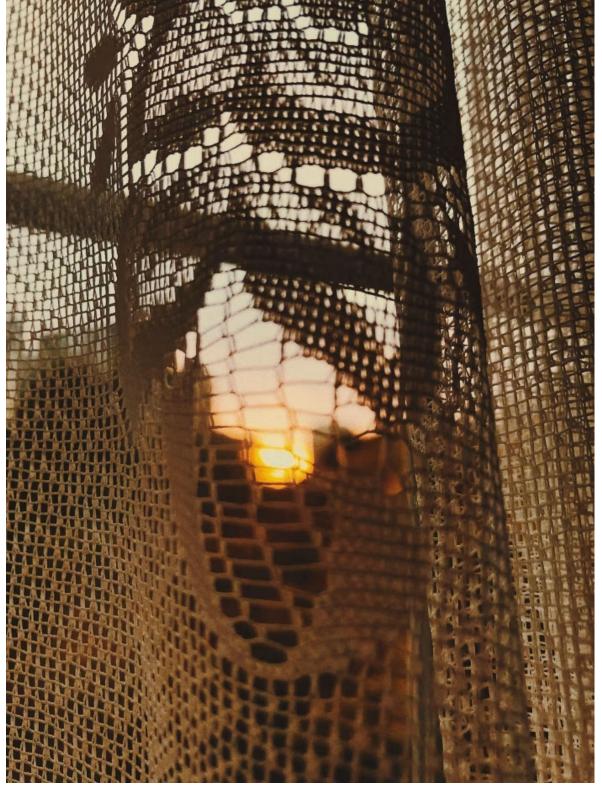
Rashford has not only raised awareness of child hunger but has also helped to drive a fundraising initiative that paid for more than 4.2m meals for children and families who might otherwise have gone hungry. He has also launched the Child Food Poverty Taskforce, a group of around 12 organisations, including Aldi, Deliveroo, Kellogg's and Tesco, to support the UK government's National Food Strategy. Other UK organisations tackling food shortages include <u>The Felix Project</u> and <u>The Trussell Trust</u>.

In the US, Amazon CEO Jeff Bezos pledged to donate \$100m to <u>Feeding America</u>, a Chicago-based nonprofit that has 200 food banks across the United States, and which launched the Covid-19 Response Fund, a national food and fundraising effort to support national food banks. "Even in ordinary times, food insecurity in American households is an important problem, and unfortunately Covid-19 is amplifying that stress," Bezos <u>said on Instagram</u>.

But the huge uptick in demand for food banks came in parallel with restrictions on grocery shopping and limitations on the handling of food. As a result, food banks across the world – from <u>Banques Alimentaires</u>, which supports more than 2m people in France, to the US's <u>All Faiths Food Bank</u> – have had to pivot from accepting food donations towards taking them in cash.

Mental health

"There has never been a year like 2020," said Ruth Sutherland, former chief executive of the suicide-prevention and mental-health charity <u>Samaritans</u>, which she left in November. "As soon as the crisis began, the calls I answered began to change.

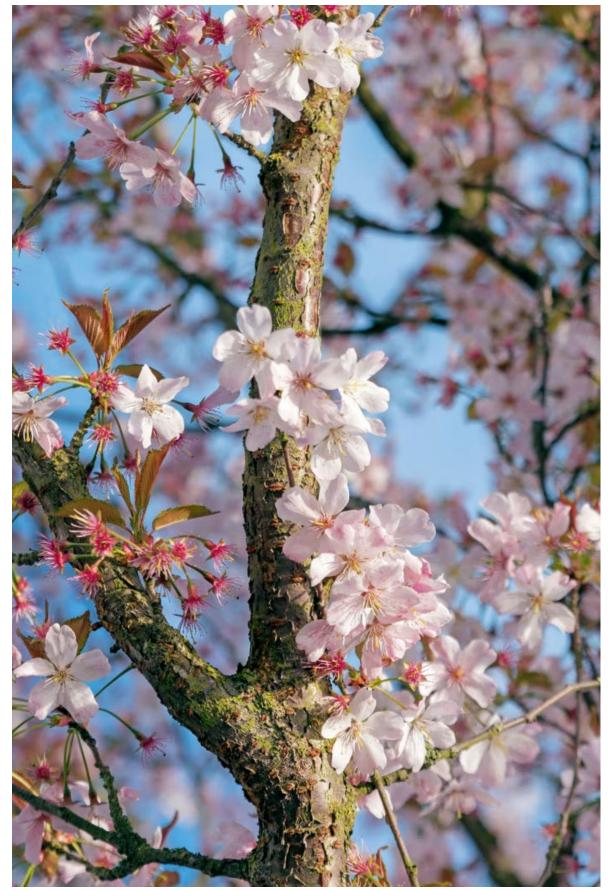


Dominik Pasulka says of his poetic shot: "Sometimes you can't find your switch-off button. I just want people to chill out a bit, take a second to sit down, maybe watch the sunset. Just remember to take care of yourself"

"For lots of people, coronavirus has magnified the pain and distress they were already experiencing. People with terminal illnesses, desperate to make the most of every minute, [were] instead spending the final months of their lives scared and alone at home. People in abusive relationships were trapped and terrified, living in constant fear of their partners."

"More people have experienced a mental health crisis during the pandemic than ever previously recorded," echoed the charity <u>Mind</u>, after recent data analysis.

During the first 12 weeks of lockdown, Samaritans took half a million calls and emails. One in four specifically mentioned Covid-19 as a factor in their distress. Hence the emergency appeal Samaritans has launched that will allow it to invest in new systems, software and processes, enabling its volunteers to take more calls and to recruit and train more volunteer listeners.



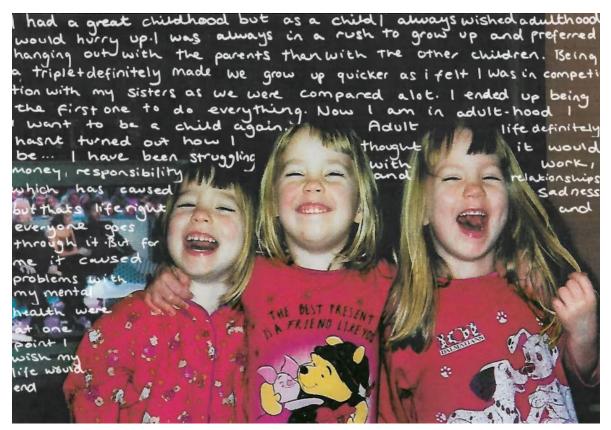
Davinia Diaz is drawn to nature and particularly flowers as her work attempts to find the magic in life (below). "I am attracted to photography because it forces me to be present, to slow down, to relish what life brings me," she says

In the US, the <u>National Institute for Mental Health</u> calculates that, even before the pandemic, "nearly one in five US adults lived with a mental illness" and "with the havoc caused by the pandemic and the impending impact on economies, social structures and health systems, a global mental health crisis is arising".

And it's not just the psychological effects of lockdown that should worry us. The National Institute for Health Research, the largest national clinical research funder in Europe, found that almost 20 per cent of those recovering from Covid will develop a condition such as anxiety, depression or insomnia. The Institute's Dr Max Taquet noted in November: "Having a psychiatric disorder should be added to the list of risk factors for Covid-19," and warned that the development "urgently needs investigation".

Children

According to <u>Save the Children</u>, "around 99 per cent of the world's children have been impacted by disruptions such as school closures, stretched health systems, lost livelihoods and restricted access to nutritious food".



Jenny Duque's project I Never Thought Life Would Be So Shit explores her subjects' experiences of childhood and what they imagined adult life would be like

<u>Unicef's Children In Lockdown</u> report calculated that in the UK alone this school year, 700m days of education could be lost, which particularly affects pupils from less privileged backgrounds even in the developed world. The US Census Bureau calculates that 4.4m households had no consistent access to education during the pandemic, many of them because they had no way to access online learning.

But <u>Plan International</u>'s *Halting Lives* report found that Covid has particularly affected girls and young women. "The message from the [7,000] girls surveyed [in 14 countries from Brazil, Ecuador and Ethiopia to Vietnam and Zambia] was bleak. There were tensions at home, they felt lonely, they missed their schools and colleges. The opportunities so hard fought for are disappearing." Added to this, as UN secretary-general <u>António Guterres</u> pointed out in April, there was "a horrifying global surge in domestic violence". In Peru, 606 girls and 309 women were reported missing between the start of its lockdown on 16 March and 30 June.





Fae Morgan allowed people to draw and write on her work for Ghosts of Playful Futility, above. She says: "The art of drawing over a printed photograph gives the image a whole new feeling"

Calls to the NSPCC's helpline <u>Childline</u> about domestic abuse on children increased by 32 per cent, to an average of one an hour, during the UK lockdown. In May it received the highest number it had ever recorded.

Organisations that support children and young people "have a crucial role to play in supporting the most vulnerable, who always suffer most at times of crisis", says Javed Khan, chief executive of <u>Barnardo's</u>, the UK's largest such charity. He is expecting a loss of about £50m this financial year.

The arts

Though visual artists have continued to work, with galleries and museums closed, exhibitions cancelled and the commercial art world slowed, they are struggling. In the US, this has seen the establishment of <u>Artist Relief</u>, a coalition of arts grantmakers funded by 60 philanthropic bodies. These include eminent family foundations such as Andrew W Mellon and Pritzker Pucker, along with a handful of trusts established by superstar artists' estates, including those of <u>Andy Warhol</u>, <u>Helen Frankenthaler</u>, Mike Kelley, Willem de Kooning, Joan Mitchell and Robert Rauschenberg.



Gennaro Maffettone's project is an intimate series documenting drag queens both on and off the stage that aims to dispel stereotypical representations of drag culture

By September, the fund had made grants totalling \$13.5m to 2,700 distressed arts practitioners across all disciplines performers, poets and filmmakers since the start of the pandemic. And yet the number of people who have been helped is out of an estimated 2.5m artists in the US.

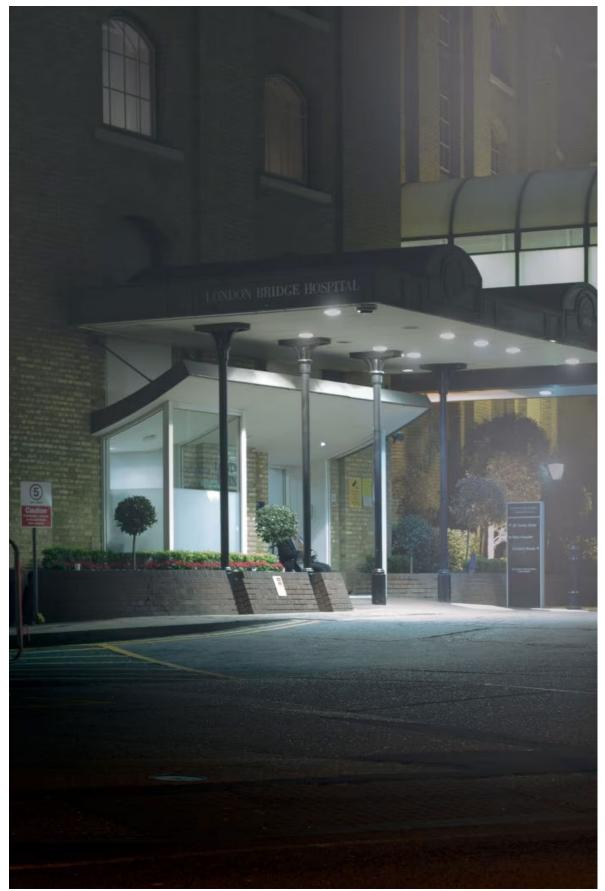
In the performing arts, with theatres and concert halls closed or subject to Covidsafety orders that reduce their capacity to less than half, these cultural institutions remain financially stricken. So too do performers, most of whom cannot find work. As the charity <u>Help Musicians</u> has found, 96 per cent of professional musicians in the UK have lost "the majority of their income" and 80 per cent are facing financial distress. Live, the umbrella organisation that represents the live music industry, estimates that 170,000 musicians in the UK will have given up on the profession by the end of the year.

In July, the director Sam Mendes set up the <u>Theatre Artists Fund</u> to provide emergency grants to theatre workers, using a donation of his own to leverage £500,000 from Netflix, because where would it be without actors? Michaela Coel, Benedict Cumberbatch, Es Devlin, Ralph Fiennes, Armando Iannucci, Peter Morgan, Steven Spielberg and Imelda Staunton were among other high-profile donors, not to mention members of the public, and £3.5m was raised within two months. Donations continue to be welcomed.

Even those who aren't regular theatre or opera goers are being moved to help: 48 per cent of donations to the Royal Opera House's <u>Recovery Campaign</u> came from people who have never bought a ticket, but many new donors had enjoyed the archive performances it streamed during lockdown. Bravo.

Medical research

When Cancer Research UK's work was paused by the closure of workplaces, the charity stepped up, donating what Iain Foulkes, its executive director of research and innovation, called "much needed kit and machinery" to hospitals, and seconding staff to the national testing labs to help scale up testing capacity. "Some of our scientists repurposed their labs for Covid testing," he says, "while others volunteered in testing centres. Researchers used their skills to contribute to the nationwide effort to control the epidemic." But in July, the charity announced that as many as a quarter of its workforce – about 500 jobs – would have to go.



George Morris focused on the way the pandemic showed that the future can be radically changed at any moment. He says: "London is a city of nine million people, but within a week the streets had emptied... It had become a ghost town"

The organisation, which is the world's largest independent cancer research charity, is anticipating a decline in its income of £160m this financial year and £300m over three years as a direct result of the pandemic. "We have had no choice but to scale down our work," says the charity's chief executive Michelle Mitchell. "Currently we spend about £400m a year on research, but without further support we will need to make major cuts, potentially spending £150m less per year by 2024 than we'd planned."

The shrinking of Cancer Research UK's finances will be felt by other charities too. The <u>Institute of Cancer Research</u>, for example, one of the world's leading research facilities, received 39 per cent of its research grant income last year from Cancer Research UK.

In the UK, much giving to medical research has been diverted to the 240 members of <u>NHS Charities Together</u>, which "represents, supports and champions" the NHS – a public service, not a charity – and promotes the "effective working of NHS charities in the UK". Deserving, certainly, but perhaps not at the expense of the organisations that directly support medical research, which the hospitals sector has superseded in terms of popularity.

"The cuts will have a devastating impact on the global cancer research landscape," says Mitchell. Even so, she adds: "We are still making advances."

Clinical trials have continued and a landmark partnership "to pursue answers to some of cancer's toughest questions at scale", <u>Cancer Grand Challenges</u>, has just been launched with the <u>US National Cancer Institute</u>, which grants outstanding multidisciplinary research teams across the globe up to \$25m over five years. "Cancer does not stop for a pandemic," says Mitchell. "And our mission to save lives through research remains unchanged."

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EXHIBIT F

EXHIBIT F

* *	PUBLIC	DISCLOSURE	COPY	* *
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EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

	partment of the Treasury ernal Revenue Service
Α	For the 2020 ca

CN

Form **990**

Check if applicable:

В

,			mormation	
calenda	ar year, or tax year beginning	and ending		
ame of	organization		D Employer identification	on number
יםתדי	C CENTER			

	Addre	TIDES CENTER				
	Name			94-32131	00	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final	P O BOX 29907		(415) 56	1-6300	
	termi ated			G Gross receipts \$ 268,872,323.		
	Amer returr	ded CAN EDANCICCO CA 0/120 0007		H(a) Is this a group re		
	Appli dion	F Name and address of principal officer: UANIECE EVAND-PAGE		for subordinates	?	
	pend	SAME AS C ABOVE		H(b) Are all subordinates included? Hes No		
ΙТ	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions	
J۷	Vebsi	ite: ▶ WWW.TIDES.ORG		H(c) Group exemptio	n number 🕨	
KF	orm o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1994	A State of legal domicile: CA	
Pa	rt I	Summary				
•	1	Briefly describe the organization's mission or most significant activities:	S CENT	ER ACCELERA	TES THE	
Governance		PACE OF SOCIAL CHANGE, WORKING WITH INNOV	ATIVE	PARTNERS TO	SOLVE	
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.	
ove	3			3	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6	
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			993	
vitie	6	Total number of volunteers (estimate if necessary)			500	
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			17,500.	
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		12,375.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)	<u>1</u>	71,030,552.	250,357,792.	
Revenue	9	Program service revenue (Part VIII, line 2g)		27,737,842.	16,152,763.	
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,188,364.	2,344,268.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-541,667.	-108,146.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		00,415,091.	268,746,677.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,507,079.	60,377,711.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		77,626,185.	84,742,131.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		122,767.	29,578.	
xpe		Total fundraising expenses (Part IX, column (D), line 25)				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,277,026.	52,309,940.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	55,533,057.	197,459,360.	
	19	Revenue less expenses. Subtract line 18 from line 12		44,882,034.	71,287,317.	
s or				ginning of Current Year	End of Year	
Assets 1 Balanc	20	Total assets (Part X, line 16)	1	66,214,850.	240,098,427.	
t As	21	Total liabilities (Part X, line 26)		16,804,088.	17,286,894.	
E ^{RC}	22	Net assets or fund balances. Subtract line 21 from line 20	1	49,410,762.	222,811,533.	
Pa	rt II	Signature Block				

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

Sign Here	Signature of officer HOLDEN LEE, CFO/TREASURER Type or print name and title	Date					
Paid Preparer	Print/Type preparer's name Preparen's signature Date JESSICA KARANTONIS 11/8/2 Firm's name DELOITTE TAX LLP	021 ^{Check} PTIN ^{if} self-employed P00969387 Firm's EIN ▶ 86-1065772					
Use Only	Firm's address ► 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626	Phone no. (714) 736-7100					
	May the IRS discuss this return with the preparer shown above? See instructions X Yes No 032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						
		NTINUATION					

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Form	00	UO

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Tides Center	Taxpayer identification number (TIN) 94-3213100	
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 29907		
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Francisco, CA 94129-0907		

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of
Judith Hill, CFO (1014 Torney Avenue, San Francisco, CA 94129

Telephone No. 🕨	(415) 561-6400	Fax No. ►	
 If the organization 	does not have an office or	place of business in the United States, check this box	
 If this is for a Grou 	p Return, enter the organiz	ation's four digit Group Exemption Number (GEN)	If this is
for the whole group,	check this box	\blacktriangleright \Box . If it is for part of the group, check this box $\ .$ $\ .$. 🕨 🗌 and attach
a list with the names	and TINs of all members t	he extension is for.	

1 I request an automatic 6-month extension of time until <u>November 15</u>, 20 <u>21</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► 🗙 calendar year 20 _20_ or

tax year beginning	, 20	, and ending		20	•
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2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$0
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990 (2020) TIDES CENTER 94-3213100 Page 2
Pa	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TIDES CENTER ACCELERATES THE PACE OF SOCIAL CHANGE, WORKING WITH
	INNOVATIVE PARTNERS TO SOLVE SOCIETY'S TOUGHEST PROBLEMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	Code: (Expenses \$ 64,268,701. including grants of \$ 23,351,883.) (Revenue \$ 6,253,668.)
	EQUITY: WITHIN OUR LARGEST AREA OF IMPACT, TIDES CENTER PROJECTS WORK
	MULTILATERALLY TO CREATE MORE EQUAL OPPORTUNITY AND EQUITABLE TREATMENT
	FOR ALL. PROJECTS FOCUS ON ETHNIC AND RACIAL EQUITY, ECONOMIC
	OPPORTUNITY, HUMAN RIGHTS POLICIES, REPRODUCTIVE JUSTICE, REFUGEE AID,
	AND INCREASED CIVIC ENGAGEMENT. SEVERAL PROGRAMS WORKED TO END
	HOMELESSNESS BY PROVIDING TRANSITIONAL HOUSING AND SOCIAL SERVICES.
	OTHERS ADVOCATED FOR ISSUES SUCH AS THE SOCIAL AND ECONOMIC EMPOWERMENT
	OF WOMEN AND GIRLS, ACCESS TO QUALITY HEALTH CARE, AND CRIMINAL JUSTICE
	REFORM.
4b	Code:)(Expenses \$ 99,029,101. including grants of \$ 36,020,097.)(Revenue \$ 9,630,206.) EDUCATION: IN 2020, TIDES CENTER PROJECTS ENRICHED THE EDUCATION OF
	YOUTH AND ADULTS LIVING IN LOCAL, UNDER-SERVED COMMUNITIES, FOCUSING ON
	AREAS SUCH AS LEADERSHIP DEVELOPMENT, ARTS EDUCATION, HEALTH AND
	NUTRITION, FAMILY SELF-SUFFICIENCY, AND STEM. INTERNATIONALLY, TIDES
	CENTER PROJECTS PROVIDED TRAINING IN PUBLIC HEALTH PRACTICES FOR
	HEALTHCARE PROVIDERS AND IN EFFECTIVE CONDOM USAGE TO PREVENT THE
	SPREAD OF HIV/AIDS. OTHER TIDES CENTER PROJECTS INSTITUTED A VARIETY OF
	PROGRAMS THAT RANGED FROM EDUCATING MEN TO ADVOCATING AGAINST DOMESTIC
	VIOLENCE, TO SUPPORTING QUALIFIED CANDIDATES SEARCHING FOR CAREERS IN
	HIGHER EDUCATION, TO EXPLORING THE INTERSECTION OF THE ARTS AND SOCIAL
	JUSTICE.
4c	Code:) (Expenses \$2,765,029. including grants of \$1,005,731.) (Revenue \$268,889.)
	ENVIRONMENT: IN 2020, TIDES CENTER PROJECTS WORKED IN THE AREAS OF
	ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE, AND SUSTAINABLE
	AGRICULTURE PRACTICES. PROGRAMS WORKED AT THE LOCAL LEVEL TO ADDRESS
	ENVIRONMENTAL ISSUES FACING LOW-INCOME, MARGINALIZED COMMUNITIES, AS
	WELL AS THE NATIONAL AND INTERNATIONAL LEVELS TO SPEARHEAD CAMPAIGNS
	FOR THE PRESERVATION OF OUR NATURAL ENVIRONMENT AND ANIMAL WELFARE.
	TIDES CENTER PROJECTS ADVOCATED FOR A MORE JUST, CLEAN, AND SUSTAINABLE
	NORLD FROM A VARIETY OF PERSPECTIVES, FROM REDUCING ENVIRONMENTAL MERCURY EXPOSURE TO DEVELOPING REGIONAL FOOD SYSTEMS AND ENHANCING FOOD
	SECURITY TO SUPPORTING THE FARM TO SCHOOL FOOD MOVEMENT.
	SECULIT TO DUITORITING THE FRAM TO DUITOUD FOOD MOVEMENT.

4d	Other program services (Describe on Schedule O.)				
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses 🕨	166,062,831.			
				Form 990 (2020)	

032002 12-23-20

Form	aan	(2020)
FUIIII	990	(2020)

Form 990 (2020) TIDES CENTER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
, N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	- 23
-	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 23	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
IZa		10-		х
h	Schedule D, Parts XI and XII	<u>12a</u>		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		- 12	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%	х	
1 E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	~~	<u> </u>
15		45	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	v	
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	(0000)
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules (continued)

	checkiet of hoquired concurred (continued)		Vac	Ne
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
25.0	Part V, line 1	34 35a	~	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		- 23
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1256		Yes	No
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a1256Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
032004	12-23-20	Form	990	(2020)

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Form	<u>990 (2020)</u> TIDES CENTER 94-3213	100	Р	age 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 993			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	┝──
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u></u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>x</u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N/	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	IN /	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		
0		•		
9	Sponsoring organizations maintaining donor advised funds.	00		
a h	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <u>N/A</u> Section 501(c)(7) organizations. Enter:	อม		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders N/A			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
2	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Par		3100		age
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	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			X
ec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	
Da	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the experimetion regularly and consistently meniter and enforce compliance with the policy?	120		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
	in Schedule O how this was done	120 12c	x	
_			Х	
3	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12c	37	
3 4	in Schedule O how this was done	12c 13	Х	
3 1	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12c 13	X X	
3 4 5	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12c 13	X X X	
3 4 5 a	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	12c 13 14	X X	
3 4 5 a	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	12c 13 14 15a	X X X	
3 4 5 a b	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12c 13 14 15a	X X X	
3 4 5 a b	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	12c 13 14 15a	X X X	x
3 4 5 b 6a	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12c 13 14 15a 15b	X X X	x
3 4 5 b 6a	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12c 13 14 15a 15b	X X X	x
3 4 5 b 6a	 in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 	12c 13 14 15a 15b	X X X	x
3 4 5 b 6a b	 in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 	12c 13 14 15a 15b 16a	X X X	x
3 4 5 6a b <u>ec</u>	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12c 13 14 15a 15b 16a 16b	X X X X	
3 4 5 6a b <u>ec</u> t	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure	12c 13 14 15a 15b 16a 16b	X X X X	, MI
3 4 5 6a b <u>ec</u>	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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	12c 13 14 15a 15b 16a 16b	X X X X	, MI
3 4 5 6a b <u>6</u> 2	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, FL, GA, HI, JL, KS, KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b 16a 16b	X X X X	, MI
3 4 5 6a b 6 a 7 8	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, FL, GA, HI, JL, KS, KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b 16a 16a	X X X X	, MI
3 4 5 6 6 6 8 6 7	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)	12c 13 14 15a 15b 16a 16a	X X X X	, MI
3 4 5 6a b 6 a 7 8	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b 16a 16a	X X X X	, MI
3 4 5 6a b 6 a 7 8	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b 16a 16a	X X X X	, MI
3 4 5 6a b 6a 7 8	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	12c 13 14 15a 15b 16a 16a	X X X X	, MI
3 4 5 6 6 8 9 0	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b 16a 16b	X X X X	, MI

94-3213100 Page 6

131

Form 990 (2020)	TIDES CENTER	94-3213100 Page
Part VII Comp	pensation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated
Emplo	oyees, and Independent Contractors	
Check	if Schedule O contains a response or note to any line in this Part VII	
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees
1a Complete this ta	able for all persons required to be listed. Report compensation for the	e calendar year ending with or within the organization's tax year

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person i		rson is	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		organization and related
	below	ndividual trustee or director	nstitutional trustee	_	nploy	st cor	ar			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH HILL	16.00									
TREASURER/CFO	34.00			Х				0.	602,954.	58,860.
(2) TUTI SCOTT	16.00									
INTERIM CEO	34.00			Х				0.	447,467.	74,816.
(3) MARK SMOLINSKI	40.00									
PRESIDENT - ENDING PANDEMICS	0.00					Х		329,878.	0.	63,371.
(4) CATHERINE LENORE ANDERSON	40.00									
PRESIDENT - ASJ/CSJ	0.00					Х		321,731.	0.	66,331.
(5) TOMIQUIA MOSS	40.00									
FOUNDER, ALL HOME	0.00					х		347,396.	0.	32,614.
(6) KELLY FITZSIMMONS	40.00									
FNDER/MAN DIR - PROJ EVIDENT	0.00					х		306,777.	0.	52,287.
(7) TALIA MILGROM-ELCOTT	40.00							000 500	•	CO 01 -
EXEC DIR, STARFISH INSTITUTE	0.00					X		280,500.	0.	60,215.
(8) SUNEELA JAIN	16.00							0	266 420	
SECRETARY/CHIEF LEGAL & ETHICS OFFIC	34.00			Х				0.	266,420.	54,155.
(9) MICHAEL MOSBY	16.00			v				0	222 20	E2 070
INTERIM COO	34.00			Х				0.	222,286.	53,870.
(10) KRISS DEIGLMEIER	0.00						х	0.	272 502	0
ADVISOR TO THE CEO THROUGH 12/19 (11) JENNIFER MARIE LANDIG	16.00						Δ	0.	272,592.	0.
ASSISTANT SEC./CHIEF OF STAFF	34.00			х				0.	143,439.	35,712.
(12) MICHAEL FERNANDEZ	2.00			Δ				0.	143,439.	55,712.
(12) MICHAEL FERNANDEZ CHAIR	2.00	x		х				0.	0.	0.
(13) CHERYL D. ALSTON	2.00	^		Δ				0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(14) EDWARD G. LLOYD	2.00								0.	
DIRECTOR		х						0.	0.	0.
(15) JACOB WELDON	2.00									
DIRECTOR/ADVISOR	2.00	x						0.	0.	0.
(16) MARC DIAZ	2.00									
DIRECTOR (FROM 11/2020)	2.00	x						0.	0.	0.
(17) PETER MELLEN	2.00								-	
DIRECTOR THROUGH 11/2020	2.00	x						0.	0.	0.
032007 12 23 20		•								Form 990 (2020)

032007 12-23-20

Form 990 (2020)

8

Form 990 (2020) TIDES CEN	ITER								94-32	131	.00	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	es,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both ar officer and a director/trustee						(D) Reportable compensation from	(E) Reportable compensatior from related	ı	Esti amo	(F) mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensation m the nization related nizations
(18) SUZANNE NOSSELL	2.00	37						0				
DIRECTOR	2.00	Х						0.		0.		0.
(19) JASON WINGARD DIRECTOR	2.00 2.00	x						0.		0.		0.
										+		
										+		
										+		
								1 506 202	1 055 15			0.01
1b Subtotal								1,586,282.	1,955,15	0.	552	<u>,231.</u> 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								1,586,282.	1,955,15		552	,231.
2 Total number of individuals (including but no compensation from the organization ►							o re			<u> </u>		169
											`	res No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,	,		•		,			5		3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	nsat	tion	and	oth	ner compensation from t	he organization		4	x
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fro	om a	any	unre	late	ed organization or individ	dual for services			x
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ch r	bers	on .				I	5	
 Complete this table for your five highest con the organization. Report compensation for t 	-	-								ensati	on fron	n
(A) Name and business				<u> </u>				(B) Description of s		Cc	(C) mpens	
RESOURCE MEDIA, 9450 SW G 59115, BEAVERTON, OR 9700	8							CONSULTING S	ERVICES		928	,350.
DISCOVERY EDUCATION, INC. STREET, SUITE 700, CHARLO	-				SS			CONSULTING S	ERVICES		622	<u>,875.</u>
EMERGENCE CREATIVE INC. 1725 YORK AVENUE, #18B, N HOME FRONT COMMUNICATIONS						28		CONSULTING S	ERVICES		493	<u>,649.</u>
YORK AVE NW SUITE 900, WA RED DIRT PRODUCTIONS LLC	-							CONSULTING S	ERVICES		488	,700.
422 W 20TH ST. APT 5EF, N								CONSULTING S			380	,100.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	nited	to t	thos 58		ed	above) who received m	ore than			

032008 12-23-20

Form **990** (2020)

		Check if Schedule O	50112		130		(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 5
S	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Ĕ	с	Fundraising events		1c		543,006.				
ar A		Related organizations				9,078,503.				
and Other Similar Amounts		Government grants (contr				18,412,187.				
2	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	/e 1f		222,324,096.				
D D	g	Noncash contributions included in	lines 1	a-1f 1g \$		3,302,759.				
ano	h	Total. Add lines 1a-1f					250,357,792.			
						Business Code				
	2 a	CONTRACT FEES				541900	5,163,955.	5,163,955.		
0	b	GOVERNMENT CONTRACTS	S			541900	5,136,921.	5,136,921.		
nue	с	MEMBERSHIP REVENUE				900099	2,502,403.	2,502,403.		
eve	d	RENTAL INCOME - NP (ORGS			531120	2,136,468.	2,136,468.		
ř	е	CONFERENCE/EVENT REV	VENU	E		900099	654,809.	654,809.		
Program Service Revenue	f	All other program service	rever	nue		900099	558,207.	558,207.		
						►	16,152,763.			
	3	Investment income (includ	ding o	dividends, ir	itere	st, and				
		other similar amounts)	-				2,344,268.			2,344,2
	4	Income from investment of								
	5	Royalties	. <u></u>			►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss))			►				
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	с	Gain or (loss)	7c							
	d	Net gain or (loss)			. <u></u>	►				
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$	543,	006. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	0.				
	b	Less: direct expenses			8b	125,646.				
	с	Net income or (loss) from	fund	raising even	ts	🕨	-125,646.			-125,6
	9 a	Gross income from gamin	g ac	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ing activities		►				
	10 a	Gross sales of inventory, I	ess r	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of inventor	у	►				
						Business Code				
ص	11 a	CONSULTING				541611	17,500.		17,500.	
nuë	b									
eve	с									
Kevenue	d	All other revenue								
		Total. Add lines 11a-11d				>	17,500.			
	12	Total revenue. See instruction	ne				268,746,677.	16,152,763.	17,500.	2,218,6

032009 12-23-20

Form **990** (2020)

Form 990 (2020) TIDES CENTER
Part VIII Statement of Revenue

Form 990 (2020) TIDES CENTER
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations	must complete all columns All	l other organizations must complete column (A).
Section 501(c)(5) and 501(c)(4) organizations	must complete all columns. All	other organizations must complete column (A).

	Check if Schedule O contains a respor	se or note to any line in	this Part IX		X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	57,688,480.	57,688,480.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	1,153,567.	1,153,567.		
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,535,664.	1,535,664.		
4	Benefits paid to or for members	, ,	, ,		
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	percent described in section $40E0(a)(2)(D)$				
7	Other salaries and wages	68,196,810.	48,385,839.	9,501,903.	10,309,068.
7	-	00,190,010.	40,505,055.	5,501,505.	10,505,000
8	Pension plan accruals and contributions (include	2,349,742.	1,667,149.	327,391.	355,202.
~	section 401(k) and 403(b) employer contributions)	8,990,834.	6,379,024.	1,252,698.	1,359,112.
9	Other employee benefits	5,204,745.	3,692,782.	725,180.	786,783
10	Payroll taxes	5,204,745.	3,094,104.	125,100.	100,103
11	Fees for services (nonemployees):				
	Management	400 270		400 270	
	Legal	492,378.		492,378.	
	Accounting	148,970.		148,970.	
	Lobbying	670,532.	670,532.		
е	Professional fundraising services. See Part IV, line 17	29,578.			29,578.
f	Investment management fees	90,555.		90,555.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	27,776,900.	27,725,029.		51,871. 26,537.
12	Advertising and promotion	3,243,776.			26,537.
13	Office expenses	2,176,562.	2,176,562.		
14	Information technology	1,206,181.	1,197,040.		9,141.
15	Royalties				
16	Occupancy	4,926,043.	4,924,264.		1,779.
17	Travel	1,279,267.	1,278,997.		270.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,757,672.	1,750,036.		7,636.
20	Interest	989.	989.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,649.	67,649.		
23	Insurance	796,664.	796,664.		
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		5,585,846.		5,585,846.	
b	BANKING FEES	502,950.	502,950.	.,,	
, ,	LICENSES	250,307.	248,697.		1,610.
d d	BOARD EXPENSES	12,841.	,	12,841.	_,010
	All other expenses	1,323,858.	1,003,678.		320,180.
		197,459,360.		18,137,762.	13,258,767.
25 26	i v v	,,,,_0U•	100,002,001.	10,137,102.	13,230,101
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020

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		Check if Schedule O contains a response or note to any	line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		3,499,917.	1	1,231,922.
	2	Savings and temporary cash investments		34,570,730.	2	73,830,879.
	3	Pledges and grants receivable, net		32,895,382.	3	54,524,559.
	4	Accounts receivable, net		1,581,908.	4	2,601,743.
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial co				
		controlled entity or family member of any of these persor	าร		5	
	6	Loans and other receivables from other disqualified perso	ons (as defined			
		under section 4958(f)(1)), and persons described in section	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		761,617.	9	475,020.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	3,538,886.			
	b	Less: accumulated depreciation 10b	1,902,422.	1,576,677.		1,636,464.
	11	Investments - publicly traded securities		88,917,426.	11	103,841,053.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	0.411.100	14	1 050 808	
	15	Other assets. See Part IV, line 11	2,411,193.	15	1,956,787.	
	16	Total assets. Add lines 1 through 15 (must equal line 33		166,214,850.	16	240,098,427.
	17	Accounts payable and accrued expenses		10,117,591.	17	9,272,808.
	18	Grants payable		1,771,444.	18	293,476. 248,278.
	19	Deferred revenue		231,200.	19	248,278.
	20	Tax-exempt bond liabilities		246,859.	20	158,077.
	21	Escrow or custodial account liability. Complete Part IV of		240,059.	21	150,077.
ies	22	Loans and other payables to any current or former officer				
Liabilities		trustee, key employee, creator or founder, substantial co			22	
Lial	22	controlled entity or family member of any of these person Secured mortgages and notes payable to unrelated third			22	
	23 24	Unsecured notes and loans payable to unrelated third pa			23 24	
	25	Other liabilities (including federal income tax, payables to			27	
	20	parties, and other liabilities not included on lines 17-24).				
		- Colorada la D		4,436,994.	25	7,314,255.
	26	Total liabilities. Add lines 17 through 25		16,804,088.	26	17,286,894.
		Organizations that follow FASB ASC 958, check here				
ses		and complete lines 27, 28, 32, and 33.				
anc	27			64,273,863.	27	96,764,529.
Bal	28	Net assets with donor restrictions		85,136,899.	28	126,047,004.
pu		Organizations that do not follow FASB ASC 958, chec	khere 🕨 🗌			
, Fu		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment			30	
As	31	Retained earnings, endowment, accumulated income, or	other funds		31	
Net	32	Total net assets or fund balances		149,410,762.	32	222,811,533.
	33	Total liabilities and net assets/fund balances		166,214,850.	33	240,098,427.
	53			1 100,211,030.	აა	Form 990 (

Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

TIDES CENTER

Form	990 (2020) TIDES CENTER	94-	-3213	<u>100</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,45		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4),41		
5	Net unrealized gains (losses) on investments	5	2	2,11	<u>3,4</u>	<u>54.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	222	2,81	1,5	<u>33.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			1
	Act and OMB Circular A-133?			3a	Х	┝───
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b	X	L

Form **990** (2020)

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
_	

intern	antev	ende Service		► Go to www.irs.go	v/Form990 for instruction	ons and th	ie latest ir	nformation.		Inspection
Nan	ne of	f the organi		S CENTER						identification number $4 - 3213100$
Pa	irt I	Reas	on for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ر <u>ا</u> ای	4 5215100
					For lines 1 through 12, cl					
1	- Griga	1	•		on of churches described			1)(A)(i).		
2		-			Attach Schedule E (Form					
3		7			anization described in se			ii)		
4		7			njunction with a hospital				(iii) Enter	the hospital's name
-	L	city, and	-			400011004				the hoopital o hame,
5		-		or the benefit of a col	llege or university owned	or operat	ed by a do	vernmental u	nit describe	ed in
Ŭ	L		170(b)(1)(A)(iv). (C			or operat	ou oy u ge			
6		7			nental unit described in a	section 17	70(6)(1)(1)	(14)		
	X	-		•	ntial part of its support fr			.,	no general r	public described in
'		•	1 70(b)(1)(A)(vi). (C			onna gove	Innenta		ic general p	
8		-			(1)(A)(vi). (Complete Parl	+ II)				
9		-			in section 170(b)(1)(A)(i		ad in conii	inction with a	land-grant	college
5	L				ulture (see instructions).					
		university		grant concyc or agric			name, eny	, and state of	the conege	
10		-		ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
10	L	-		•	t to certain exceptions; a				-	•
					(less section 511 tax) fro					-
			ion 509(a)(2). (Co		(··········	
11		7			ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organ	ization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more pub	licly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a	through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
а		Type I.	A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the sup	ported organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organiz	ation. You must c	complete Part IV, Se	ections A and B.					
b		Type II	A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control	or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	organiz	ation(s). You mus	st complete Part IV,	Sections A and C.					
С		Type II	I functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	_	its sup	oorted organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.		
d			-		porting organization oper				-	
		that is I	not functionally int	tegrated. The organiz	zation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	/eness
	_		•	,	nplete Part IV, Sections					
е			-		written determination from			Туре I, Туре	II, Type III	
-	_				nally integrated supportir					[
Ť			ber of supported o	•						
g	Pro	(i) Name of s		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organiz			(described on lines 1-10	in your governi Yes	No	support (see i	-	support (see instructions
					above (see instructions))					

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.04030 TIDES CENTER

Schedule A (Form 990 or 990-EZ) 2020 TIDES CENTER

94-3213100 Page 2

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

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

<u>Sec</u>	ction A. Public Support		-		-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	97647384.	140466455	137116829	171030552	250396656	796657876
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	97647384.	140466455	137116829	171030552	250396656	796657876
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6725869.
6	Public support. Subtract line 5 from line 4.						789932007
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	97647384.	140466455	137116829	<u>171030552</u>	<u>250396656</u>	796657876
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	671,144.	1273700.	1722664.	2113792.	4457722.	10239022.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	12,046.	2,494.			13,375.	27,915.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			162,840.			162,840.
11	Total support. Add lines 7 through 10						807087653
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 79	,104,794.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third, [.]	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and sto	phere					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), d	ivided by line 11, o	column (f))		14	97.87 %
15	Public support percentage from 2019	9 Schedule A, Part	II, line 14			15	<u>97.43 %</u>
	33 1/3% support test - 2020. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	0 10% -facts-and-circumstances test	-		• • • •		17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TIDES CENTER

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

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

Section A. Public Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1				1
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9 Amounts from line 6	L					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2020 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box ar	-	•		•••		►
b 33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
032023 01-25-21			_	Sch	hedule A (Forr	n 990 or 990-EZ) 2020
		16)			

2020.04030 TIDES CENTER

1

2

3a

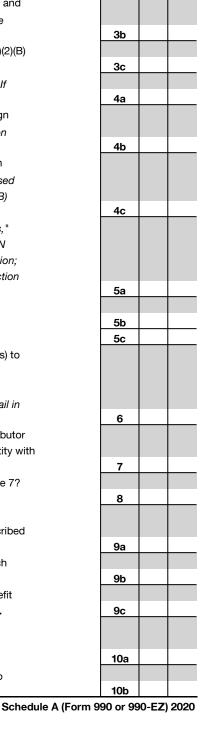
Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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



Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described in line 11a above?	11b		
с	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	,		
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an	's officers, n(s) supported		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	5 1 5 1			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		<u>т </u>	
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Sec			T	
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		<u> </u>
	ction E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	instructions).		

b ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Yes No

Part V	Type III Non-Eunctio	nally Integrat	ed 509(a)(3) Suppo	orting Organizations
Schedule A ((Form 990 or 990-EZ) 2020	TIDES CEN	NTER	

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	TIDES	CENTER
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Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			- 1	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

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

REIMBURSEMENTS

2018 AMOUNT: \$ 162,840.

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

94-	-321	.31	.00

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Organization type (check or	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

General Rule

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

94-3213100

TIDES CENTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 12,500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 11,126,001. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

<u> </u>		\$ 10,578,500. Person X \$ 10,578,500. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		* 10,192,143. Person X * 10,192,143. Noncash Output (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 8,951,843. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> </u>		\$ 8,060,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Z, or 99

21501107 149058 94-3213100

Schedule B	(Form 9	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Employer identification number

TIDES CENTER

94-3213100

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
7		\$ <u>6,403,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

25 2020.05000 TIDES CENTER

21501107 149058 94-3213100

023452 11-25-20

Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2020)
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Name of organization

Employer identification number

94-3213100

TIDES CENTER

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

21501107 149058 94-3213100

2020.05000 TIDES CENTER

26

Page 4

ame of or	ganization			Employer identification numbe
IDES	CENTER			94-3213100
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 a) through (e) and the following line en charitable, etc., contributions of \$1,000 or 	try. For organizations	
a) No. from Part I	(b) Purpose of gift	cription of how gift is held		
-		(e) Transfer of git	 't	
-	Transferee's name, address, a			ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of git		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of git	it	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee
-				
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
—				
F		(e) Transfer of git	it	
F	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee
454 11-25-	-20	27	Schedule	e B (Form 990, 990-EZ, or 990-PF) (20

21501107 149058 94-3213100

2020.05000 TIDES CENTER

27

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2U2U Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nar	ne of organization			En	nployer identification number
	TIDES C				94-3213100
Pa	art I-A Complete if the org	anization is exempt under	[•] section 501(c) o	r is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		Þ	\$
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	•	•\$
	Enter the amount of any excise tax		under section 4955		• \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt function	on activities	• \$
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527	
	exempt function activities			🕨	• \$
3	Total exempt function expenditures		,		
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza contributions received that were pro	tion listed, enter the amount paid f	rom the filing organiza	ation's funds. Also enter	the amount of political
	political action committee (PAC). If	additional space is needed, provid	e information in Part IV	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and

28

LHA 032041 12-02-20

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 $ extsf{TI}$	DES CENTE	R		94-3	213100 Page 2
Part II-A Complete if the organi	zation is exe	mpt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check > if the filing organization	belongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check 🕨 🔲 if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.		
Limits or (The term "expenditur	n Lobbying Expe es" means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influenc		arassroots Jobbying)			
, , ,		, , ,			
b Total lobbying expenditures to influencc Total lobbying expenditures (add lines)					
		1)			
e Total exempt purpose expenditures (ac					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b)		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc	· · · · ·		
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 2	, ,				
h Subtract line 1g from line 1a. If zero or	<i>,</i> .				
i Subtract line 1f from line 1c. If zero or less, enter -0-					
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year	?				Yes No
(Some organizations that r	nade a section 5	eraging Period Under 01(h) election do not rate instructions for lii	have to complete all o	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)		(t)
	lobbying activity.	Yes	Ν	10	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
с	Media advertisements?	Х			50),193.
d	Mailings to members, legislators, or the public?	Х			11	.,245.
	Publications, or published or broadcast statements?	Х			2	2,148.
f	Grants to other organizations for lobbying purposes?	Х			27	7,320.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			769	,228.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			4	1,278.
	Other activities?	Х				3,715.
i	Total. Add lines 1c through 1i				923	3,127.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Х		,
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	າ 501(c)(ຮໍ	5), o	r sec	tion	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), sectior 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	No" OR	(b) F			3, is
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
	Current year			2a		
b	Carryover from last year			2b		
с	Total			2c		
3				3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical				
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (See instructions)	<u></u>		5		
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group l	ist); Part II-/	A, lin	es 1 ar	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information. TII-B, LINE 1, LOBBYING ACTIVITIES:					
TII	DES CENTER, THROUGH ITS FISCALLY SPONSORED PROJECTS,	ENGAG	ES	IN		
LOF	BYING ACTIVITIES IN SUPPORT OF A WIDE VARIETY OF IS	SUES A	ND	CAI	JSES	
то	ADVANCE TIDES' MISSION TO ACCELERATE THE PACE OF SO	CIAL C	HA	NGE	,	
INC	LUDING IN THE AREAS OF EDUCATION, ENVIRONMENT, AND	EQUITY				

032043 12-02-20

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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.

	Attach to Form 550.
	to www.irs.gov/Form990 for instructions and the latest information.
_	



Nam	of the organization TIDES CENTER		Employer identification number 94-3213100
Par		d Funds or Other Similar Funds or	
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Par		anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	-	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
0		nandling of violations, and emotioning conserv	vation easements during the year
7	 Amount of expenses incurred in monitoring, inspecting, hand 	ling of violations, and enforcing conservation	n easements during the year
•	S		r cascinents during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(b)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, ,	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
-			
2	If the organization received or held works of art, historical treation is the following of the second state of the second stat		ain, provide
_	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
032051	12-01-20	

31 2020.04030 TIDES CENTER Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 TIDES C						94-32	13100) Ра	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or	Other \$	Similar	^r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	make sigr	nificant u	ise of its	•	,	
	collection items (check all that apply):									
а	X Public exhibition	d	X Loan or ex	change progra	m					
b	Scholarly research	е	Other							
с	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	asures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributior	ns or other ass	ets not ind	cluded		-		_
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		1
	Did the organization include an amount on F					/?	<u>X</u>	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.								X	
I ai	t V Endowment Funds. Complete							(-) [haali
4.		(a) Current year	(b) Prior year	(c) Two year	s back (C	a) Three y	ears back	(e) Four	years	раск
1a ⊾	Beginning of year balance									
u o	Contributions									
с d	Net investment earnings, gains, and losses Grants or scholarships									
u	Other expenditures for facilities									
e										
f	Administrative expenses									
g										
2	End of year balance Provide the estimated percentage of the curr		line 1a. column (;	a)) held as:						
- a	Board designated or quasi-endowment	•	%							
b	Permanent endowment									
		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are held a	nd administer	ed for the	organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							Зb		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or of basis (investm	• •	st or other s (other)	• •	cumulate reciation	ed	(d) Bool	k value	e
1a	Land									
	Buildings									
с	Leasehold improvements			31,892.		69,40		1,062		
d	Equipment			27,994.	4	33,01	13.		1,98	
	Other			79,000.					9,00	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B). line	10c.)				1,630	5,46	54.

Schedule D (Form 990) 2020

10441029 149058 94-3213100

(a) Description of southy or classpoy end-site, rare of second, (b) Book value (c) Method of valuation: Cost or end of year market value (f) financial deviations (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Co		omplete if the organization answered "Yes"			
(2) Cosely held equity interests	(a) Description	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(3) Other (3) Other (4) (3) Other (5) Other (3) Other (6) Other (4) Other (7) Other (4) Other (8) Other (4) Other (9) Other (4) Other (10) Other (5) Other (11) Other (12) Other (22) Other (2) Other (3) Other (2) Description of Investment (4) Description of Investment (4) Book value (12) Other (2) Other (33) Other (3) Other (44) Other (4) Description of Investment (44) Other (4) Description (5) Other (5) Other (6) Other (6) Other (7) Other (7) Other (8) Other (1) Other (9) Other (1) Other (10) Other (1) Other (11) Other (1) Other (12) Other (1) Other (13) Other (1) Other (14) Other (1) Other (15) Other (1) Other (16) Other (1) Other (1	(1) Financial de	erivatives			
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2. LIADINTY TOR UNCERTAIN TAX positions. IN Part XIII, provide the text of the tootnote 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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 TIDES CENTER		94-3213100 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments		
С	Other losses		
d			
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART III, LINE 4:

ONE OF TIDES CENTER'S PROJECTS, THE NATIONAL AIDS MEMORIAL GROVE, HOI	LDS
TITLE TO THE AIDS MEMORIAL QUILT. THE NATIONAL AIDS MEMORIAL GROVE IS	5 A
FEDERALLY DESIGNATED AIDS MEMORIAL, ENCOMPASSING EFFORTS TO RESTORE,	
CREATE AND PERPETUALLY MAINTAIN A 15-ACRE WOODED SITE IN SAN FRANCISC	co's
GOLDEN GATE PARK. THE GROVE IS DEDICATED TO ALL LIVES TOUCHED BY AIDS	5. IN
NOVEMBER 2019, THE NATIONAL AIDS MEMORIAL GROVE BECAME THE PERMANENT	
CARETAKER AND STEWARD OF THE AIDS MEMORIAL QUILT, RETURNING IT TO SAM	۸
FRANCISCO, WHERE ITS STORY BEGAN DURING THE HEIGHT OF THE AIDS EPIDEN	AIC.
THE NATIONAL AIDS MEMORIAL GROVE WORKS WITH HUNDREDS OF PARTNERS ACRO	DSS
THE COUNTRY TO ORCHESTRATE MORE THAN 1,000 DISPLAYS EVERY YEAR IN SCH	HOOLS,
UNIVERSITIES, PLACES OF WORSHIP, CORPORATIONS AND COMMUNITY CENTERS.	ON
032054 12-01-20 Schedule D (F 34	Form 990) 2020
10441029 149058 94-3213100 2020.04030 TIDES CENTER	94-32131

Part XIII Supplemental Information (continued)

WORLD AIDS DAY, DECEMBER 1ST OF EACH YEAR, MORE THAN 1/2 OF THE QUILT GOES ON DISPLAY AROUND THE NATION.

PART IV, LINE 2B:

DURING 2020, THE ORGANIZATION HELD FUNDS IN AN AGENCY CAPACITY (ON BEHALF OF THE THOMAS J. LONG FOUNDATION, WHICH IS WINDING DOWN OPERATIONS) FOR THE ULTIMATE BENEFIT OF LINCOLN ELEMENTARY SCHOOL IN THE WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT. TIDES CENTER HAS NO VARIANCE POWER IN DETERMINING THE GRANTEE, AND THUS RECORDED AN ASSET (CASH) AS WELL AS A CORRESPONDING LIABILITY UPON RECEIPT OF THE PASS-THROUGH FUNDS; ITEMS ARE NOT RECORDED WITHIN REVENUES OR EXPENSES IN REGARDS TO THIS ARRANGEMENT.

PART X, LINE 2:

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

Schedule D (Form 990) 2020

032055 12-01-20

35 2020.04030 TIDES CENTER

Department of the Treasury			Attach to Form 990.		0	pen to Public
Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		spection
Name of the organization					Employer ide	entification number
TIDES CENTER					94-3213	100
	ormation on A	ctivities Out	side the United States. Comple	te if the organ		
 Form 990, Part			·	5		
1 For grantmakers. Doe	s the organizatior	n maintain record	ds to substantiate the amount of its grai	nts and other a	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?[X Yes No
						
2 For grantmakers. Des United States.	cribe in Part V the	e organization's [procedures for monitoring the use of its	grants and ot	ner assistance o	butside the
	The following Part	I. line 3 table ca	an be duplicated if additional space is ne	eded.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		e specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EAST ASIA AND THE			GRANTS TO RECIPIENTS			444.050
PACIFIC	0	0	LOCATED IN THE REGION			444,252.
EUROPE (INCLUDING			GRANTS TO RECIPIENTS			
ICELAND & GREENLAND)	0	0	LOCATED IN THE REGION			44,168.
MIDDLE EAST AND			GRANTS TO RECIPIENTS			
NORTH AFRICA	0	0	LOCATED IN THE REGION			438,270.
RUSSIA AND			GRANTS TO RECIPIENTS			
NEIGHBORING STATES	0	0	LOCATED IN THE REGION			148,055.
			GRANTS TO RECIPIENTS			
SOUTH AMERICA	0	0	LOCATED IN THE REGION			168,005.
			GRANTS TO RECIPIENTS			
SOUTH ASIA	0	0	LOCATED IN THE REGION			75,544.
			GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION			146,592.
NORTH AMERICA - USA,			GRANTS TO RECIPIENTS			
CANADA, MEXICO	0	0	LOCATED IN THE REGION			70,778.
3 a Subtotal	0	0				1,535,664.
b Total from continuation	1					. , .
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				1,535,664.

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.

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

032071 12-03-20

SCHEDULE F (Form 990) 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)
			EQUALITY, HUMAN		ELECTRONIC			
		EAST ASIA AND THE	RIGHTS, AND ECONOMIC		FUND/WIRE			
		PACIFIC	EMPOWERMENT	430 774.	TRANSFER	0.		
			COMMUNITY					
			IMPROVEMENT;		ELECTRONIC			
		EAST ASIA AND THE	COMMUNITY ORGANIZING;		FUND/WIRE			
		PACIFIC	CULTURAL AWARENESS	13,478.	TRANSFER	0.		
		EUROPE (INCLUDING			ELECTRONIC			
		ICELAND AND	ECONOMIC DEVELOPMENT		FUND/WIRE			
		GREENLAND)	& HEALTHY INDIVIDUALS	44,168.	TRANSFER	0.		
					ELECTRONIC			
		MIDDLE EAST AND	EQUALITY, HUMAN RIGHTS, AND ECONOMIC		FUND/WIRE			
		NORTH AFRICA	EMPOWERMENT	240 179	TRANSFER	0.		
		NORTH AFRICA	EMPOWERMENT	249,170.	TRANSFER	0.		
					ELECTRONIC			
		MIDDLE EAST AND	HEALTHY INDIVIDUALS		FUND/WIRE			
		NORTH AFRICA	AND COMMUNITIES	189,091.	TRANSFER	0.		
					ELECTRONIC			
			HEALTHY INDIVIDUALS		FUND/WIRE			
		NORTH AMERICA	AND COMMUNITIES	70,778.	TRANSFER	0.		
		RUSSIA AND	EQUALITY, HUMAN		ELECTRONIC			
		NEIGHBORING	RIGHTS, AND ECONOMIC		FUND/WIRE			
		STATES	EMPOWERMENT	148,055.	TRANSFER	0.		
				,				
			EQUALITY, HUMAN		ELECTRONIC			
			RIGHTS, AND ECONOMIC		FUND/WIRE			
		SOUTH AMERICA	EMPOWERMENT	88,290.	TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are i	recognized as charities by the f	foreign country,	recognized as a tax			
			or counsel has provided a sect			► _		11
3 Enter total number of	other organizations of	or entities				►		0

Schedule F (Form 990) 2020

Schedule F (Form 990)	TIDES	CENTER			94-32	13100		Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	HEALTHY INDIVIDUALS AND COMMUNITIES	79,715.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH ASIA	EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	66,304.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTHY INDIVIDUALS AND COMMUNITIES	9,240.	ELECTRONIC FUND/WIRE TRANSFER	0.		
			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT	146,592.	ELECTRONIC FUND/WIRE TRANSFER	0.		

Part III can be duplicated if ad		(c) Number of recipients	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of noncash assistance	(h) Method of
(a) Type of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	noncash assistance	noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

39

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.

TIDES CENTER

Schedule F (Form 990) 2020

94-3213100

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 TIDES CENTER

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:

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

PART I, LINE 3:

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

PART IV, LINE 1:

ALL CORPORATE TRANSFERS WERE IN THE FORM OF GRANTS TO INTERNATIONAL

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

FOR GOODS, SERVICES OR ANY OTHER RIGHTS OR PROPERTY.

032075 12-03-20

10441029 149058 94-3213100

Schedule F (Form 990) 2020

SCHEDULE G	Suppleme	ental Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	90 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020			
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.					Open to Public Inspection				
Name of the organization		to www.irs.gov/Form990 for instructions and the latest information.					Employer identification number				
3	TIDES C	ENTER					94-3213100				
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not			
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f X Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 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? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 											
b if "Yes," list the To highest paid individuals or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization.											
(i) Name and addres or entity (func		(ii) Activity	fundraiser (iv) Gross receipts +		tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
DO GOOD STUFF-PAUL SMITH - 2261 MARKET		CONSULTING	Yes	No X	. 0.		13 078	13 078			
BING CONSULTING SEF		CONSULTING			0.		13,078.	-13,078.			
3361 MISSION ST., S		CONSULTING		x	0.		6,500.	-6,500.			
HEADFIRST ARTS & MEDIA -							.,	.,			
7128 PLANK AVE, EL	CERRITO,	MEDIA COMMUNICATIONS		х	0.		5,000.	-5,000.			
HPA STRATEGIC COMMUNICATIONS							•	,			
- 3777 EFFINGHAM PLACE, LOS		MEDIA COMMUNICATIONS		х	٥.		5,000.	-5,000.			
Total				►			29,578.	-29,578.			
 List all states in whi or licensing. 	ich the organizatic	on is registered or licensed to solicit c	contribu	utions	or has been notified	it is e	exempt from re	egistration			

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 TIDES CENTER

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Gross receipts	(event type) 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 000000000000000000000000000000000000	HOPE (event type) 147,260. 147,260. 32,017.	•	(d) Total events (add col. (a) through col. (c)) 543,006 543,006 1,779 270 123,597 125,646
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organizat	GROVE (event type) 241,759. 241,759. 241,759. 241,759. 241,759. 26,841. ough 9 in column (d)	HOPE (event type) 147,260. 147,260. 32,017.	(total number) 153,987. 153,987. 1,779. 270. 64,739. ▶	col. (c)) 543,006 543,006 1,779 270 123,597
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organizat	(event type) 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 241,759. 000000000000000000000000000000000000	(event type) 147,260. 147,260. 32,017.	(total number) 153,987. 153,987. 1,779. 270. 64,739.	543,006 543,006 1,779 270 123,597
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organizat	241,759.	147,260.	153,987. 1,779. 270. 64,739.	543,006 1,779 270 123,597
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organizat	241,759.	147,260.	153,987. 1,779. 270. 64,739.	543,006 1,779 270 123,597
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organiza	 26,841. ough 9 in column (d) om line 3, column (d)	32,017.	1,779. 270. 64,739.	1,779 270 123,597
Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organiza	26,841. ough 9 in column (d)		270. 64,739.	270
Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro Gaming. Complete if the organiza	26 , 841 . ough 9 in column (d) om line 3, column (d)		270. 64,739.	270
Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organiza	26,841. ough 9 in column (d)		270. 64,739.	270
Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organiza	26,841. ough 9 in column (d)		270. 64,739.	270
Entertainment Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr Gaming. Complete if the organiza	26,841. ough 9 in column (d) om line 3, column (d)		64,739.	123,597
Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro Gaming. Complete if the organization	26,841. rough 9 in column (d) om line 3, column (d)			
Other direct expenses Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro Gaming. Complete if the organization	26,841. rough 9 in column (d) om line 3, column (d)			
Net income summary. Subtract line 10 front Gaming. Complete if the organization	om line 3, column (d)		•	125,646
Gaming. Complete if the organiza			►	
• 1 5	tion answered "Yes" on Form	990 Part IV line 19 or re		-125,646
	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
		bingo/progressive bingo		col. (a) through col. (
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
	Yes %	└── Yes %	Yes%	
Volunteer labor	[] No	No No	No	
Direct expense summary. Add lines 2 thr	ough 5 in column (d)		►	
Net gaming income summary. Subtract li	ine 7 from line 1, column (d)			
				Yes N
	as revoked suspended or te	rminated during the tax ye	ear?	Yes N
er e	Net gaming income summary. Subtract I r the state(s) in which the organization c e organization licensed to conduct gamin p," explain:	Net gaming income summary. Subtract line 7 from line 1, column (d) the state(s) in which the organization conducts gaming activities: e organization licensed to conduct gaming activities in each of these s p," explain: e any of the organization's gaming licenses revoked, suspended, or te	Vet gaming income summary. Subtract line 7 from line 1, column (d) r the state(s) in which the organization conducts gaming activities: e organization licensed to conduct gaming activities in each of these states? b," explain:	Net gaming income summary. Subtract line 7 from line 1, column (d) If the state(s) in which the organization conducts gaming activities: If the state(s) in which the organization conducts gaming activities in each of these states? If explain: If the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2020 TIDES CENTER	94-3213100 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
 b An outside facility 14 Enter the name and address of the person who properties the organization's coming (provide backs and 	
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	e 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 s	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) a	nd (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 FUNI	DRAISERS:
/- /	
(I) NAME OF FUNDRAISER: DO GOOD STUFF-PAUL TYRONE SMITH	
(I) ADDRESS OF FUNDRAISER:	
(1) ADDRESS OF FONDRAISER:	
2261 MARKET ST. SUITE 188, SAN FRANCISCO, CA 94114	
· · · · · · · · · · · · · · · · · · ·	
(I) NAME OF FUNDRAISER: BING CONSULTING SERVICES	
(I) ADDRESS OF FUNDRAISER: 3361 MISSION ST., SAN FRANCISCO), CA 94110
(1, IDENEDS OF FORDIMIEDIN, STOT MEDDION DI., DAN FRANCISCO	// CTT /ITTO
032083 11-25-20 Sch	edule G (Form 990 or 990-EZ) 2020
44	

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: HEADFIRST ARTS & MEDIA

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

(I) NAME OF FUNDRAISER: HPA STRATEGIC COMMUNICATIONS

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

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

45 2020.04030 TIDES CENTER

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		U U	Attach to Form		,		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.	-	Inspection
Name of the organization TIDES CEN	FER						Employer identification number $94 - 3213100$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	tance?						X Yes 🗌 No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(F)EMPOWER INC							
446 NE 72ND STREET							HEALTHY INDIVIDUALS AND
MIAMI, FL 33138	83-4334503	501(C)(3)	10,500.	0.			COMMUNITIES
215 PEOPLE'S ALLIANCE EDUCATION			,				
FUND - C/O MEDIA MOBILIZING							
PROJECT 924 CHERRY STREET 5TH							HEALTHY INDIVIDUALS AND
FLOOR - PHILADELPHIA, PA 19107	26-0307123	501(C)(3)	10,000.	0.			COMMUNITIES
A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)(3)	40,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ACTION CENTER INC 1434 ELBRIDGE STREET PHILADELPHIA, PA 19149	30-0246999	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
ADASTRA COLLECTIVE 275 PARK AVE, APT 5J BROOKLYN, NY 11205	52-2094677	501(C)(3)	10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
AFRICAN BUREAU OF IMMIGRATION &							
SOCIAL AFFAIRS (ABISA) - CARIBBEAN							
COMMUNITY SERVICE CENTER 111E EAST							EQUALITY, HUMAN RIGHTS,
KIRBY STREET - DETROIT, MI 48202	47-4386750	501(C)(3)	25,000.	0.			AND ECONOMIC EMPOWERMENT
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table			·	
3 Enter total number of other organizations	listed in the line 1	I table					▶ 30.

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

Schedule I (Form 990)	TIDES	CENTER
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGITARTE							
P.O. BOX 391791							EQUALITY, HUMAN RIGHTS,
CAMBRIDGE, MA 02139	04-3420465	501(C)(3)	55,000.	0.			AND ECONOMIC EMPOWERMENT
AHRI C4							
3727 W 6TH STREET SUITE 512							EQUALITY, HUMAN RIGHTS,
LOS ANGELES, CA 90020	94-3153687	501(C)(3)	174,096.	0.			AND ECONOMIC EMPOWERMENT
ALEPH - ALLIANCE FOR JEWISH							
RENEWAL - P.O. BOX 35118 -							HEALTHY INDIVIDUALS AND
PHILADELPHIA, PA 19128	23-2081703	501(C)(3)	18,000.	0.			COMMUNITIES
ALIMENTACIN SEGURA INFANTIL							
PO BOX 816							HEALTHY INDIVIDUALS AND
DORADO, PR 00646	66-0888032		5,000.	0.			COMMUNITIES
	00 000002		5,000.	.			
ALLIANCE FOR EDUCATION SOLUTIONS							
INC 1111 H STREET SUITE 205 -							HEALTHY INDIVIDUALS AND
SACRAMENTO, CA 95814	68-0232078	501(C)(3)	15,000.	0.			COMMUNITIES
ALLIANCE TO MOBILIZE OUR							
RESISTANCE - 669 ELMWOOD AVENUE							HEALTHY INDIVIDUALS AND
BOX B13 - PROVIDENCE, RI 02907	65-1224536	501(C)(3)	5,000.	0.			COMMUNITIES
,							
ALLIED MEDIA PROJECTS INC.							
4126 THIRD STREET							HEALTHY INDIVIDUALS AND
DETROIT, MI 48201	01-0559608	501(C)(3)	5,000.	0.			COMMUNITIES
AMERICAN FRIENDS SERVICE COMMITTEE							
ATTN: AFSC DEVELOPMENT 1501 CHERRY							EQUALITY, HUMAN RIGHTS,
PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	200,000.	0.			AND ECONOMIC EMPOWERMENT
AMIGOS DEL M.A.R., INC.							
CALLE MALLORCA 710							
SAN JUAN, PR 00907	66-0864878		5,000.	0.			QUALITY EDUCATION

Schedule I (Form 990)	TIDES	CENTER	

Schedule I (Form 990) TIDES CENT Part II Continuation of Grants and Other A		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		04-3213100 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDEAN ALLIANCE FOR SUSTAINABLE DEVELOPMENT - 560 ORCHARD ROAD - MARSHALL, MI 49068	90-0701120	501(C)(3)	30,000.	0.			SUSTAINABLE ENVIRONMENT
ANISHINAABE AGRICULTURE INSTITUTE PO BOX 152 OSAGE, MN 56570	83-1587091	501(C)(3)	5,000.	0.			SUSTAINABLE ENVIRONMENT
ANTI POLICE-TERROR PROJECT 1201 MARTIN LUTHER KING JR WAY SUIT OAKLAND, CA 94612	47-4111501		10,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
API CULTURAL CENTER INC 388 NINTH STREET SUITE 290 OAKLAND, CA 94607 ARIZONA STATE UNIVERSITY	73-1649335	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FOUNDATION FOR A NEW AMERICAN UNIVERSITY - ATTN: FINANCIAL SERVICES PO BOX 2260 - TEMPE, AZ	86-6051042	501(C)(3)	15,000.	0.			QUALITY EDUCATION
ARRIBA LAS VEGAS WORKER CENTER 1948 E. CHARLESTON BOULEVARD LAS VEGAS, NV 89104	83-4206510	501(C)(3)	50,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ASIAN AMERICANS ADVANCING JUSTICE LOS ANGELES - ATTN: DEVELOPMENT 1145 WILSHIRE BOULEVARD - LOS ANGELES, CA 90017	95-3854152	501(C)(3)	57,500.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ASIAN PACIFIC ENVIRONMENTAL NETWORK – 426 17TH STREET SUITE 500 – OAKLAND, CA 94610	94-3261846	501(C)(3)	15,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
ASOCIACIN DE COMUNIDADES UNIDES TOMANDO ACCIN SOLIDARIA INC PO BOX 52 - TOA BAJA, PR 00951			15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Part II Continuation of Grants and Other A		j					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSATA'S DAUGHTERS							
5700 S. PRAIRIE AVENUE							EQUALITY, HUMAN RIGHTS,
CHICAGO, IL 60637	52-2094677	501(C)(3)	20,000.	0.			AND ECONOMIC EMPOWERMENT
ASSOCIATION OF CHAMBER OF COMMERCE							
EXECUTIVES FOUNDATION - 1330							
BRADDOCK PLACE SUITE 300 -							EQUALITY, HUMAN RIGHTS,
ALEXANDRIA, VA 22314	23-7204514	501(C)(3)	75,000.	0.			AND ECONOMIC EMPOWERMENT
AYUDA LEGAL PUERTO RICO INC							
PO BOX 195321							EQUALITY, HUMAN RIGHTS,
SAN JUAN, PR 00918	66-0890750	501(C)(3)	50,000.	0.			AND ECONOMIC EMPOWERMENT
BALTIMORE COUNTY GREEN ALLIANCE							
C/O NEIGHBOR SPACE OF BALTIMORE							
COUNTY P.O. BOX 6715 - TOWSON, MD							
21285	$41\!-\!2096888$	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
BALTIMORE LEGAL ACTION TEAM (BALT)							
C/O FUSION PARTNERSHIPS 1601							
GUILFORD AVE 2 SOUTH - BALTIMORE,							EQUALITY, HUMAN RIGHTS,
MD 21202	52-2148413	501(C)(3)	355,000.	0.			AND ECONOMIC EMPOWERMENT
BATTELLE FOR KIDS							
ATTN: JONI LANGUIS 4525 TRUEMAN BLV	24 4 5 0 4 5 0 2		15 000				
HILLIARD, OH 43026	31-1781583	501(C)(3)	15,000.	0.			QUALITY EDUCATION
BAY AREA COMMUNITY RESOURCES							
171 CARLOS DRIVE							
	94-2346815	F(1/(2)/(2))	190.000	0.			QUALITY EDUCATION
SAN RAFAEL, CA 94903	94-2340015	501(C)(3)	180,000.	0.			QUALITY EDUCATION
BAY AREA IMMIGRATION BOND FUND							
1322 WEBSTER STREET SUITE 300							EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94612	80-0875881	501(C)(3)	8,000.	0.			AND ECONOMIC EMPOWERMENT
	00 0075001		0,000.	0.			LEONOMIC EMPOWERMENT
BAY AREA JEWISH HEALING CENTER							
2530 TARAVAL STREET SUITE #202							HEALTHY INDIVIDUALS AND
SAN FRANCISCO, CA 94116	45-1504826	501(C)(3)	5,000.	0.			COMMUNITIES

2427 MORRIS AVE

BRONX, NY 10468

BELIEVERS BAIL OUT						
C/O SIRAT CHICAGO 4572 S LAKE PARK						EQUALITY, HUMAN RIGHTS,
CHICAGO, IL 60653	47-4847984	501(C)(3)	42,500.	0.		AND ECONOMIC EMPOWERMENT
BELOVED ECONOMIES						
776 TOLMAN DRIVE						EQUALITY, HUMAN RIGHTS,
STANFORD, CA 94305	04-2738794	501(C)(3)	6,750.	0.		AND ECONOMIC EMPOWERMENT
BERKSHIRE HILLS REGIONAL SCHOOL						
DISTRICT - P.O. BOX 617 50 MAIN						
STREET - STOCKBRIDGE, MA 01262	04-2426357	GOVERNMENT ENTIT	336,709.	٥.		QUALITY EDUCATION
BLACK COMMUNITY DEVELOPMENT						
CORPORATION - 1619 W MAIN STREET -						HEALTHY INDIVIDUALS AND
LOUISVILLE, KY 40203	61-1233868	501(C)(3)	12,000.	٥.		COMMUNITIES
BLACK ENVIRONMENTAL LEADERS						
ASSOCIATION - C/O WESTERN RESERVE						
LAND CONSERVANCY 3850 CHAGRIN						
RIVER ROAD - MORELAND HILLS, OH	34-1571233	501(C)(3)	16,000.	٥.		SUSTAINABLE ENVIRONMENT
·						
BLACK FUTURES LAB						
436 14TH ST SUITE 723						EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94612	23-7404756	501(C)(3)	284,140.	0.		AND ECONOMIC EMPOWERMENT
/			,			1
BLACK JEWISH LIBERATION COLLECTIVE						
	1		1		1	1

(d) Amount of

cash grant

10,000

5,000

(e) Amount of

non-cash

assistance

0.

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(b) EIN

94-3213100 501(C)(3)

11-6083182 501(C)(3)

27-2654975 501(C)(3)

(c) IRC section

if applicable

(a) Name and address of

organization or government

INEQUITIES INITIATIVE - 555 12TH STREET, FIFTH FLOOR - OAKLAND, CA

BEDFORD STUYVESANT RESTORATION CORPORATION - 1368 FULTON STREET -

BAY AREA REGIONAL HEALTH

BROOKLYN, NY 11216

94607

HEALTHY INDIVIDUALS AND

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

COMMUNITIES

COMMUNITIES

5,000.

Schedule I (Form 990)

EQUALITY, HUMAN RIGHTS,

AND ECONOMIC EMPOWERMENT

Schedule I (Form 990) TIDES CENTER

94-3213100 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK LGBTQIA+ MIGRANT PROJECT							
P.O. BOX 70976							EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94612	05-0544006	501(C)(3)	20,000.	0.			AND ECONOMIC EMPOWERMENT
BLACK LIVES MATTER - OKLAHOMA CITY							
907 NE GRAND BLVD.							EQUALITY, HUMAN RIGHTS,
OKLAHOMA CITY, OK 73111	52-2094677	501(C)(3)	4,750,000.	0.			AND ECONOMIC EMPOWERMENT
DIACK LIVER NAMED GLODAL NEWYORK							
BLACK LIVES MATTER GLOBAL NETWORK							
PROJECT - 1330 BROADWAY, SUITE 301	E1 0109E00	E01(0)(2)	10.000	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
- OAKLAND, CA 92612 BLACK ORGANIZING FOR LEADERSHIP	51-0198509	501(C)(3)	10,000.	0.			AND ECONOMIC EMPOWERMENT
AND DIGNITY (BOLD) - BOLD C/O							
HIGHLAND CENTER 1959 HIGHLANDER							EQUALITY, HUMAN RIGHTS,
WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	5,000.	0.			AND ECONOMIC EMPOWERMENT
BLACK ORGANIZING PROJECT INC 1035 W. GRAND AVENUE OAKLAND, CA 94607	46-4578588	501(C)(3)	10,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BLACK PHOENIX ORGANIZING COLLECTIVE - 3358 W PORTLAND STREET - PHOENIX, AZ 85009	46-2284158	501(C)(3)	10,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
BLACK SOCIALISTS IN AMERICA 347 FIFTH AVENUE, SUITE 1402-126 NEW YORK, NY 10016	84-3589987	501(C)(3)	22,500.	0.			HEALTHY INDIVIDUALS AND
,			,				
BLACK SWAN ACADEMY INC							
104 MICHIGAN AVENUE NE C23							HEALTHY INDIVIDUALS AND
WASHINGTON, DC 20017	46-4244374	501(C)(3)	5,000.	0.			COMMUNITIES
BLACKOUT COLLECTIVE C/O RUCKUS SOCIETY INC PO BOX 28741							EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94604	81-0504390	501(C)(3)	10,000.	0.			AND ECONOMIC EMPOWERMENT

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

Schedule I (Form 990) $ m T$	IDES CE	NTER
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Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.) 	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACKSTONE ACADEMY INC							
334 PLEASANT STREET							
PAWTUCKET, RI 02860	80-0025718	501(C)(3)	6,700.	0.			QUALITY EDUCATION
PAWIOCKEI, RI 02880	80-0025718	501(C)(3)	8,700.	0.			DOALITY EDUCATION
BLUE RIDGE ENVIRONMENTAL DEFENSE							
LEAGUE INC - P.O. BOX 88 -							
GLENDALE SPRINGS, NC 28629	58-1624130	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
	50 1021150	501(0)(0)	10,000.				
BLUEPRINT NORTH CAROLINA							
3125 POPLARWOOD COURT							HEALTHY INDIVIDUALS AND
RALEIGH, NC 27604	27-2459538	501(C)(3)	100,000.	0.			COMMUNITIES
,,,							
BORDER ANGELS							
2258 ISLAND AVENUE							EQUALITY, HUMAN RIGHTS,
SAN DIEGO, CA 92102	01-0777554	501(C)(3)	25,000.	0.			AND ECONOMIC EMPOWERMENT
,			,				
BRIGADA SOLIDARIA DEL OESTE							
PO BOX 1073							HEALTHY INDIVIDUALS AND
BOQUERON, PR 00622	66-0891938		25,000.	0.			COMMUNITIES
;							
BUILD PROGRAM							
1409 WEST VERNON AVENUE							HEALTHY INDIVIDUALS AND
LOS ANGELES, CA 90062	95-4488635	501(C)(3)	25,000.	0.			COMMUNITIES
BUKIT BAIL FUND OF PITTSBURGH							
225 E 26TH STREET SUITE 1							EQUALITY, HUMAN RIGHTS,
TUCSON, AZ 85713	52-2094677	501(C)(3)	25,000.	٥.			AND ECONOMIC EMPOWERMENT
BUSINESS COALITION FOR JUSTICE							
404 E. GRACE STREET							EQUALITY, HUMAN RIGHTS,
RICHMOND, VA 23219	82-1533505	501(C)(3)	32,500.	0.			AND ECONOMIC EMPOWERMENT
CALIFORNIA COLLABORATIVE FOR							
IMMIGRANT JUSTICE - 530 DIVISADERO							
STREET #808 - SAN FRANCISCO, CA							EQUALITY, HUMAN RIGHTS,
94117	46-1323531	501(C)(3)	250,000.	0.			AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)	TIDES	CENTER
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CALIFORNIA DONOR TABLE									
436 14TH STREET SUITE 700							HEALTHY INDIVIDUALS AND		
OAKLAND, CA 94612	94-3153687	501(C)(3)	30,000.	0.			COMMUNITIES		
CALIFORNIA IMMIGRANT YOUTH JUSTICE									
ALLIANCE - 634 S. SPRING STREET							EQUALITY, HUMAN RIGHTS,		
#1206 - LOS ANGELES, CA 90014	74-1563270	501(C)(3)	57,500.	0.			AND ECONOMIC EMPOWERMENT		
CAM BARTOLO									
PO BOX 313 CASTANER							HEALTHY INDIVIDUALS AND		
LARES, PR 00631	66-0917085	501(C)(3)	10,000.	0.			COMMUNITIES		
CAMINANDO LA UTOPIA									
P.O. BOX 190922							HEALTHY INDIVIDUALS AND		
SAN JUAN, PR 00919-0922			15,000.	0.			COMMUNITIES		
CAMPAMENTO CONTRA LAS CENIZAS EN									
PEUELAS, INC HC 3 BOX 15516 -									
PEUELAS, PR 00624	66-0900541		15,000.	0.			SUSTAINABLE ENVIRONMENT		
CAN WIGMUNKE									
621 ENNEN DRIVE							HEALTHY INDIVIDUALS AND		
RAPID CITY, SD 57703	20-5841872	501(C)(3)	5,000.	0.			COMMUNITIES		
CAROLINA JUSTICE POLICY CENTER									
PO BOX 309							EQUALITY, HUMAN RIGHTS,		
DURHAM, NC 27702	59-1755809	501(C)(3)	75,000.	0.			AND ECONOMIC EMPOWERMENT		
CENTER FOR COURT INNOVATION									
520 8TH AVENUE 18TH FLOOR							EQUALITY, HUMAN RIGHTS,		
NEW YORK, NY 10018	13-2612524	501(C)(3)	550,000.	0.			AND ECONOMIC EMPOWERMENT		
CENTER FOR EMBODIED PEDAGOGY AND									
ACTION - 201 CALLE LAS CAOBAS,							HEALTHY INDIVIDUALS AND		
BAJOS - SAN JUAN, PR 00927	01-0559608	501(C)(3)	20,000.	٥.			COMMUNITIES		

TIDES CENTER

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	mestic Organizations (c) IRC section if applicable	s and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR SOCIAL SUSTAINABLE SYSTEMS - 211 10TH STREET SW - ALBUQUERQUE, NM 87102	45-3163638	501(C)(3)	20,000.	0.			SUSTAINABLE ENVIRONMENT
CENTRO DE APOYO A MOVIMIENTOS SOCIALES Y ACTIVISTAS - CALLE SALDAA NMERO 3 SEGUNDO PISO RIO PIEDRAS PO BOX 9300326 - SAN		501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND
CENTRO DE APOYO MUTUO BUCARABONES UNIDOS INC HC 2 BOX 10742 - LAS	66-0900105	501(0)(5)		0.			HEALTHY INDIVIDUALS AND
MARIAS, PR 00670-9050 CENTRO DE APOYO MUTUO Y RESILIENCIA COMUNITARIA LAS CAROLINAS INC HC 6 BOX 70390 LAS CAROLINAS - CAGUAS, PR 00725	66-0925900		20,000.	0.			HEALTHY INDIVIDUALS AND
CENTRO DE LA MUJER DOMINICANA INC P.O. BOX 20068 SAN JUAN, PR 00928	66-0642701	501(C)(3)	15,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRO DE PERIODISMO INVESTIGATIVO INC - P.O. BOX 6834 - SAN JUAN, PR 00914	66-0705065	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	276,200.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CENTRONIA 1420 COLUMBIA ROAD NW WASHINGTON, DC 20009	25-1689720	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CEPA C/O ALLIED MEDIA PROJECTS INC. 4126 THIRD STREET - DETROIT, MI 48201	01-0559608	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES W REID COMMUNITY HELP CENTER - 2785 E. GRAND BOULEVARD - DETROIT, MI 48211	84-4341085	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CHARLESTON COUNTY SCHOOL DISTRICT 75 CALHOUN STREET CHARLESTON, NC 29401	57-6000322	GOVERNMENT ENTIT	15,000.	0.			QUALITY EDUCATION
CHILD WELFARE INNOVATION INCORPORATED - P.O. BOX 29198 - SAN FRANCISCO, CA 94129	38-4011253	501(C)(3)	1,042,225.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CHILD WELFARE INNOVATION INCORPORATED - P.O. BOX 29198 - SAN FRANCISCO, CA 94129	38-4011253	501(C)(3)	70,136.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CIRCUITO DE INNOVACIN Y RESILIENCIA QUEER - 165 AVENIDA DE HOSTOS 322-A - SAN JUAN, PR 00918	66-0903902		10,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CIVIL LIBERTIES DEFENSE CENTER 1430 WILLAMETTE STREET, #359 EUGENE, OR 97401	58-2670951	501(C)(3)	40,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
CLIMATE JUSTICE ALLIANCE PO BOX 10202 BERKELEY, CA 94709	20-1037643	501(C)(3)	15,000.	0.			SUSTAINABLE ENVIRONMENT
COACHING CORPS 310 EIGHTH STREET SUITE 300 OAKLAND, CA 94607	94-3310845	501(C)(3)	30,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COACHING FOR HEALING, JUSTICE AND LIBERATION - 524 MOUNTAIN VIEW STREET - ALTADENA, CA 91001	72-1552165	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

TIDES CENTER

Part II Continuation of Grants and Other A						,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR ENVIRONMENT, EQUITY							
AND RESILIENCE - 2010 NORTH LOOP							
WEST SUITE 103 - HOUSTON, TX 77018	72-1447742	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
COALITION FOR RESPONSIBLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	501(0)(5)	10,000.				
COMMUNITY DEVELOPMENT - 3101 S.							
GRAND AVENUE - LOS ANGELES, CA							HEALTHY INDIVIDUALS AND
90007	20-2445113	501(C)(3)	15,000.	0.			COMMUNITIES
COLECTIVA FEMINISTA EN CONSTRUCCIN	20 2110110	561(6)(5)	10,000.				
406 CALLE CAPITN ESPADA ESQUINA							
CLL PADRE LAS CASAS - APARTADO, PR							HEALTHY INDIVIDUALS AND
00919-300	66-0550935	501(C)(3)	20,000.	0.			COMMUNITIES
COLECTIVO EL ANCON DE LOIZA, INC.				.			
401 AVENUE AMRICO MIRANDA, #110B ,							
COOP LOS ROBLES - SAN JUAN, PR							HEALTHY INDIVIDUALS AND
00927	66-0907038		10,000.	0.			COMMUNITIES
			,				
COLECTIVO IL, CORPORACIN							
LUIS MUOZ MARN #20 PMB 117 URB. VI							EQUALITY, HUMAN RIGHTS,
CAGUAS, PR 00725	66-0808702		109,000.	0.			AND ECONOMIC EMPOWERMENT
COLECTIVO IL, INC.							
LUIS MUOZ MARN AVE. #20 PMB 117							
URB. VILLA BLANCA - CAGUAS, PR							EQUALITY, HUMAN RIGHTS,
00725	66-0808702		5,000.	0.			AND ECONOMIC EMPOWERMENT
COLORADO FREEDOM FUND							
1600 N. DOWNING ST.							EQUALITY, HUMAN RIGHTS,
DENVER, CO 80218	52-2094677	501(C)(3)	350,146.	0.			AND ECONOMIC EMPOWERMENT
COLUMBUS FREEDOM FUND							
C/O WOMEN HAVE OPTIONS 36 E. BEAUMO							EQUALITY, HUMAN RIGHTS,
COLUMBUS, OH 43214	31-1357186	501(C)(3)	407,698.	0.			AND ECONOMIC EMPOWERMENT
COLUMPTO COLECTIVO INC							
COLUMPIO COLECTIVO INC.							
CALLE IGUINA #55			E 000	•			HEALTHY INDIVIDUALS AND
CAMUY, PR 00627	66-0936773		5,000.	0.			COMMUNITIES

TIDES CENTER

Schedule I (Form 990) TIDES CEN							4-3213100 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sche (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMEDORES SOCIALES DE PUERTO RICO PO BOX 3181 CAGUAS, PR 00726-3181			50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMISION CIUDADANA PARA LA AUDITORIA INTEGRAL DEL CREDITO PUBLICO - PO BOX 21054 - SAN JUAN, PR 00928-1054	66-0880065	501(C)(3)	20,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITIES UNITED FOR PEOPLE PO BOX 33167 PORTLAND, OR 97292	93-1181863	501(C)(3)	35,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITIES UNITED FOR RESTORATIVE YOUTH JUSTICE – 490 LAKE PARK AVENUE #16086 – OAKLAND, CA 94610	27-5008441	501(C)(3)	12,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY ADVOCATES FOR JUST AND MORAL GOVERNANCE - 2760 5TH AVENUE SUITE 220 - SAN DIEGO, CA 92103	83-4222460	501(C)(3)	22,500.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITY BONDS INC P.O. BOX 593 NEW HAVEN, CT 06513	81-2912950	501(C)(3)	195,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
COMMUNITY YOUTH CENTER OF SAN FRANCISCO – 1038 POST STREET – SAN FRANCISCO, CA 94109	94-1728818	501(C)(3)	125,000.	0.			QUALITY EDUCATION
CONGO LEADERSHIP INITIATIVE 100 NORTH LAKE DRIVE, APT. 26 ORCHARD PARK, NY 14127	27-2381412	501(C)(3)	30,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CONGREGATION BONAI SHALOM 1527 CHERRYVALE ROAD BOULDER, CO 80303	84-0891557	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSTRUYAMOS OTRO ACUERDO							
P.O. BOX 9052							HEALTHY INDIVIDUALS AND
SAN JUAN, PR PR 00908	45-3813436		55,000.	0.			COMMUNITIES
,			,				
COOPERATION JACKSON OF MISSISSIPPI							
PO BOX 1932							EQUALITY, HUMAN RIGHTS,
JACKSON, MS 39215	47-1153202	501(C)(3)	35,000.	0.			AND ECONOMIC EMPOWERMENT
COORDINADORA PAZ PARA LA MUJER,							
INC APARTADO 193008 - SAN JUAN,							HEALTHY INDIVIDUALS AND
PR 00919-3008	66-0550935	501(C)(3)	15,000.	0.			COMMUNITIES
COURT WATCH NEW ORLEANS							
4035 WASHINGTON AVENUE							EQUALITY, HUMAN RIGHTS,
NEW ORLEANS, LA 70125	33-1190644	501(C)(3)	5,000.	0.			AND ECONOMIC EMPOWERMENT
CRISTO REY NETWORK							
11 EAST ADAMS STREET SUITE 800							
CHICAGO, IL 60603	04-3730980	501(C)(3)	30,000.	0.			QUALITY EDUCATION
ODIMICAL DEGIGMANCE							
CRITICAL RESISTANCE							
NATIONAL OFFICE 1904 FRANKLIN STREE		F01 (q) (2)	10 000	0			EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94612	20-4412916	501(C)(3)	10,000.	0.			AND ECONOMIC EMPOWERMENT
CURE VIOLENCE GLOBAL							
227 W. MONROE STREET SUITE 1025							HEALTHY INDIVIDUALS AND
CHICAGO, IL 60606	82-3471223	501(C)(3)	25,000.	0.			COMMUNITIES
	02-5471225	501(0)(3)	23,000.	0.			COMMONITIES
DADE COUNTY STREET RESPONSE							
340 NW 23RD PLACE							HEALTHY INDIVIDUALS AND
MIAMI, FL 33125	84-1958579	501(C)(3)	15,000.	0.			COMMUNITIES
	01 1990979		13,000.	0.			
DARAJA EDUCATION FUND							
P.O. BOX 4333							
SAN RAFAEL, CA 94913	20-8283551	501(0)(3)	30,000.	0.			QUALITY EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUPHIN COUNTY BAIL FUND							
3915 UNION DEPOSIT ROAD #424							EQUALITY, HUMAN RIGHTS,
HARRISBURG, PA 17109	82-3997343	501(C)(3)	15,000.	0.			AND ECONOMIC EMPOWERMENT
<i>'</i>			,				
DAVINCI MAKER LABS							
100 N. GORDON STREET							
ALVIN, TX 77511	81-3242712	501(C)(3)	30,000.	0.			QUALITY EDUCATION
DAY WORKER CENTER OF MOUNTAIN VIEW							
113 ESCUELA AVENUE							HEALTHY INDIVIDUALS AND
MOUNTAIN VIEW, CA 94040	20-2874108	501(C)(3)	193,600.	0.			COMMUNITIES
DEVENTION CLEARING TH ACTION							
DEAFBLIND CITIZENS IN ACTION							
9939 HIBERT STREET, #108	46 2527015	F01 (g) (2)	20.250	0.			EQUALITY, HUMAN RIGHTS,
SAN DIEGO, CA 92131	46-3527815	501(C)(3)	39,358.	0.			AND ECONOMIC EMPOWERMENT
DEBT COLLECTIVE							
40 POWERS STREET #2							EQUALITY, HUMAN RIGHTS,
BROOKLYN, NY 11211	13-4188834	501(C)(3)	10,000.	0.			AND ECONOMIC EMPOWERMENT
,			,				
DEFINE AMERICAN							
822 E BROADWAY							EQUALITY, HUMAN RIGHTS,
LOUISVILLE, KY 40204	46-4610491	501(C)(3)	15,000.	0.			AND ECONOMIC EMPOWERMENT
DELTA FOUNDATION INC.							
819 MAIN STREET							EQUALITY, HUMAN RIGHTS,
GREENVILLE, MS 38701	64-0477962	501(C)(3)	15,000.	0.			AND ECONOMIC EMPOWERMENT
DENVER METRO CHAMBER LEADERSHIP FOUNDATION - 1445 MARKET STREET -							HEALTHY INDIVIDUALS AND
DENVER, CO 80202	74-2489854	501(C)(3)	15,000.	0.			COMMUNITIES
	74 2405054		13,000.	0.			
DEPLOY-US INC							
23 BYRON AVE							
LEXINGTON, MA 02420	47-2818525	501(C)(3)	15,000.	0.			SUSTAINABLE ENVIRONMENT

IL 60606

DIRECT WOMEN

C/O SCHARF BANKS MARMOR 333 W WACKER DRIVE, SUITE 450 - CHICAGO

DETROIT LIFE IS VALUABLE EVERYDAY						
6071 W OUTER DRIVE LOURDES BUILDING						HEALTHY INDIVIDUALS AND
DETROIT, MI 48235	83-3863598	501(C)(3)	75,000.	0.		COMMUNITIES
			, .			
DETROIT REVIVAL ENGAGING AMERICAN						
MUSLIMS - P.O. BOX 38152 -						HEALTHY INDIVIDUALS AND
DETROIT, MI 48238	46-4246696	501(C)(3)	10,000.	0.		COMMUNITIES
DEVELOPMENT IN GARDENING						
1270 CAROLINE STREET SUITE D120-312						
ATLANTA, GA 30307	20-4708212	501(C)(3)	30,000.	0.		SUSTAINABLE ENVIRONMENT
DIDI HIRSCH PSYCHIATRIC SERVICE						
4760 SOUTH SEPULVEDA BOULEVARD						HEALTHY INDIVIDUALS AND
CULVER CITY, CA 90230	95-1816023	501(C)(3)	50,000.	٥.		COMMUNITIES
DIMENSIONS EDUCATIONAL CONSULTING						
INC - 716 BEACON STREET POB						EQUALITY, HUMAN RIGHTS,
590633 - NEWTON, MA 02459	82-2019412	501(C)(3)	123,000.	0.		AND ECONOMIC EMPOWERMENT
DIDECT NOVEN						

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

(c) IRC section

if applicable

(d) Amount of

cash grant

15,000

430,877

70,000

(e) Amount of

non-cash

assistance

0.

0.

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(b) EIN

83-1232839 501(C)(3)

83-3874583 501(C)(3)

38-2153881 501(C)(3)

83-3461885 501(C)(3)

TIDES CENTER Schedule I (Form 990)

(a) Name and address of

organization or government

DESTINY DRIVEN INC

MONTGOMERY, AL 36117

WASHINGTON, DC 20006

DETENTION WATCH NETWORK 1915 I STREET NW, 8TH FLOOR

DETROIT JEWS FOR JUSTICE

440 BURROUGHS SUITE 625 DETROIT, MI 48202

1628 QUEEN ELIZABETH COURT

94-3213100 Page 1

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

HEALTHY INDIVIDUALS AND

HEALTHY INDIVIDUALS AND

COMMUNITIES

COMMUNITIES

COMMUNITIES

HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)

1,345,878,

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISRUPTION PODCAST PROJECT							
366 LUDLOW AVENUE							HEALTHY INDIVIDUALS AND
CINCINNATI, OH 45220	81-1047750	501(C)(3)	25,000.	0.			COMMUNITIES
CINCINNIII, 011 45220	01 104//50	501(0)(3)	23,000.	••			
DIVEST INVEST PROTECT							
61 COLBORNE ROAD, APT 3							HEALTHY INDIVIDUALS AND
BRIGHTON, MA 02135	82-5433269	501(C)(3)	20,000.	0.			COMMUNITIES
	01 0100100	501(0)(3)	20,000.	••			
DONKEYSADDLE PROJECTS							
248 W 35TH STREET FLOOR 10							EQUALITY, HUMAN RIGHTS,
NEW YORK, NY 10001	11-3451703	501(C)(3)	19,400.	0.			AND ECONOMIC EMPOWERMEN
DREAMING OUT LOUD FOUNDATION							
C/O WEWORK 80 M STREET SE							HEALTHY INDIVIDUALS AND
WASHINGTON, DC 20003	26-1286043	501(C)(3)	5,000.	0.			COMMUNITIES
			-,	- •			
E E ROGERS SDA SCHOOL							
5125B ROBINSON ROAD							
JACKSON, MS 39204	64-0889888	501(C)(3)	5,000.	0.			OUALITY EDUCATION
	01 0000000	501(0)(3)	5,000.	••			
EAST BAY PERMANENT REAL ESTATE							
COOPERATIVE - 1428 FRANKLIN STREET							HEALTHY INDIVIDUALS AND
- OAKLAND, CA 94612	46-2210531	501(C)(3)	10,000.	Ο.			COMMUNITIES
EAST HARLEM EL BARRIO COMMUNITY			,				
LAND TRUST INC - 413 E 120TH							
STREET, SUITE 302 - NEW YORK, NY							HEALTHY INDIVIDUALS AND
10035	47-5082983	501(C)(3)	10,000.	0.			COMMUNITIES
	1, 0001200			••			
EAST OAKLAND YOUTH DEVELOPMENT							
CENTER - 8200 INTERNATIONAL							HEALTHY INDIVIDUALS AND
BOULEVARD - OAKLAND, CA 94621	23-7334590	501(C)(3)	29,000.	0.			COMMUNITIES
	20,00100		25,000.	••		1	
ECO-SOAP BANK							
1800 MURRAY AVENUE PO BOX 81188							HEALTHY INDIVIDUALS AND
PITTSBURGH, PA 15217	47-4024469	501(C)(3)	30,000.	0.			COMMUNITIES

46-4569152	501(C)(3)	16,

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

(c) IRC section

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

(b) EIN

Schedule I (Form 990)

(a) Name and address of organization or government	(D) EIN	if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
EDITORIAL CASA CUNA							
URB VALLE HERMOSO CALLE BUCARE SB28							HEALTHY INDIVIDUALS AND
HORMIGUEROS, PR 00660	66-0874286	501(C)(3)	5,000.	0.			COMMUNITIES
EDOT MIDWEST							
5 CHEYENNE CIRCLE							HEALTHY INDIVIDUALS AND
MADISON, WI 53705	68-0501459	501(C)(3)	36,000.	٥.			COMMUNITIES
EDUCATION REIMAGINED							
1133 19TH STREET NW SUITE 410							
WASHINGTON, DC 20036	83-1086088	501(C)(3)	15,000.	٥.			QUALITY EDUCATION
EDWARD WATERS COLLEGE							
1658 KINGS ROAD							
JACKSONVILLE, FL 32209	59-1146751	501(C)(3)	5,000.	0.			QUALITY EDUCATION
EL CENTRO HISPANO INC							
2000 CHAPEL HILL ROAD SUITE 26A							EQUALITY, HUMAN RIGHTS,
DURHAM, NC 27707	56-2011661	501(C)(3)	11,967.	0.			AND ECONOMIC EMPOWERMENT
EL GRITO INC							
195 BROADWAY							HEALTHY INDIVIDUALS AND
BROOKLYN, NY 11211	81-2129119	501(C)(3)	5,000.	0.			COMMUNITIES
EL HANGAR EN SANTURCE							
706 CALLE HOARE							HEALTHY INDIVIDUALS AND
SANTURCE, PR 00907	66-0550935	501(C)(3)	15,000.	0.			COMMUNITIES
EL PUENTE DE WILLIAMSBURG INC							
211 SOUTH 4TH STREET							HEALTHY INDIVIDUALS AND
BROOKLYN, NY 11211	11-2614265	501(C)(3)	10,000.	0.			COMMUNITIES
ELDERS ACTION NETWORK INC							
P.O. BOX 11911							
PRESCOTT, AZ 86304	46-4569152	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT

62

TIDES CENTER Schedule I (Form 990)

(a) Name and address of

94-3213100 Page 1

(h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEVATE: PARTNERS FOR EDUCATION							
1711 35TH ST NW, #24							
WASHINGTON, DC 20007	85-1376553	501(C)(3)	30,000.	0.			QUALITY EDUCATION
EMERGENCY RELEASE FUND							
345 WEST 54TH STREET							EQUALITY, HUMAN RIGHTS,
NEW YORK CITY, NY 10019	84-3951807	501(C)(3)	1,607,000.	0.			AND ECONOMIC EMPOWERMENT
EMERGENT STRATEGY IDEATION							
INSTITUTE - 4126 THIRD STREET -							HEALTHY INDIVIDUALS AND
DETROIT, MI 48201	01-0559608	501(C)(3)	10,000.	0.			COMMUNITIES
ENDANGERED SPECIES COALITION							
PO BOX 65195							
WASHINGTON, DC 20035	52-2235210	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
ENVISION EDUCATION INC							
111 MYRTLE STREET, SUITE 203 OAKLAND, CA 94607	94-3394659	501(C)(3)	34,600.	0.			QUALITY EDUCATION
	54 5554055	501(0)(5)	54,000.				
EPISCOPAL CITY MISSION							
138 TREMONT STREET							EQUALITY, HUMAN RIGHTS,
BOSTON, MA 02111	04-2104171	501(C)(3)	514,000.	0.			AND ECONOMIC EMPOWERMEN
EQUALITY FEDERATION							
818 SW 3RD AVENUE SUITE 141							EQUALITY, HUMAN RIGHTS,
PORTLAND, OR 97204	81-0670151	501(C)(3)	15,000.	٥.			AND ECONOMIC EMPOWERMEN
EQUALITY LABS							
P.O. BOX 55							HEALTHY INDIVIDUALS AND
HARTSDALE, NY 10530	11-3451703	501(C)(3)	30,000.	٥.			COMMUNITIES
EQUALITY OHIO EDUCATION FUND							
370 S 5TH STREET SUITE G3		501(0)(2)					EQUALITY, HUMAN RIGHTS,
COLUMBUS, OH 43215	02-0743268	501(C)(3)	57,500.	٥.			AND ECONOMIC EMPOWERMEN

Schedule I	(Form 990) TIDES	CENTER
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(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of					(g) Description of	(h) Purpose of grant	
organization or government	(3) 2	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ESCR-NET							
370 LEXINGTON AVE SUITE 700							EQUALITY, HUMAN RIGHTS,
NEW YORK, NY 10017		501(C)(3)	12,396.	0.			AND ECONOMIC EMPOWERMENT
ESPICYNIPPLES							
P.O. BOX 2768							HEALTHY INDIVIDUALS AND
GUAYAMA, PR 00785	01-0559608	501(C)(3)	9,000.	0.			COMMUNITIES
EVERGLADES COALITION INC							
P.O. BOX 530218							
SAINT PETERSBURG, FL 33747	35-2242463	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
EVERYBLACKGIRL INC							
4041 HIGHLAND PARK DRIVE							EQUALITY, HUMAN RIGHTS,
COLUMBIA, SC 29204	81-2865134	501(C)(3)	20,000.	0.			AND ECONOMIC EMPOWERMENT
EYELLIANCE							
33 IRVING PLACE 3RD FLOOR							HEALTHY INDIVIDUALS AND
NEW YORK, NY 10003		501(C)(3)	609,032.	Ο.			COMMUNITIES
FAIRFAX COUNTY PUBLIC SCHOOLS			,				
OFFICE OF FOOD AND NUTRITION							
SERVICES - 6840 INDUSTRIAL ROAD -							HEALTHY INDIVIDUALS AND
SPRINGFIELD, VA 22151		GOVERNMENT ENTIT	5,000.	0.			COMMUNITIES
FAITH IN TEXAS - PICO							
1111 W. MOCKINGBIRD LANE SUITE 260							EQUALITY, HUMAN RIGHTS,
DALLAS, TX 75247	47-3005234	501(C)(3)	22,500.	0.			AND ECONOMIC EMPOWERMENT
FEDERACIN DE MAESTROS DE PUERTO							
RICO - URB. EL CARIBE 1572 AVE							
PONCE DE LEN - SAN JUAN, PR 00926	66-0267056		53,000.	0.			QUALITY EDUCATION
FIDEICOMISO DE LA TIERRA DEL CAO							
MARTN PEA - PMB 1838 243 CALLE							EQUALITY, HUMAN RIGHTS,
PARS - SAN JUAN, PR 00917	32-6092938		50,000.	Ο.			AND ECONOMIC EMPOWERMENT

Schedule I (Form 990) TIDES CEN Part II Continuation of Grants and Other A		nestic Organization	s and Domestic Go	vernments (Sch	edule I (Form 990) Pa		04-3213100 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIDEICOMISO PARA EL DESAROLLO DE RIO PIEDRAS - PO BOX 9300448 - SAN JUAN, PR 00928-5848	66-6043399		25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FILIPINO ADVOCATES FOR JUSTICE 310 8TH STREET SUITE 308 OAKLAND, CA 94607	94-2218907	501(C)(3)	129,890.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FIRST FOCUS 1400 EYE STREET NW SUITE 650 WASHINGTON, DC 20005	81-3185002	501(C)(3)	1,500,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FIRST FRIENDS OF NEW JERSEY AND NEW YORK - 53 S. HACKENSACK AVENUE - KEARNY, NJ 07032	26-2325815	501(C)(3)	17,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
FLORIDA INSTITUTE FOR WORKFORCE INNOVATION - 259 W UNIVERSITY AVENUE, SUITE A - GAINESVILLE, FL 32601	59-2596359	501(C)(3)	15,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FOND DU LAC RESERVATION BUSINESS COMMITTEE - 1720 BIG LAKE ROAD - CLOQUET, MN 55720	41-0965719	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FORSYTH COUNTY COMMUNITY BAIL FUND 1500 N PATTERSON AVENUE 1132 WINSTON SALEM, NC 27105	84-3509488	501(C)(3)	22,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FORTUNATE KIDS 27308 SCHOOLCRAFT REDFORD, MI 48239	46-5579270	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
FOSTERMORE 11849 W. OLYMPIC BOULEVARD SUITE 10 LOS ANGELES, CA 90064	95-1644609	501(C)(3)	69,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule I (Form 990)	TIDES	CENTER
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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	т п.) Т	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE HEARTS							
2013 25TH AVENUE N							EQUALITY, HUMAN RIGHTS,
NASHVILLE, TN 37208	30-0044814	501(C)(3)	50,000.	0.			AND ECONOMIC EMPOWERMENT
FREEDOM FOR ALL AMERICANS EDUCATION FUND - 1629 K STREET NW							EQUALITY, HUMAN RIGHTS,
SUITE 300 - WASHINGTON, DC 20006	47-4166556	501(C)(3)	57,500.	٥.			AND ECONOMIC EMPOWERMENT
FREEDOM FOR IMMIGRANTS							
1322 WEBSTER STREET SUITE 300							EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94612	80-0875881	501(C)(3)	10,000.	0.			AND ECONOMIC EMPOWERMENT
FREEDOM INC.							
1810 SOUTH PARK STREET							HEALTHY INDIVIDUALS AND
MADISON, WI 53713	43-2023570	501(C)(3)	7,500.	0.			COMMUNITIES
FRESH FUTURE FARM INC							
PO BOX 22194							HEALTHY INDIVIDUALS AND
CHARLESTON, SC 29413	46-5699947	501(C)(3)	5,000.	0.			COMMUNITIES
FRONTERIZO FIANZA FUND							
816 MAGOFFIN AVENUE							EQUALITY, HUMAN RIGHTS,
EL PASO, TX 79901	83-2644981	501(C)(3)	22,500.	0.			AND ECONOMIC EMPOWERMENT
FUERTEFUERTE, INC.							
PO BOX 367500							EQUALITY, HUMAN RIGHTS,
SAN JUAN, PR 00936			5,000.	0.			AND ECONOMIC EMPOWERMENT
FUNDACIN TNICA							
CONDOMINIO ALEXIS PARK 1102							
AVENIDA LAGUNA GARDENS - CAROLINA,							EQUALITY, HUMAN RIGHTS,
PR 00979	66-0905922		69,000.	0.			AND ECONOMIC EMPOWERMENT
G-8: GRUPO DE LAS OCHO COMUNIDADES							
ALEDANAS AL CANO MARTIN PENA, INC.							
- PMB 1873 243 CALLE PARIS - SAN							HEALTHY INDIVIDUALS AND
JUAN, PR 00917	66-0681723		5,000.	0.			COMMUNITIES

(a) Name and address of organization or government	(D) EIN	if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
GARDEN ISLAND RESOURCE							
CONSERVATION AND DEVELOPMENT INC -							
4253 C RICE STREET - LIHUE, HI							
96766	99-0288553	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
GARMENT WORKER CENTER							
1250 SOUTH LOS ANGELES STREET SUIT							EQUALITY, HUMAN RIGHTS,
LOS ANGELES, CA 90015	81-0622327	501(C)(3)	124,600.	0.			AND ECONOMIC EMPOWERMENT
,			, ,				
GEORGIA LATINO ALLIANCE FOR HUMAN							
RIGHTS INC - 7 DUNWOODY PARK SUITE							EQUALITY, HUMAN RIGHTS,
110 - ATLANTA, GA 30338	76-0809155	501(C)(3)	7,000.	0.			AND ECONOMIC EMPOWERMENT
GEORGIA ORGANICS INC							
200-A OTTLEY DRIVE	50 0045040						HEALTHY INDIVIDUALS AND
ATLANTA, GA 30324	58-2345310	501(C)(3)	5,000.	0.			COMMUNITIES
GRANTMAKERS CONCERNED WITH							
IMMIGRANTS AND REFUGEES - P.O. BOX							HEALTHY INDIVIDUALS AND
1100 - SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	52,500.	0.			COMMUNITIES
		501(0)(3)					
GRASSROOTS GLOBAL JUSTICE							
7000 CARROLL AVENUE, SUITE 200							EQUALITY, HUMAN RIGHTS,
TAKOMA PARK, MD 20912	26-4633127	501(C)(3)	25,000.	٥.			AND ECONOMIC EMPOWERMENT
GREAT EXPECTATIONS SCHOOL							
PO BOX 310							
GRAND MARAIS, MN 55604	41-1869463	501(C)(3)	5,000.	0.			QUALITY EDUCATION
GREAT LAKES AQUATIC HABITAT							
NETWORK AND FUND INC - P.O. BOX		F01(a)(2)	10.000	0			
2479 - PETOSKEY, MI 49770	20-5693503	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
GREENPEACE FUND INC							
702 H STREET NW SUITE 300							
WASHINGTON, DC 20001	95-3313195	501(C)(3)	10,000.	0.			SUSTAINABLE ENVIRONMENT
····, -···-			= , ,			1	

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

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

(c) IRC section

(b) EIN

Schedule I (Form 990)

94-3213100 Page 1

(h) Purpose of grant

(a) Name and address of

HI 96746

ACTION - P.O. BOX 1534 - KAPA'A,

H.E.A.R.T. CREW						
14632 GRAVELLE ST						HEALTHY INDIVIDUALS AND
ST LOUIS, MO 63034	43-1900251	501(C)(3)	10,000.	0.		COMMUNITIES
HAITIAN BRIDGE ALLIANCE						
4265 FAIRMONT AVENUE SUITE 280						HEALTHY INDIVIDUALS AND
SAN DIEGO, CA 92150	81-3558713	501(C)(3)	25,000.	0.		COMMUNITIES
HAND HEART AND SOUL PROJECT INC						
993 FOREST AVENUE						HEALTHY INDIVIDUALS AND
FOREST PARK, GA 30297	82-1127395	501(C)(3)	5,000.	0.		COMMUNITIES
HAND IN HAND: THE DOMESTIC						
EMPLOYERS NETWORK - 45 BROADWAY,						HEALTHY INDIVIDUALS AND
SUITE 302 - NEW YORK, NY 10006	52-1332694	501(C)(3)	157,890.	0.		COMMUNITIES
<u>.</u>						
HANDS UP UNITED						
5269 EDGEMERE DRIVE						EQUALITY, HUMAN RIGHTS,
BLACK JACK, MO 63033	52-2094677	501(C)(3)	10,000.	0.		AND ECONOMIC EMPOWERMENT
			, -			
HASER INC						
PO BOX 368035						HEALTHY INDIVIDUALS AND
SAN JUAN, PR 00936-8035	66-0861655	501(C)(3)	40,000.	0.		COMMUNITIES
			10,000.	••		
HAWAII ALLIANCE FOR PROGRESSIVE						
WWWITT WHETHIGH FOR FROOREDDIVE			1			

(d) Amount of

cash grant

10,000

50,000

(e) Amount of

non-cash

assistance

0.

0.

Ο.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(c) IRC section

if applicable

06-1664153 501(C)(3)

58-1956686 501(C)(3)

46-5537123 501(C)(3)

TIDES CENTER Schedule I (Form 990)

organization or government

(h) Purpose of grant

or assistance

SUSTAINABLE ENVIRONMENT

HEALTHY INDIVIDUALS AND

EQUALITY, HUMAN RIGHTS,

AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

COMMUNITIES

Page 1

16,000.

(a) Name and address of (b) EIN

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

1201 WESTERN AVENUE SUITE 410

GULF COAST CENTER FOR LAW & POLICY

GRIST MAGAZINE INC

SEATTLE, WA 98101

SLIDELL, LA 70459

P.O.BOX 784

04-2103733	501(c

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND ALLIANCE FOR HUMAN NEEDS							
& HUMAN RIGHTS - 208 S. LASALLE							
STREET SUITE 1300 - CHICAGO, IL							HEALTHY INDIVIDUALS AND
60604	36 - 1877640	501(C)(3)	100,000.	0.			COMMUNITIES
HERO WOMEN RISING							
P.O. BOX 944							EQUALITY, HUMAN RIGHTS,
FLAGSTAFF, AZ 86002	46-4309143	501(C)(3)	30,000.	0.			AND ECONOMIC EMPOWERMENT
HILLEL THE FOUNDATION FOR JEWISH							
CAMPUS LIFE - 800 EIGHTH STREET,							HEALTHY INDIVIDUALS AND
NW - WASHINGTON, DC, DC 20001	52-1844823	501(C)(3)	45,000.	0.			COMMUNITIES
www.abiiingion, bc, bc 20001	52 1044025	501(0/(3)	45,000.	••			
HO-CHUNK DEVELOPMENT CORP							
509 HOCHUNK PLAZA N							HEALTHY INDIVIDUALS AND
WINNEBAGO, NE 68071	47-0837036	501(C)(3)	5,000.	0.			COMMUNITIES
HOLLER HEALTH JUSTICE INC							
PO BOX 11032							HEALTHY INDIVIDUALS AND
CHARLESTON, WV 25339	83-1203957	501(C)(3)	10,000.	0.			COMMUNITIES
			,				
HOMELESS YOUTH ALLIANCE INC.							
PO BOX 170427							HEALTHY INDIVIDUALS AND
SAN FRANCISCO, CA 94117	81-3036333	501(C)(3)	65,000.	0.			COMMUNITIES
HOPE PROJECT-LIBERIA							
P.O. BOX 1095							EQUALITY, HUMAN RIGHTS,
LEAVENWORTH, WA 98826	45-2621553	501(C)(3)	30,000.	0.			AND ECONOMIC EMPOWERMENT
HUERTO SEMILLA							
CALLE MANILA 1003, APTO. #1, SANTA							
RO PIEDRAS, PR 00925	66 - 0910974	501(C)(3)	5,000.	0.			SUSTAINABLE ENVIRONMENT
IMMIGRANT FREEDOM FUND OF COLORADO							
745 EAST 5TH STREET				_			EQUALITY, HUMAN RIGHTS,
LOVELAND, CO 80537	04-2103733	501(C)(3)	11,000.	0.			AND ECONOMIC EMPOWERMENT

69

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

TIDES CENTER Schedule I (Form 990)

hedule I (Form 990)	TIDES	CENTER

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other A	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMIGRANTS RISING							
P.O. BOX 411512							EQUALITY, HUMAN RIGHTS,
SAN FRANCISCO, CA 94141	94-3255070	501(C)(3)	57,500.	0.			AND ECONOMIC EMPOWERMENT
INDIGENOUS EDUCATIONAL NETWORK OF							
TURTLE ISLAND - P.O. BOX 485 -							EQUALITY, HUMAN RIGHTS,
BEMIDJI, MN 56619	38-3653476	501(C)(3)	16,000.	0.			AND ECONOMIC EMPOWERMENT
	30 3033470	501(0)(5)	10,000.				
INDIGENOUS VISION							
2390 E CAMELBACK ROAD SUITE 130							HEALTHY INDIVIDUALS AND
PHOENIX, AZ 85016	47-4307849	501(C)(3)	20,000.	0.			COMMUNITIES
INICIATIVA DE ECO-DESARROLLO DE							
BAHIA DE JOBOS INC - ANTIGUO							
CENTRO CIBERNETICO, CALLE 705							HEALTHY INDIVIDUALS AND
INTERIOR - SALINAS, PR 00704	66-0758170		20,000.	0.			COMMUNITIES
INLAND COALITION FOR IMMIGRANT							
JUSTICE - 521 N EUCLID AVENUE -	22 0490209	F01(0)(2)	20.000	0			EQUALITY, HUMAN RIGHTS,
ONTARIO, CA 91762	33-0480298	501(C)(3)	20,000.	0.			AND ECONOMIC EMPOWERMENT
INSTITUTO DE EDUCACION POPULAR DEL							
SUR DE CALIFORNIA - 1565 WEST 14TH							HEALTHY INDIVIDUALS AND
STREET - LOS ANGELES, CA 90015	95-4431992	501(C)(3)	159,890.	0.			COMMUNITIES
INSTITUTO PARA LA INVESTIGACIN Y			, .				
ACCIN EN AGROECOLOGA - 273 CALLE							
SIERRA MORENA - URB. LA CUMBRE PMB							
101, PR 00926	66-0910974		5,000.	0.			SUSTAINABLE ENVIRONMENT
INTEGRATIVE HEALTH PROJECTS INC 200 E. 15TH STREET							HEALTHY INDIVIDUALS AND
NEW YORK, NY 10003	47-3442650	501(C)(3)	5,000.	0.			COMMUNITIES
MLR TORK, MI 10005	-, J4420JU	501(0)(5)	5,000.	0.			
INTELLIGENT MISCHIEF							
397 PUTNAM AVENUE #2							EQUALITY, HUMAN RIGHTS,
BROOKLYN, NY 11216	01-0559608	501(C)(3)	10,000.	٥.			AND ECONOMIC EMPOWERMENT

JEWS FOR RACIAL AND ECONOMIC JUSTICE - 330 SEVENTH AVENUE SUITE						E
1901 - NEW YORK, NY 10001	13-3694790	501(C)(3)	30,000.	0.		Z
JEWS IN ALL HUES 7152 CHEW AVENUE, 2ND FLOOR PHILADELPHIA, PA 19119	27-2516792	501(C)(3)	46,000.	0.		E
JOC TORAH ACADEMY 330 SEVENTH AVENUE, STE 1901 NEW YORK, NY 10001	13-3694790	501(C)(3)	36,000.	0.		ç
JOHN HOWARD ASSOCIATION						

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

(b) EIN

13-3287064 501(C)(3)

41-1951636 501(C)(3)

52-2971070 501(C)(3)

94-3213124 501(C)(3)

36-2167739 501(C)(3)

501(C)(3)

(c) IRC section

if applicable

(d) Amount of

cash grant

718,367

30,000

5,000

60,304

50,000

(e) Amount of

non-cash

assistance

0.

0.

0.

0.

0.

Ο.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

Schedule I (Form 990)

WASHINGTON, DC 20036

BLOOMINGTON, MN 55438

ISA(BEL) FATIMA DIAWARA

P.O. BOX 386243

15 CAROUSEL LANE

PUEBLO, CO 81001

2929 19TH STREET

SAN FRANCISCO, CA 94110

10001

(a) Name and address of

organization or government

INTERACTION AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION INC - 1400 16TH STREET NW SUITE 210 -

INTERNATIONAL VILLAGE CLINIC

ITPC (INTERNATIONAL TREATMENT PREPAREDNESS COALITION) - 494 8TH AVENUE, SUITE 505 - NEW YORK, NY

JAMESTOWN COMMUNITY CENTER INC

70 E. LAKE STREET, SUITE 410

CHICAGO, IL 60601

(h) Purpose of grant

or assistance

EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

EQUALITY, HUMAN RIGHTS,

AND ECONOMIC EMPOWERMENT

HEALTHY INDIVIDUALS AND

HEALTHY INDIVIDUALS AND

COMMUNITIES

COMMUNITIES

QUALITY EDUCATION

EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

HEALTHY INDIVIDUALS AND

15,000,

EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

DUALITY EDUCATION

COMMUNITIES

LA MARAA

551 CALLE TRIGO

SAN JUAN, PR 00907

JUST CITY INC						
P.O. BOX 41852						EQUALITY, HUMAN RIGHTS,
MEMPHIS, TN 38174	47-2650826	501(C)(3)	30,000.	0.		AND ECONOMIC EMPOWERMENT
JUSTICE FOR MUSLIMS COLLECTIVE			, ,			
C/O DEFENDING RIGHTS AND DISSENT						
INC 1325 G STREET NW, SUITE 500 -						EQUALITY, HUMAN RIGHTS,
WASHINGTO	27-0042821	501(C)(3)	20,000.	0.		AND ECONOMIC EMPOWERMENT
KANSAS CITY COMMUNITY BAIL FUND						
1055 BROADWAY BLVD SUITE 130						HEALTHY INDIVIDUALS AND
KANSAS CITY, MS 64105	43-1152398	501(C)(3)	322,886.	0.		COMMUNITIES
KERES CHILDREN'S LEARNING CENTER						
P.O. BOX 113						EQUALITY, HUMAN RIGHTS,
COCHITI PUEBLO, NM 87072	45-4511408	501(C)(3)	5,000.	0.		AND ECONOMIC EMPOWERMENT
KILOMETRO 0						L
206 TETUN, SUITE 800						EQUALITY, HUMAN RIGHTS,
SAN JUAN, PR 00901	66-0898712	501(C)(3)	20,000.	0.		AND ECONOMIC EMPOWERMENT
KNOWLEDGEWORKS FOUNDATION						
ONE WEST 4TH STREET, SUITE 200	21 1221072	E01(0)(2)	21 400	0		
CINCINNATI, OH 45202	31-1321973	501(C)(3)	21,400.	0.		QUALITY EDUCATION
LA COLMENA CIMARRONA						
PO BOX 500						
VIEQUES, PR 00765	66-0861655	501(C)(3)	28,333.	0.		SUSTAINABLE ENVIRONMENT
······································	00 0001033	501(0/(5)	20,333.			Sostimment Invironment
	1		1		1	

(d) Amount of

cash grant

25,000

(e) Amount of

non-cash

assistance

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

04-3617885 501(C)(3)

66-0838654 501(C)(3)

TIDES CENTER Schedule I (Form 990)

(a) Name and address of

organization or government

359 BOYLSTON STREET FOURTH FLOOR

JOIN FOR JUSTICE INC.

BOSTON, MS 02116

94-3213100

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

COMMUNITIES

15,000.

Schedule I (Form 990)

HEALTHY INDIVIDUALS AND

COMMUNITIES

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA RESISTENCIA							
PO BOX 3040 PMB 512							EQUALITY, HUMAN RIGHTS,
GURABO, PR 00778	81-1719074	501(C)(3)	10,000.	0.			AND ECONOMIC EMPOWERMENT
LAW FOR BLACK LIVES							
45 W. 36TH STREET 6TH FLOOR							HEALTHY INDIVIDUALS AND
NEW YORK, NY 10018	13-3191113	501(C)(3)	5,000.	0.			COMMUNITIES
LEADERSHIP COUNSEL FOR JUSTICE AND							
ACCOUNTABILITY - 764 P STREET							EQUALITY, HUMAN RIGHTS,
SUITE 12 - FRESNO, CA 93721	46-1517800	501(C)(3)	28,539.	0.			AND ECONOMIC EMPOWERMENT
LIBERTY FUND INC							
428 BROADWAY							EQUALITY, HUMAN RIGHTS,
NEW YORK, NY 10013	38-3974312	501(C)(3)	22,500.	0.			AND ECONOMIC EMPOWERMENT
LIFT UP CONTRA COSTA ACTION							
1014 TORNEY AVENUE							HEALTHY INDIVIDUALS AND
SAN FRANCISCO, CA 94129	94-3153687	501(C)(3)	362,816.	0.			COMMUNITIES
LOUISVILLE COMMUNITY BAIL FUND	94-3133007	501(0)(5)	502,010.	0.			COMMONITIES
C/O ALLIANCE FOR GLOBAL JUSTICE							
225 E 26TH STREET SUITE 1 -							EQUALITY, HUMAN RIGHTS,
TUCSON, AZ 85713	52-2094677	501(C)(3)	737,225.	0.			AND ECONOMIC EMPOWERMENT
			,				
LUNAR							
BE'CHOL LASHON 3198 FULTON ST							EQUALITY, HUMAN RIGHTS,
SAN FRANCISCO, CA 94118	94-3307253	501(C)(3)	5,000.	0.			AND ECONOMIC EMPOWERMENT
MAKE THE ROAD NEW YORK							
301 GROVE STREET							EQUALITY, HUMAN RIGHTS,
BROOKLYN, NY 11237	11-3344389	501(C)(3)	30,000.	0.			AND ECONOMIC EMPOWERMENT
MAKER EDUCATION INITIATIVE							
1808 FIFTH STREET				-			
BERKELEY, CA 94710	83-4594261	501(C)(3)	364,461.	0.			QUALITY EDUCATION

032241 11-05-20	

Schedule I (Form 990) TIDES CEN							4-3213100 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASA-MEXED INC							
2770 THIRD AVENUE 1ST FLOOR							HEALTHY INDIVIDUALS AND
BRONX, NY 10455	11-3640210	501(C)(3)	12,500.	0.			COMMUNITIES
MACCACHIICEMMC DATI FUND INC							
MASSACHUSETTS BAIL FUND INC. 2161 MASSACHUSETTS AVENUE							
CAMBRIDGE, MA 02140	82-4924766	501(C)(3)	880,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
CAMBRIDGE, MA 02140	02 4924700	501(0)(3)		••			AND ECONOMIC EMPOWERMENT
MEDIA MOBILIZING PROJECT							
924 CHERRY STREET 5TH FLOOR							HEALTHY INDIVIDUALS AND
PHILADELPHIA, PA 19107	26-0307123	501(C)(3)	50,000.	0.			COMMUNITIES
METRO ATLANTA MUTUAL AID FUND							
931 MONROE DR NE 110-552							HEALTHY INDIVIDUALS AND
ATLANTA, GA 30308	81-0976954	501(C)(3)	7,500.	0.			COMMUNITIES
MIJENTE SUPPORT COMMITTEE							
734 W POLK STREET							HEALTHY INDIVIDUALS AND
PHOENIX, AZ 85007	82-1711382	501(C)(3)	35,000.	0.			COMMUNITIES
MINNESOTA FREEDOM FUND INC							
P.O. BOX 6398							EQUALITY, HUMAN RIGHTS,
MINNEAPOLIS, MN 55406	82-1214607	501(C)(3)	20,000.	0.			AND ECONOMIC EMPOWERMENT
MISSION GRADUATES							
3040 16TH STREET							
SAN FRANCISCO, CA 94103	23-7172909	501(C)(3)	210,000.	0.			QUALITY EDUCATION
MISSISSIPPI REPRODUCTIVE FREEDOM							
FUND - 210 LORENZ BOULEVARD -							EQUALITY, HUMAN RIGHTS,
JACKSON, MS 39216	04-3236982	501(C)(3)	40,000.	0.			AND ECONOMIC EMPOWERMENT
,							
MISSOURI STREAM TEAM WATERSHED							
COALITION - PO BOX 483 - SHELBINA,							
MI 63468	43-1900822	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT

Schedule I (Form 990)

94-3213100 Page 1

MONTGOMERY, AL 3	35-0868116	501(C)(3)	318,827.	0.		AND ECONOMIC EMPOWERMENT
MONUMENT IMPACT						
1760 CLAYTON ROAD						HEALTHY INDIVIDUALS AND
CONCORD, CA 94520	94-3370919	501(C)(3)	219,890.	0.		COMMUNITIES
MORTAR CINCINNATI						
1329 VINE STREET						EQUALITY, HUMAN RIGHTS,
CINCINNATI, OH 45202	47-2431620	501(C)(3)	30,000.	0.		AND ECONOMIC EMPOWERMENT
MOUNT PLEASANT NOW DEVELOPMENT						
CORPORATION - 13815 KINSMAN ROAD -						HEALTHY INDIVIDUALS AND
CLEVELAND, OH 44120	34-1599720	501(C)(3)	15,000.	0.		COMMUNITIES
MOUNTAIN ACCESS BRIGADE						
5832 WOODED ACRES DRIVE NW						EQUALITY, HUMAN RIGHTS,
KNOXVILLE, TN 37921	83-1203957	501(C)(3)	10,000.	0.		AND ECONOMIC EMPOWERMENT
MOVEMENT FOR BLACK LIVES FUND						

7,500,

75

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

23-2081703 501(C)(3)

81-4267631 501(C)(3)

52-2094677 501(C)(3)

04-6135347 GOVERNMENT ENTIT

(a) Name and address of

organization or government

MITSUI COLLECTIVE 6 BRANDYWOOD DRIVE

PEPPER PIKE, OH 44124

MOMENTUM COMMUNITY

MONTGOMERY BAIL OUT FUND C/O FIRST CHRISTIAN CHURCH OF MONTGOMERY 1705 TAYLOR ROAD -

90016

CHICAGO, IL 60653

4316 S VINCENNES AVENUE, UNIT 2S

MOHAWK TRAIL REGIONAL SCHOOL DISTRICT - 24 ASHFIELD ROAD -SHELBURNE FALLS, MA 01370

C/O APINYA POKACHAIYAPAT 2901 S. HARCOURT AVENUE - LOS ANGELES, CA

EQUALITY, HUMAN RIGHTS,

AND ECONOMIC EMPOWERMENT

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance

58,500

375,000

35,000

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94-3213100

Page 1

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

COMMUNITIES

DUALITY EDUCATION

EQUALITY, HUMAN RIGHTS,

EQUALITY, HUMAN RIGHTS

AND ECONOMIC EMPOWERMENT

Schedule I (Form 990) TIDES CEN							94-3213100 Page
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUJERES DE ISLAS, INC. APARTADO 358 CULEBRA, PR 00775	66-0768054		23,333.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET SUITE 23 SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	89,890.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NAACP EMPOWERMENT PROGRAMS INC 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	15,250.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NAACP EMPOWERMENT PROGRAMS INC 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	15,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NATIONAL BAIL OUT C/O HIGHLANDER RESEARCH AND EDUCATION CENTER 1959 HIGHLANDER WAY - NEW MARKE	62-0646373	501(C)(3)	10,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NATIONAL BLACK ENVIRONMENTAL JUSTICE NETWORK - DEEP SOUTH CENTER FOR ENVIRON. JUSTICE 9801 LAKE FOREST BOULEVARD - NEW	56-2466977	501(C)(3)	16,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NATIONAL BLACK FOOD AND JUSTICE ALLIANCE – 1900 FRUITVALE AVENUE NO 3D – OAKLAND, CA 94601	30-0044814	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NATIVE YOUTH LEADERSHIP ALLIANCE P.O. BOX 241 PINE RIDGE, SD 57770	27-2503270	501(C)(3)	20,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NC COMMUNITY BAIL FUND OF DURHAM PO BOX 61114 RALEIGH, NC 27661	16-1702165	501(C)(3)	391,422.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedul	e I (Form 990)	TIDES	CENTER
Part II	Continuation of	of Grants and	Other Assist

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NETWORK FOR LANDSCAPE CONSERVATION C/O CLIMATE CONSERVATION PO BOX 158							
BOZEMAN, MO 59771	27-1226829	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
NEW YORK CITY NETWORK OF WORKER COOPERATIVES - 495 FLATBUSH AVENUE SUITE 2 - BROOKLYN, NY 11225	20-2264584	501(C)(3)	10,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NEW YORK UNIVERSITY 665 BROADWAY STREET SUITE 801 NEW YORK, NY 10012	13-5562308	501(C)(3)	85,900.	0.			QUALITY EDUCATION
NOBODY LEAVES MID-HUDSON 29 NORTH HAMILTON STREET L05 POUGHKEEPSIE, NY 12601	94-3153687	501(C)(3)	405,575.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
NORCAL RESIST 2121 BROADWAY SACRAMENTO, CA 95818	83-1003248	501(C)(3)	153,500.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
NORTHWEST COMMUNITY BAIL FUND 2311 N 45TH STREET #303 SEATTLE, WA 98103	83-1096468	501(C)(3)	30,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD LOS ANGELES, CA 90041	95-1667177	501(C)(3)	16,000.	0.			QUALITY EDUCATION
OCEANIC ASCENT EDUCATION, INC. 180 GOLONDRINA AVENUE BARRIGADA, PR 96913	66-0747234		5,000.	0.			SUSTAINABLE ENVIRONMENT
OFICINA LEGAL DE LA COMUNIDAD INC PO BOX 194735 SAN JUAN, PR 00919	66-0387277	501(C)(3)	5,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

PANGEA PR

					HEALTHY INDIVIDUALS AND
83-4477196	501(C)(3)	5,000.	0.		COMMUNITIES
					HEALTHY INDIVIDUALS AND
13-3749744	501(C)(3)	20,000.	0.		COMMUNITIES
					EQUALITY, HUMAN RIGHTS,

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OKLAHOMA CITY, OK 73111 26-2806089 501(C)(3) 5,000 0. 3518 SOUTH EDMUNDS STREET SEATTLE, WA 98118 91-1635554 501(C)(3) 7,500 0. OPERATION RESTORATION 1450 POYDRAS STREET SUITE 2260 NEW ORLEANS, LA 70112 61-1791941 501(C)(3) 406,044 0.

94-3153687 501(C)(3)

82-3099041 501(C)(3)

82-2711699 501(C)(3)

66-0550935 501(C)(3)

(c) IRC section

if applicable

(d) Amount of

cash grant

197,215.

10,000

5,000

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(b) EIN

(a) Name and address of

organization or government

OKLAHOMA WOMEN IN AG ASSOCIATION 1701 N. MARTIN LUTHER KING AVENUE

ORANGE COUNTY ENVIRONMENTAL JUSTICE PROJECT ACTION FUND - 1905 E. 17TH STREET SUITE 325 - SANTA

ORANGE COUNTY JUSTICE FUND

OUR CORE INCORPORATED

PALETTE OF EXPRESSIONS 345 S 36TH STREET RICHMOND, CA 94804

NEWBURGH, NY 12551

- BRONX, NY 10459

PO BOX 193008 SAN JUAN

SAN JUAN, PR 00919

C/O NORMA GARCIA GUILLEN 695 TOWN CENTER DRIVE, SUITE 700 - COSTA

PAN-AFRICAN COMMUNITY DEVELOPMENT INITIATIVE - 1158 INTERVALE AVENUE

ONE FAIR WAGE

ANA, CA 92705

MESA, CA 9

PO BOX 1371

AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

EQUALITY, HUMAN RIGHTS,

EQUALITY, HUMAN RIGHTS,

AND ECONOMIC EMPOWERMENT

HEALTHY INDIVIDUALS AND

HEALTHY INDIVIDUALS AND

AND ECONOMIC EMPOWERMENT

COMMUNITIES

COMMUNITIES

COMMUNITIES

DUALITY EDUCATION

10,000.

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1	501(C)(3)	158,140.	0.	
÷	501(0)(5)	1 100,140.	۰.	

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Schedule I (Form 990)

(a) Name and address of organization or government	(D) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
PARCELERAS AFORCARIBENAS POR LA							
FORMACION BARRIAL INC - PO BOX							
1321 - TRUJILLO ALTO, PR							HEALTHY INDIVIDUALS AND
00978-1321	66-0924847	501(C)(3)	10,000.	0.			COMMUNITIES
PARTNERSHIP FOR THE NATIONAL							
TRAILS SYSTEM - 1615 M STREET NW							
SECOND FLOOR - WASHINGTON, DC							
20036	39-2015324	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
PEER HEALTH EXCHANGE INC.							
100 WEBSTER STREET SUITE 300							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94607	56-2374305	501(C)(3)	16,425.	0.			COMMUNITIES
PEOPLE UNITED FOR SUSTAINABLE							
HOUSING INCORPORATED - 429							
PLYMOUTH AVENUE SUITE 1 - BUFFALO,							EQUALITY, HUMAN RIGHTS,
NY 14213	20-3558447	501(C)(3)	15,000.	0.			AND ECONOMIC EMPOWERMENT
PEOPLE'S ADVOCACY INSTITUTE							
P.O. BOX 736							EQUALITY, HUMAN RIGHTS,
JACKSON, MS 39205	82-2700169	501(C)(3)	22,500.	0.			AND ECONOMIC EMPOWERMENT
PHILADELPHIA BAIL FUND							
P.O.BOX 22316							EQUALITY, HUMAN RIGHTS,
PHILADELPHIA, PA 19110	82-1360589	501(C)(3)	100,000.	0.			AND ECONOMIC EMPOWERMENT
PHILADELPHIA COMMUNITY BAIL FUND			,				
C/O MOVEMENT ALLIANCE PROJECT 924							
CHERRY STREET, 5TH FLOOR -							EQUALITY, HUMAN RIGHTS,
PHILADELPHIA, P	26-0307123	501(C)(3)	22,500.	0.			AND ECONOMIC EMPOWERMENT
PICO CALIFORNIA							
2000 FRANKLIN STREET, 3RD FLOOR							EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94612	94-2206497	501(C)(3)	12,000.	0.			AND ECONOMIC EMPOWERMENT
PILIPINO WORKERS CENTER OF							
SOUTHERN CALIFORNIA - 153							
GLENDALE BOULEVARD - LOS ANGELES,							HEALTHY INDIVIDUALS AND
CA 90026	77-0439301	501(C)(3)	158,140.	0.			COMMUNITIES

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

(c) IRC section

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

(b) EIN

TIDES CENTER Schedule I (Form 990)

(a) Name and address of

(h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINKY SWEAR FOUNDATION							
5555 WEST 78TH STREET SUITE E							HEALTHY INDIVIDUALS AND
EDINA, MN 55439	56-2384527	501(C)(3)	34,842.	0.			COMMUNITIES
PISO PROYECTO	50 2501527	501(0)(3)	51,012.	••			
C/O NOEMI SEGARRA RAMIREZ 1411							
CALLE ESTRELLA APT. 1A - SAN JUAN,							HEALTHY INDIVIDUALS AND
PR 00907	26-3250931	501(C)(3)	5,000.	0.			COMMUNITIES
PLATAFORMA AGRO-CULTURAL PARA EL			-,	- •			
EMPODERAMIENTO COMUNITARIO - 107							
CALLE CASTRO VIA - SAN JUAN, PR							HEALTHY INDIVIDUALS AND
, , , , , , , , , , , , , , , , , , , ,	66-0917085		13,000.	0.			COMMUNITIES
			,				
PLAY COUSINS COLLECTIVE							
401 NORTHWESTERN PARKWAY							HEALTHY INDIVIDUALS AND
LOUISVILLE, KY 40212	82-2811602	501(C)(3)	8,000.	0.			COMMUNITIES
PORTLAND FREEDOM FUND							
PO BOX 42671							EQUALITY, HUMAN RIGHTS,
PORTLAND, OR 97242	93-1009519	501(C)(3)	358,450.	0.			AND ECONOMIC EMPOWERMENT
POWER CALIFORNIA							
1720 BROADWAY, 2ND FLOOR							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94612	77-0651682	501(C)(3)	57,500.	0.			COMMUNITIES
PRESS STREET							L
3718 SAINT CLAUDE AVENUE		F01 (a) (a)	10.000				HEALTHY INDIVIDUALS AND
NEW ORLEANS, LA 70117	20-5154240	501(C)(3)	10,000.	0.			COMMUNITIES
PRISON BOOK PROGRAM							
1306 HANCOCK STREET SUITE 100	20-3235673	501(C)(3)	22 500	0.			EQUALITY, HUMAN RIGHTS,
QUINCY, MS 02169	20-32350/3	DOT(C)(2)	22,500.	0.			AND ECONOMIC EMPOWERMENT
PROGRESSIVE LEADERSHIP ALLIANCE OF							
NEVADA - 2330 PASEO DEL PRADO C109							HEALTHY INDIVIDUALS AND
- LAS VEGAS, NV 89102	88-0318655	501(C)(3)	50,000.	0.			COMMUNITIES

Schedule I (Form 990)	TIDES	CENTER
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
PROJECT HAJRA							
PO BOX 350884							HEALTHY INDIVIDUALS AND
JAMAICA, NY 11435	01-0559608	501(C)(3)	20,000.	0.			COMMUNITIES
PROJECT SOUTH INC.							
9 GAMMON AVENUE SE							EQUALITY, HUMAN RIGHTS,
ATLANTA, GA 30315	58-1956686	501(C)(3)	100,000.	٥.			AND ECONOMIC EMPOWERMENT
PROTEUS FUND INC							
15 RESEARCH DRIVE SUITE B							HEALTHY INDIVIDUALS AND
AMHERST, MA 01002	04-3243004	501(C)(3)	45,000.	0.			COMMUNITIES
			10,000	···			
PROYECTO MATRIA INC							
PO BOX 1334							HEALTHY INDIVIDUALS AND
CAGUAS, PR 00726	66-0641575	501(C)(3)	25,000.	0.			COMMUNITIES
PROYECTO NAZE, INC.							
CALLE KENT J-17 VILLA CONTESSA							HEALTHY INDIVIDUALS AND
BAYAMON, PR 00956	66-0938736		5,000.	0.			COMMUNITIES
			5,000.				
PROYECTO SALUD Y ACUPUNTURA PARA							
EL PUEBLO - 1900 CACIQUE STREET							HEALTHY INDIVIDUALS AND
APT. #2 - SAN JUAN, PR 00911	47-3442650	501(C)(3)	5,000.	0.			COMMUNITIES
PUBELO OF PICURIS							
P. 0. BOX 127							EQUALITY, HUMAN RIGHTS,
PENASCO, NM 87553	85-0258099	501(C)(3)	5,000.	٥.			AND ECONOMIC EMPOWERMEN
,			,				
PUEBLO CRITICO, INC.							
MANSIONES DE RIO PIEDRAS 1786 BEGON							HEALTHY INDIVIDUALS AND
SAN JUAN, PR 00926	66-0882626		35,000.	0.			COMMUNITIES
QUEER THE LAND							
1510 S HILL STREET							HEALTHY INDIVIDUALS AND
SEATTLE, WA 98144	01-0559608	501(C)(3)	20,000.	0.			COMMUNITIES

Schedule I (Form 990)

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TIDES CENTER

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990). Pa	rt II.)	Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RE POWER FUND							
2639 NICOLLET AVENUE SUITE 220							HEALTHY INDIVIDUALS AND
MINNEAPOLIS, MN 55408	35-2191193	501(C)(3)	22,500.	0.			COMMUNITIES
REAL OPTIONS FOR CITY KIDS							
73 LELAND AVENUE							
SAN FRANCISCO, CA 94134	94-3212617	501(C)(3)	125,000.	0.			QUALITY EDUCATION
REALITY SPEAKING INC.							
742 HAWS AVENUE							HEALTHY INDIVIDUALS AND
NORRISTOWN, PA 19401	16-1696798	501(C)(3)	100,000.	0.			COMMUNITIES
REFUGEE & IMMIGRANT CENTER FOR							
EDUCATION & LEGAL SERVICES - 1305							
N. FLORES STREET - SAN ANTONIO, TX							EQUALITY, HUMAN RIGHTS,
78212	74-2436920	501(C)(3)	35,000.	0.			AND ECONOMIC EMPOWERMENT
REFUGEE COMMUNITY PARTNERSHIP INC							
PO BOX 461							EQUALITY, HUMAN RIGHTS,
CARRBORO, NC 27510	26-3608741	501(C)(3)	12,000.	٥.			AND ECONOMIC EMPOWERMENT
REGENERATION PROJECT							
672 13TH STREET SUITE 100							
OAKLAND, CA 94612	94-3335236	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA AT BERKELEY - 2195							
HEARST AVENUE, ROOM 130F -							HEALTHY INDIVIDUALS AND
BERKELEY, CA 94720-1103	94-6002123	501(C)(3)	20,000.	٥.			COMMUNITIES
REPRODUCTIVE JUSTICE ACTION							
COLLECTIVE - C/O WOMEN WITH A							
VISION 1226 N. BROAD STREET - NEW							HEALTHY INDIVIDUALS AND
ORLEANS, LA 70119	72-1202185	501(C)(3)	10,000.	0.			COMMUNITIES
RESTOREHER USAMERICA INC							
PO BOX 141							EQUALITY, HUMAN RIGHTS,
	83-0907216	501(C)(3)	10,000.	0.			AND ECONOMIC EMPOWERMENT
READ OAK, GA 30272	03-090/210	DOT(C)(2)	L 10,000.	۰ ⁰		1	HUD ECONOMIC EMPOWERMENT

AND ECONOMIC EMPOWERMENT Schedule I (Form 990)

Schedule I (Form 9	0) TIDES	CENTER
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Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		4-3213100 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVERENCE PROJECT							
1673 E. 108TH STREET							HEALTHY INDIVIDUALS AND
LOS ANGELES, CA 90059	47-3427148	501(C)(3)	50,000.	0.			COMMUNITIES
RICHMOND DISTRICT NEIGHBORHOOD							
CENTER INC - 741 30TH AVENUE - SAN							
FRANCISCO, CA 94121	94-2684271	501(C)(3)	125,000.	0.			QUALITY EDUCATION
RIGHT TO THE CITY ALLIANCE INC							
388 ATLANTIC AVENUE 3RD FLOOR							EQUALITY, HUMAN RIGHTS,
BROOKLYN, NY 11217	94-3462187	501(C)(3)	40,000.	0.			AND ECONOMIC EMPOWERMENT
ROCKY MOUNTAIN WOLF PROJECT ACTION							
FUND - 1600 BROADWAY SUITE #1600 -	02 0750520	F01 (0) (2)	64 201	0			
DENVER, CO 80202	83-2759539	501(C)(3)	64,281.	0.			SUSTAINABLE ENVIRONMENT
ROTHENBERG ROOFTOP GARDEN							
P.O. BOX 9191							HEALTHY INDIVIDUALS AND
CINCINNATI, OH 45209	81-2686094	501(C)(3)	5,000.	0.			COMMUNITIES
RUBY'S PLACE							
20880 BAKER ROAD							HEALTHY INDIVIDUALS AND
CASTRO VALLEY, CA 94546	94-2212241	501(C)(3)	10,000.	0.			COMMUNITIES
	54 2212241	501(0)(3)	10,000.				COMMONITIES
SAFE & JUST MICHIGAN							
521 SEYMOUR AVENUE							EQUALITY, HUMAN RIGHTS,
LANSING, MI 48933	38-3520445	501(C)(3)	125,000.	0.			AND ECONOMIC EMPOWERMENT
SAN FRANCISCO STATE UNIVERSITY							
BURSAR'S OFFICE 1600 HOLLOWAY							
AVENUE, ADM 155 - SAN FRANCISCO,							
CA 94132	93-1137247	GOVERNMENT ENTIT	5,000.	0.			QUALITY EDUCATION
SANTA CRUZ BARRIOS UNIDOS INC							
1817 SOQUEL AVENUE							EQUALITY, HUMAN RIGHTS,
SANTA CRUZ, CA 95062	77-0333450	501(C)(3)	11,500.	0.			AND ECONOMIC EMPOWERMENT
			11,000.	۰.			

Schedule I (Form 990)	TIDES	CENTER
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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of	(g) Description of	(h) Purpose of grant
PO BOX 8009 SANTA FE, NM 87504 8				assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							EQUALITY, HUMAN RIGHTS,
	32-0839645	501(C)(3)	35,000.	0.			AND ECONOMIC EMPOWERMENT
SAVANNAH RIVERKEEPER INCORPORATED P.O. BOX 60		F01 (G) (2)	15,000				
AUGUSTA, GA 30903 5	58-2630660	501(C)(3)	15,000.	0.			SUSTAINABLE ENVIRONMENT
SCHAGHTICOKE FIRST NATIONS INC. 4 DINEEN ROAD MILLBROOK, NY 12545 4	47-4752692	501(0)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND
	17 1752052	501(0)(5)	20,000.				
SEEDING SOVEREIGNTY 375 8TH STREET							EQUALITY, HUMAN RIGHTS,
BROOKLYN, NY 11215 9	94-2889684	501(C)(3)	20,000.	0.			AND ECONOMIC EMPOWERMENT
SEEDLEAF INC 714 NORTH LIMESTONE STREET LEXINGTON, KY 40508 4	45-0582109	501(C)(3)	5,000.	0.			SUSTAINABLE ENVIRONMENT
SEEDS IN THE MIDDLE INC 153 WARREN STREET BROOKLYN, NY 11201 2	27-1847142	501(C)(3)	5,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SEMILLERO DE LAS ARTES, INC. CALLE MARIANO ABRIL 101A BO. BUENA VISTA - MAYAGUEZ, PUERTO RICO,							HEALTHY INDIVIDUALS AND
PUERTO RIC 6	56-0874286		25,000.	0.		L	COMMUNITIES
SHARING INC PO BOX 5441							HEALTHY INDIVIDUALS AND
	33-3636047	501(C)(3)	93,223.	0.			COMMUNITIES
SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND INC - P.O. BOX 1053	32-2309274		7,500.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT

Schedule I (Form 990) TIDES CEN Part II Continuation of Grants and Other A		maatia Organization	and Domostic Co	vernmente (Sob	adula I (Earm 000) Dr		94-3213100 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILICON VALLEY DE-BUG 701 LENZEN AVENUE SAN JOSE, CA 95126	46-4274158	501(C)(3)	50,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOCIAL JUSTICE CENTER INC 1202 WILLIAMSON STREET SUITE 1 MADISON, WI 53703	39-1979881	501(C)(3)	318,304.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOLIDAIRE NETWORK 1330 BROADWAY, 3RD FLOOR OAKLAND, CA 94612	84-2130536	501(C)(3)	161,488.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOUTH FLORIDA HEALING JUSTICE PROJECT - 10505 SW 18TH STREET - MIRIMAR, FL 33025	61-1565139	501(C)(3)	25,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOUTH WARD ENVIRONMENTAL ALLIANCE 58 NAIRN PLACE NEWARK, NJ 07108	52-1043444	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
SOUTHERN PARTNERS FUND INC 1776 PEACHTREE STREET NW SUITE 200 ATLANTA, GA 30309	58-2409301	501(C)(3)	143,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SOUTHERNERS ON NEW GROUND 561 W WHITEHALL STREET ATLANTA, GA 30310	61-1274170	501(C)(3)	100,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMEN
SOUTHWEST ORGANIZING PROJECT 9327 BEAR LAKE WAY ALBUQUERQUE, NM 87120	85-0361425	501(C)(3)	20,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
SPIRITHOUSE PO BOX 61865 DURHAM, NC 27715	58-1318198	501(C)(3)	10,000.	0.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMEN

ASSOCIATION - 660 LOMBARD STREET

SAN FRANCISCO, CA 94133

_

ACCOKEEK, MD 20607	81-2599694	501(C)(3)	5,000.	0.		COMMUNITIES
STOCKTONIANS TAKING ACTION TO						
NEUTRALIZE DRUGS - 1209 E. 8TH						HEALTHY INDIVIDUALS AND
STREET - STOCKTON, CA 95206	94-3179778	501(C)(3)	95,000.	0.		COMMUNITIES
STRATEGIES FOR INTERNATIONAL						
DEVELOPMENT - 330 PENNSYLVANIA						
AVENUE, SE, SUITE 304 -						EQUALITY, HUMAN RIGHTS,
WASHINGTON, DC 20003	98-0120837	501(C)(3)	30,000.	0.		AND ECONOMIC EMPOWERMENT
SUMMIT PUBLIC SCHOOLS						
14 BEEKMAN TERRACE						
SUMMIT, NJ 07901	26-2034843	501(C)(3)	29,575.	0.		QUALITY EDUCATION
TALLER SALUD INC						
PO BOX 524						HEALTHY INDIVIDUALS AND
LOIZA, PR 00772	66-0494692	501(C)(3)	93,333.	0.		COMMUNITIES
TEEN UP-WARD BOUND, INC.						
717 OPA-LOCKA BLVD						HEALTHY INDIVIDUALS AND
OPA-LOCKA, FL 33054	65-1094606	501(C)(3)	31,300.	0.		COMMUNITIES
TELEGRAPH HILL NEIGHBORHOOD						

(d) Amount of

cash grant

5,000

5,000

(e) Amount of

non-cash

assistance

0.

0.

Ο.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

35-2415295 501(C)(3)

94-1156365 501(C)(3)

94-1167422 501(C)(3)

TIDES CENTER Schedule I (Form 990)

(a) Name and address of

organization or government

STANFORD UNIVERSITY FINANCIAL AID

SPROUT CITY FARMS INC

FINANCIAL AID ATTN: FUNDS MANAGEMENT TEAM MONTAG HALL 355

STEAM ONWARD INCORPORATED 1908 CATHERINE FRAN DRIVE

P.O. BOX 7536

DENVER, CO 80207

GALVEZ STREET - ST

94-3213100 Page 1

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

HEALTHY INDIVIDUALS AND

COMMUNITIES

DUALITY EDUCATION

DUALITY EDUCATION

115,000.

TIDES CENTER

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AHIMSA COLLECTIVE							
2129 PARKER STREET							HEALTHY INDIVIDUALS AND
BERKELEY, CA 94704	20-5278030	501(C)(3)	30,000.	0.			COMMUNITIES
THE ASSOCIATION OF GLEANING							
DRGANIZATIONS - 1140 S 1100 E -							HEALTHY INDIVIDUALS AND
SALT LAKE CITY, UT 84105	45-4320152	501(C)(3)	16,000.	0.			COMMUNITIES
THE BOARD OF TRUSTEES OF THE							
LELAND STANFORD JUNIOR UNIVERSITY							
- P.O. BOX 44253 - STANFORD, CA							
94144-4253	94-1156365	501(C)(3)	109,458.	0.			QUALITY EDUCATION
THE CRENULATED COMPANY LTD							UENT MUY INDIVIDUALO AND
1512 TOWNSEND AVENUE	14-1719016	F(1/2)/2	49,500.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
BRONX, NY 10452	14-1719010	501(C)(5)	49,500.	0.			COMMONITIES
THE DREAM DEFENDERS							
11643 NE 11TH PLACE APT 1							HEALTHY INDIVIDUALS AND
MIAMI, FL 33161	94-3153687	501(C)(3)	2,024,205.	0.			COMMUNITIES
THE EDUCATION TRUST							
580 2ND STREET SUITE 200							
OAKLAND, CA 94607	52-1982223	501(C)(3)	57,500.	0.			QUALITY EDUCATION
	51 1961116		57,500.	••			
THE HEALTH ALLIANCE FOR VIOLENCE							
INTERVENTION - 101 HUDSON STREET							HEALTHY INDIVIDUALS AND
SUITE 2100 - JERSEY CITY, NJ 07304	04-2229839	501(C)(3)	25,000.	٥.			COMMUNITIES
THE JUSTICE INITIATIVE							
600 MAIN STREET SUITE 100							EQUALITY, HUMAN RIGHTS,
KNOXVILLE, TN 37902	81-2664406	501(C)(3)	50,000.	0.			AND ECONOMIC EMPOWERMENT
THE LIBERATION HOUSE: KEEPING				••			
BALLROOM COMMUNITY ALIVE NETWORK							
(KBCAN) - 1327 R STREET NW -							HEALTHY INDIVIDUALS AND
WASHINGTON, DC 20009	81-0975889	501(C)(3)	10,000.	0.			COMMUNITIES

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

94-3213100 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SOMO PROJECT							
92 MORNINGSIDE AVENUE #7E							EQUALITY, HUMAN RIGHTS,
NEW YORK, NY 10027	46-4140758	501(C)(3)	30,000.	0.			AND ECONOMIC EMPOWERMENT
THE US CLIMATE ACTION NETWORK	10 1110,50	301(0)(3)					
ATTN: OPERATIONS DIRECTOR 50 F							
STREET NW, 8TH FLOOR - WASHINGTON,							
DC 20001	20-4597308	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
			20,000.	```			
THOUSAND CURRENTS							
1330 BROADWAY SUITE 301							HEALTHY INDIVIDUALS AND
OAKLAND, CA 94612	77-0071852	501(C)(3)	27,500.	0.			COMMUNITIES
							HEALTHY INDIVIDUALS &
TIDES FOUNDATION							COMMUNITIES; EQUALITY,
P.O. BOX 399389							HUMAN RIGHTS, & ECONOMIC
SAN FRANCISCO, CA 94129-0903	51-0198509	501(C)(3)	19,814,460.	0.			, EMPOWERMENT
,			, ,				
TOWN OF BARNSTABLE							
SCHOOL ADMINISTRATION BUILDING 230							
HYANNIS, MA 02601	04-6001079	GOVERNMENT ENTIT	374,910.	0.			QUALITY EDUCATION
			,				
TOXICS ACTION CENTER INC							
294 WASHINGTON STREET #500							
BOSTON, MA 02108	04-3211693	501(C)(3)	16,000.	0.			SUSTAINABLE ENVIRONMENT
TRANS QUEER PUEBLO							
1726 E ROOSEVELT STREET							HEALTHY INDIVIDUALS AND
PHOENIX, AZ 85006	86-0593601	501(C)(3)	50,000.	0.			COMMUNITIES
TRANSGENDER ADVOCATES							
KNOWLEDGEABLE EMPOWERING (TAKE)							
RESOURCE CENTER - 1203 FIDLER LANE							HEALTHY INDIVIDUALS AND
APT 406 - SILVER SPRING, MD 20910	26-3728794	501(C)(3)	35,000.	0.			COMMUNITIES
IRANSGENDER, GENDER VARIANT,							
INTERSEX JUSTICE PROJECT - 370							
TURK STREET SUITE 370 - SAN							EQUALITY, HUMAN RIGHTS,
FRANCISCO, CA 94102	94-3330568	501(C)(3)	20,000.	Ο.			AND ECONOMIC EMPOWERMEN

SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	170,604.	0.	COMMUNITIES
TREES FOUNDATION 439 MELVILLE ROAD					
GABERVILLE, CA 95542	68-0259810	501(C)(3)	16,000.	0.	SUSTAINABLE ENVIRONMENT
				••	
TSURU FOR SOLIDARITY					
533 66TH ST					EQUALITY, HUMAN RIGHTS,
OAKLAND, CA 94609	52-2094677	501(C)(3)	10,000.	0.	AND ECONOMIC EMPOWERMENT
TUCSON SECOND CHANCE COMMUNITY					
BAIL FUND - 738 N. 5TH AVENUE -	30-0044814	E01(0)(2)	22 500	0	EQUALITY, HUMAN RIGHTS,
TUCSON, AZ 85705	30-0044814	501(C)(3)	22,500.	0.	AND ECONOMIC EMPOWERMENT
U B FOUNDATION ACTIVITIES INC					
PO BOX 900					
BUFFALO, NY 14226	16-1372561	501(C)(3)	9,264.	0.	QUALITY EDUCATION
U B FOUNDATION ACTIVITIES, INC.					
PO BOX 900	16-1372561	F(1/(2)/(2))	75 000	0	
BUFFALO, NY 14226	10-13/2501	501(C)(3)	75,000.	0.	QUALITY EDUCATION
UNITED FOR RESPECT EDUCATION FUND					
400 JAY STREET #300					HEALTHY INDIVIDUALS AND
BROOKLYN, NY 11201	13-3885314	501(C)(3)	10,000.	0.	COMMUNITIES
UNITED FRIENDS OF THE CHILDREN					
1055 WILSHIRE BLVD SUITE 1955					
LOS ANGELES, CA 90017	95-3665186	501(C)(3)	35,000.	0.	QUALITY EDUCATION
UNIVERSITY OF CALIFORNIA LOS ANGELES EXTENSION - CASHIER'S					
ANGENES EVIENDION - CASUIER 2					

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

(c) IRC section

if applicable

(d) Amount of

cash grant

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(b) EIN

95-6006143 501(C)(3)

TIDES CENTER Schedule I (Form 990)

(a) Name and address of

organization or government

TRAUMA RECOVERY CENTER

OFFICE 1145 GAYLEY AVENUE, 2ND FLOOR - LOS ANGELES, CA 90024

2727 MARIPOSA STREET SUITE 100

94-3213100

(h) Purpose of grant

or assistance

HEALTHY INDIVIDUALS AND

DUALITY EDUCATION

5,000.

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Page 1

WA 98148

	95-6003432	GOVERNMENT ENTIT	10,000.	0.	
-					
	13-3054001	501(C)(3)	5,000.	0.	

Ο.

FINANCIAL AID 201 SOUTH 1460 EAST,						HEALTHY INDIVIDUALS AND
ROOM 105 -	87-6000525	501(C)(3)	5,000.	0.		COMMUNITIES
URBAN PEACE INSTITUTE						
1910 W SUNSET BOULEVARD SUITE 800						EQUALITY, HUMAN RIGHTS,
LOS ANGELES, CA 90026	95-4302067	501(C)(3)	25,000.	0.		AND ECONOMIC EMPOWERMENT
URBE APIE						
PASEO GAUTIER BNITEZ #16						HEALTHY INDIVIDUALS AND
CAGUAS, PR 00725	66-0895294	501(C)(3)	15,000.	0.		COMMUNITIES
URGE: UNITE FOR REPRODUCTIVE AND						
GENDER EQUITY - 1317 F STREET NW						EQUALITY, HUMAN RIGHTS,
SUITE 501 - WASHINGTON, DC 20004	52-1772575	501(C)(3)	30,000.	0.		AND ECONOMIC EMPOWERMENT
i						
VIROQUA AREA MONTESSORI SCHOOL						
115 N. EDUCATION AVENUE						
VIROQUA, WI 54665	39-6004944	GOVERNMENT ENTIT	5,000.	0.		QUALITY EDUCATION
VISTA UNIFIED SCHOOL DISTRICT						
1234 ARCADIA AVENUE						

(d) Amount of

cash grant

5,000

(e) Amount of

non-cash

assistance

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

84-6000555 501(C)(3)

46-1470709 501(C)(3)

TIDES CENTER Schedule I (Form 990)

(a) Name and address of

organization or government

UNIVERSITY OF COLORADO DENVER FINANCIAL AID & SCHOLARSHIPS OFFICE CAMPUS BOX 125 PO BOX

UNIV. OFFICE OF SCHOLARSHIPS&

173364 - DENVER, C UNIVERSITY OF UTAH

VISTA, CA 92084

YORK, NY 10035

VISUAL ARTS RESEARCH & RESOURCE CTR RELATING TO THE CARIBBEAN INC - 120 EAST 125TH STREET - NEW

WASHINGTON IMMIGRANT SOLIDARITY NETWORK - PO BOX 48159 - SEATTLE. 94-3213100

(h) Purpose of grant

or assistance

QUALITY EDUCATION

DUALITY EDUCATION

EQUALITY, HUMAN RIGHTS,

EQUALITY, HUMAN RIGHTS,

AND ECONOMIC EMPOWERMENT

Schedule I (Form 990)

AND ECONOMIC EMPOWERMENT

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST OAKLAND ENVIRONMENTAL							
INDICATORS PROJECT - 349 MANDELA PKWY - OAKLAND, CA 94607	20-2384563	F(1/C)/2	25,000.	0.			SUSTAINABLE ENVIRONMENT
PRWI - OARLAND, CA 94607	20-2364565	501(C)(3)	25,000.	· · ·			SUSTAINABLE ENVIRONMENT
WESTED							
730 HARRISON STREET							
SAN FRANCISCO, CA 94107	94-3233542	GOVERNMENT ENTIT	585,000.	0.			QUALITY EDUCATION
				·			200000000000000000000000000000000000000
WESTERN MINING ACTION NETWORK							
220 S. 27TH STREET, SUITE B							
BILLINGS, MT 59101	84-1123481	501(C)(3)	20,000.	0.			SUSTAINABLE ENVIRONMENT
			, .				
WHITTIER SCHOOL							
ATTN: PARENT ADVISORY COUNCIL 511 N							
BOZEMAN, MT 59715	81-0544054	GOVERNMENT ENTIT	5,000.	0.			QUALITY EDUCATION
· · · · ·			,				
WHOLE WOMAN'S HEALTH ALLIANCE							
1001 E. MARKET STREET SUITE 200							HEALTHY INDIVIDUALS AND
CHARLOTTESVILLE, VA 22902	46-5318393	501(C)(3)	150,000.	٥.			COMMUNITIES
·							
WILLAMETTE RIVER NETWORK							
C/O TIDES CENTER 1014 TORNEY AVENUE							
SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	130,000.	0.			SUSTAINABLE ENVIRONMENT
WISCONSIN ASSOCIATION OF LAKES INC							
716 LOIS DRIVE							
SUN PRAIRIE, WI 53590	39-1926001	501(C)(3)	16,000.	٥.			SUSTAINABLE ENVIRONMENT
WOMEN ENGAGED							
ATTN: ALTERNATE ROOTS 1270							
CAROLINE ST BOX D120-353 -							EQUALITY, HUMAN RIGHTS,
ATLANTA, GA 30307	58-1318198	501(C)(3)	30,113.	0.			AND ECONOMIC EMPOWERMENT
WOMEN'S MARCH GLOBAL							
118 WEST 22ND STREET 12TH FLOOR							EQUALITY, HUMAN RIGHTS,
NEW YORK, NY 10011	82-1448762	501(C)(3)	9,148.	0.			AND ECONOMIC EMPOWERMENT

94-3213100	Page 1

Schedule I	(Form 990) '	TIDES	CENTER

		neotio organizationo	and Bonneodie de				1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Y NO HABA LUZ, INC. AVE. PONCE DE LEN 1416 LOCAL 303							HEALTHY INDIVIDUALS AND
SAN JUAN, PR 00909	66-0652205		5,000.	0.			COMMUNITIES
YOUNG CONSERVATIVES FOR ENERGY							
REFORM - 1775 EYE STREET NW SUITE 1150 - WASHINGTON, DC 20006	82-4990956	501(C)(3)	180,000.	٥.			EQUALITY, HUMAN RIGHTS, AND ECONOMIC EMPOWERMENT
YOUNG WORKERS UNITED							
209 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	23-7404756	501 (C) (3)	75,000.	0.			HEALTHY INDIVIDUALS AND COMMUNITIES
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
YOUTHWORKS 1000 CORDOVA PLACE, #415							HEALTHY INDIVIDUALS AND
SANTA FE, NM 87505	85-0480524	501(C)(3)	5,000.	0.			COMMUNITIES
YWCA GREATER BATON ROUGE							
11404 LAKE SHERWOOD AVENUE N. SUITE							EQUALITY, HUMAN RIGHTS,
BATON ROUGE, LA 70816	72-0650993	501(C)(3)	150,000.	٥.			AND ECONOMIC EMPOWERMENT
YWCA OF GREATER BATON ROUGE							
11404 LAKE SHERWOOD AVENUE N. SUITE							EQUALITY, HUMAN RIGHTS,
BATON ROUGE, LA 70816	72-0650993	501(C)(3)	22,500.	0.			AND ECONOMIC EMPOWERMENT

92

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

TIDES CENTER

94-3213100 Page 2

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

(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
TIPEND/SUPPORT/SCHOLARSHIP	24	1,153,567.	0.		
Part IV Supplemental Information. Provide the information re	l equired in Part I, lin	I le 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
DUE DILIGENCE IS CONDUCTED IN ADV	ANCE OF FU	NDING, INC	LUDING REV	IEW OF THE	
ROUP'S TAX-EXEMPT STATUS AND WHE	THER THE G	RANT WOULI) ADVANCE T	IDES'	
ISSION. ALL GRANTEES RECEIVE A W					

PAYMENT, THE GRANTEE AGREES TO THE CONDITIONS OF THE AWARD. IF A GRANT IS

RESTRICTED TO A SPECIFIC PROGRAM OR SPECIFIC ACTIVITIES, GRANTEES FURTHER

AGREE THAT ANY PORTION OF THE GRANT NOT USED FOR THE STATED PURPOSE MUST BE

REPAID AND ANY CHANGE OF THE PURPOSE MUST BE REQUESTED AND APPROVED IN

ADVANCE IN WRITING. AWARD LETTERS FOR GRANTS THAT ARE RESTRICTED TO A

Schedule I (Form 990) TIDES CENTER Part IV Supplemental Information	94-3213100	Page 2
NON-LOBBYING PURPOSE ALSO PROHIBIT THE USE OF GRANT FUNDS TO	ENGAGE IN	
LOBBYING ACTIVITY. BASED ON A RISK ASSESSMENT AND CONSIDERAT	ION OF THE	
GRANTEE'S TAX-EXEMPT STATUS, NARRATIVE AND FINANCIAL REPORTS	DESCRIBING	USE
OF GRANTS FUNDS ARE REQUIRED FOR CERTAIN GRANTS AFTER THE GR	ANT AWARD.	

SCHEDULE J (Form 990) Compensation Information OMB No. 1545-0 Peartiment of the Treaury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	in Imber
Department of the Treasury Internal Revenue Service	in Imber
Department of the Treasury Internal Revenue Service Open to Paul Go to www.irs.gov/Form990 for instructions and the latest information. Open to Paul Inspection Name of the organization Employer identification n 94 – 3213100 Part I Questions Regarding Compensation 94 – 3213100 Part VII, Section A, line 1a. Complete Part III to provide 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. Yes ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Yes ☐ Travel for companions ☐ Payments for business use of personal residence Image: Class or charter travel ☐ Health or social club dues or initiation fees ☐ ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) Ib 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 1b 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to	ımber
Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification n 94-3213100 Part I Questions Regarding Compensation 94-3213100 Part I Questions Regarding Compensation Yes 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. Yes ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib 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 Ib 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? 2 <td>Imber</td>	Imber
TIDES CENTER 94-3213100 Part I Questions Regarding Compensation Ia 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. Yes First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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? 2 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 	
Part 1 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to 2	No
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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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to 2	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a, complete Part III to provide any relevant for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for 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 Image: Travel for comparization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Direct	
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CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	
ostablion compensation of the OEO/Encourte Director, but explain III Falt III.	
Compensation committee Written employment contract	
Independent compensation consultant	
Form 990 of other organizations 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?	<u> </u>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	X
c Participate in or receive payment from an equity-based compensation arrangement?	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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:	v
a The organization? 5a	X X
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?	x
b Any related organization?	X
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	x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	X
	X X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	

032111 12-07-20

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.

94-3213100

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JUDITH HILL	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER/CFO	(ii)	355,242.	217,385.	30,327.	44,846.	14,014.	661,814.	0.
(2) TUTI SCOTT	(i)	0.	0.	0.	0.	0.	0.	0.
INTERIM CEO	(ii)	439,705.	0.	7,762.	41,170.	33,646.	522,283.	0.
(3) MARK SMOLINSKI	(i)	305,488.	0.	24,390.	38,955.	24,416.	393,249.	0.
PRESIDENT - ENDING PANDEMICS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CATHERINE LENORE ANDERSON	(i)	269,988.	50,000.	1,743.	32,502.	33,829.	388,062.	0.
PRESIDENT - ASJ/CSJ	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TOMIQUIA MOSS	(i)	347,096.	0.	300.	21,000.	11,614.	380,010.	0.
FOUNDER, ALL HOME	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KELLY FITZSIMMONS	(i)	306,087.	0.	690.	39,213.	13,074.	359,064.	0.
FNDER/MAN DIR - PROJ EVIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TALIA MILGROM-ELCOTT	(i)	278,443.	0.	2,057.	33,442.	26,773.	340,715.	0.
EXEC DIR, STARFISH INSTITUTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUNEELA JAIN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/CHIEF LEGAL & ETHICS OFFIC	(ii)	229,016.	12,915.	24,489.	29,971.	24,184.	320,575.	0.
(9) MICHAEL MOSBY	(i)	0.	0.	0.	0.	0.	0.	0.
INTERIM COO	(ii)	205,030.	0.	17,256.	24,818.	29,052.	276,156.	0.
(10) KRISS DEIGLMEIER	(i)	0.	0.	0.	0.	0.	0.	0.
ADVISOR TO THE CEO THROUGH 12/19	(ii)	0.	0.	272,592.	0.	0.	272,592.	0.
(11) JENNIFER MARIE LANDIG	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SEC./CHIEF OF STAFF	(ii)	131,110.	5,000.	7,329.	14,099.	21,613.	179,151.	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.

PART I, LINE 3:

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

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

ARRANGEMENT, THE TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION

OF SUCH PERSONS' TOTAL COMPENSATION. TIDES NETWORK UTILIZES THE

FOLLOWING METHODS TO ESTABLISH COMPENSATION FOR THE CEO: INDEPENDENT

COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY

THE HUMAN CAPITAL COMMITTEE OF THE BOARD OF DIRECTORS

PART I, LINE 4A:

KRISS DEIGLMEIER RECEIVED A SEVERANCE PAYMENT OF \$216,161 IN THE 2020

CALENDAR YEAR.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Part I

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

2020 Open to Public Inspection

Name of the organization	
--------------------------	--

Types of Property

TIDES CENTER

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

			Employer identification number
			94-3213100
			·
(a)	(b)	(0)	(d)

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of de noncash contribu	termini	•	S
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	118	3,302,759.	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 organi						0	
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29				
20-				autorius Daut I. Jiman 4 Maurus	h 00 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					20-		х
h	exempt purposes for the entire holding period'	۰				30a		
b 21	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	olicy that re	ouires the review o	of any nonstandard contribut	ions?	31	x	
31 32a	Does the organization have a gift acceptance p Does the organization hire or use third parties					31		
JZd			•			32a		х
b	If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is cher	ked			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	l (Form	1 990)	2020

032141 11-23-20

Schedule M (Form 990) 2020 TIDES CENTER Part II Supplemental Information. Provide

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

SCHEDULE M, PART I, COLUMN (B).

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



94-3213100

TIDES CENTER

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

SOCIETY'S TOUGHEST PROBLEMS.

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

AS BOARD MEMBERS OF TIDES NETWORK, MICHAEL FERNANDEZ, CHERYL D. ALSTON,

EDWARD G. LLOYD, JACOB WELDON, MARC DIAZ, PETER MELLEN, AND SUZANNE NOSSELL

HAVE AN EMPLOYMENT RELATIONSHIP WITH JENNIFER MARIE LANDIG, JUDITH HILL,

SUNEELA JAIN, AND TUTI SCOTT, WHO WERE EMPLOYEES OF TIDES NETWORK DURING

THE TAX YEAR.

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

TIDES CENTER HAS ONE SOLE MEMBER, TIDES NETWORK, A CALIFORNIA NONPROFIT

PUBLIC BENEFIT CORPORATION.

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

EACH OF THE DIRECTORS OF TIDES CENTER IS APPOINTED BY THE ORGANIZATION'S

SOLE MEMBER, TIDES NETWORK.

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

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

MATTERS IS EFFECTIVE ONLY WITH THE CONSENT OF THE BOARD OF DIRECTORS OF

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

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

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

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

MERGER, CONSOLIDATION, OR SIMILAR REORGANIZATION OF THE CORPORATE

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

 032211
 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
	Employer identification number
TIDES CENTER	94-3213100
STRUCTURE; (V) DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF	THE ASSETS OF
TIDES CENTER; (VI) SELECTION OF THE AUDITORS OF TIDES CENT	TER; (VII) REMOVAL
OF A DIRECTOR OF TIDES CENTER WITHOUT CAUSE; (VIII) AMEND	IENT, REPEAL OR
ADOPTION OF THE ARTICLES OF INCORPORATION OR BYLAWS, (IX)	SELECTION OF A
CHIEF EXECUTIVE OFFICER; (X) THE NUMBER OF AUTHORIZED DIR	ECTORS AND THE

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE AND ACCOUNTING DEPARTMENT. THE TREASURER/CFO AND LEGAL COUNSEL REVIEW A DRAFT OF THE FORM 990; ADJUSTMENTS ARE MADE AS NECESSARY. A COMPLETE COPY OF THE FORM 990 IS THEN PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

ALL COVERED INDIVIDUALS, INCLUDING OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS, CENTER ADVISORY BOARDS, AND DESIGNATED STAFF ARE REQUIRED TO SUBMIT CONFLICT OF INTEREST DISCLOSURE STATEMENTS AT THE TIME A PERSON BECOMES A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER. THE POLICY REQUIRES COVERED INDIVIDUALS TO PERIODICALLY UPDATE THE CONFLICT OF INTEREST STATEMENT AS MATERIAL FACTS CHANGE, AS WELL AS MAKE VERBAL AND/OR WRITTEN DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. AT ANY TIME THAT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS IDENTIFIED, DISCLOSURE MUST BE MADE TO THE BOARD OF DIRECTORS, THE APPROPRIATE COMMITTEE, OR STAFF (DEPENDING ON THE NATURE OF THE POTENTIAL OR ACTUAL CONFLICT). PRIOR TO ACTING ON ANY MATTER WHERE A POTENTIAL OR ACTUAL CONFLICT IS IDENTIFIED WITH RESPECT TO AN OFFICER OR MEMBER OF THE BOARD, THE CONFLICT AND ALL Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 101 10441029 149058 94-3213100 2020.04030 TIDES CENTER 94-32131

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization TIDES CENTER	Employer identification number $94 - 3213100$
MATERIAL FACTS RELATED TO IT MUST BE FULLY DISCLOSED BY TH	E COVERED
INDIVIDUAL TO THE BOARD PRIOR TO CONSIDERATION OF THE PROP	OSED MATTER. IF
THE BOARD DETERMINES A CONFLICT OF INTERESTS EXISTS, THE C	OVERED
INDIVIDUAL, IF REQUESTED TO DO SO BY THE CHAIR OF THE BOAR	D, MAY PROVIDE
ADDITIONAL FACTUAL INFORMATION REGARDING THE AFFECTED TRAN	SACTION, BUT MAY
NOT PARTICIPATE IN OR ATTEMPT TO INFLUENCE DELIBERATION AN	D VOTING. THE
COVERED INDIVIDUAL MUST BE EXCUSED FROM THE MEETING PRIOR	TO DELIBERATION,
AND MAY NOT RETURN UNTIL DELIBERATION AND VOTING ON THE MA	TTER HAVE BEEN
CONCLUDED. THE POLICY PROVIDES FOR SIMILAR PROCEDURES FOR	ADVISORY
COMMITTEES TO ADDRESS MATTERS THAT ARE DECIDED AT THE ADVI	SORY COMMITTEE
LEVEL. IF QUESTIONS ARISE WITH RESPECT TO THE POLICY OR PR	OCEDURES FOR
DISCLOSING A POTENTIAL OR ACTUAL CONFLICT, THE MATTER MAY	BE REFERRED TO
HUMAN RESOURCES OR THE LEGAL, COMPLIANCE AND RISK DEPARTME	NT FOR REVIEW AND
RESOLUTION CONSISTENT WITH THE POLICY.	

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

THE CEO, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION ARE ALL COMPENSATED BY TIDES NETWORK, A RELATED ORGANIZATION AND SUCH PERSONS' LEGAL EMPLOYER. THROUGH A COST SHARING ARRANGEMENT, TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION OF SUCH PERSONS' TOTAL COMPENSATION. THE TIDES NETWORK BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING ANY NEW, MODIFIED OR EXTENDED COMPENSATION PACKAGES OF THE CEO, CFO AND ANY OTHER OFFICERS IT DETERMINES APPROPRIATE, AND APPROVING COMPENSATION ONLY AFTER DETERMINING THAT THE COMPENSATION IS JUST AND REASONABLE. FOR THE CEO, THE TIDES NETWORK BOARD OF DIRECTOR'S HUMAN CAPITAL COMMITTEE REVIEWS PERFORMANCE AND COMPENSATION ANNUALLY, UTILIZING COMPENSATION STUDIES TO DETERMINE APPROPRIATE COMPENSATION. TIDES NETWORK ALSO UTILIZES COMPARABILITY STUDIES IN DETERMINING APPROPRIATE COMPENSATION FOR OTHER 02212 11-20-20 102

10441029 149058 94-3213100

2020.04030 TIDES CENTER

Schedule O (Form 990 or 990-EZ) 2020
Name of the organization

TIDES CENTER

Page 2 Employer identification number 94-3213100

27,725,029.

27,776,900.

0.____

51,871.

OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION.

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

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

UT,VA,WI,WV

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBIC UPON REQUEST.

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

CONSULTING:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 27,776,900.

032212 11-20-20

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032161 10-28-20 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

TIDES CENTER

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

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

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

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

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

2020 Open to Public Inspection

Employer identification number 94 - 3213100

Schedule R (Form 990) 2020

OMB No. 1545-0047

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	organia	rolled zation?
				501(c)(3))		Yes	No
HARDING ROCK FUND - 20-1430532	HOLD AND MANAGE INVESTMENT						
P.O. BOX 29903	ON BEHALF OF TIDES					l	
SAN FRANCISCO, CA 94129	FOUNDATION	CALIFORNIA	501(C)(3)	12A, I	TIDES FOUNDATION	X	
				l			
	———————————————————————————————————————						
				1			
							1

Schedule R (Form 990) 2020 TIDES CENTER

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

									1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Schedule R (Form 990) 2020 TIDES CENTER

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e	X	
		1		
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	1 0	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2020 TIDES CENTER

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	e) all 's sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	ll or Pe ing er? Ov	(k) ercentage wnership

Part VII Supplemental Information

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

032165 10-28-20

EXHIBIT G

EXHIBIT G



December 22, 2022

Attn: Donor Relations TIDES Foundation FBO Black Lives Matter Global Network Foundation P.O. Box 399389 San Francisco, CA 94139

Dear Sir or Madam:

We are pleased to award a grant in the amount of \$20,000.00 to your organization from an anonymous donor of The ImpactAssets Donor Advised Fund, administered by ImpactAssets.

Grant Amount	\$20,000.00
Acknowledgement Details	Anonymous Donor Grants@impactassets.org
Recommended Grant Purpose	General Support
Additional Acknowledgement	None

Your acceptance of this grant confirms that your organization is a 501c3 public charity or if considered equivalent, that funds will be used exclusively for public and charitable purposes. In addition, acceptance certifies that neither the donor nor any affiliates of the donor have received any goods or services, and this donation will not be treated as payment for any financial or other obligation.

Please contact us at 855.482.2946 or ClientService@impactassets.org if you have any questions regarding this donation.

Best wishes in your endeavors.

Sincerely, The ImpactAssets Team