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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> TIDES ADVOCACY FUND		<b>D Employer identification number</b> 94-3153687
		Doing Business As		<b>E Telephone number</b> (415) 561-7860
		Number and street (or P O box if mail is not delivered to street address) PO BOX 29229	Room/suite	<b>G Gross receipts \$</b> 22,811,258
		City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 941290903		
	<b>F Name and address of principal officer</b> Danica Remy PO BOX 29229 SAN FRANCISCO, CA 941290903		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 4 ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> WWW.TIDESADVOCACYFUND.ORG				
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation</b> 1992	<b>M State of legal domicile</b> CA	

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities SPONSORS PROGRAMS & MAKES GRANTS TO PROMOTE A HEALTHY & JUST SOCIETY		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> _____		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> _____		
	<b>5</b> Total number of employees (Part V, line 2a) . . . . . <b>5</b> _____		
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> _____		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> _____		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> _____		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	11,072,301	22,805,610
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	113,028	5,648
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	11,185,329	22,811,258
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	9,379,184
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .			0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			158,024
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .			0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		2,378,703	3,867,650
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		11,757,887	17,635,218
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .		-572,558	5,176,040
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	3,396,575	8,805,916
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	652,114	885,415
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	2,744,461	7,920,501

<b>Part II</b>		<b>Signature Block</b>			
<b>Sign Here</b>	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				
	*****			2010-07-01	
	Signature of officer			Date	
	Danica Remy Managing Director & Treasurer Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature  BARBARA CYPHERS		Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 			EIN 	
	Armanino McKenna LLP 12667 Alcosta Boulevard Suite 500 San Ramon, CA 94584427			Phone no  (925) 790-2600	



**1** Briefly describe the organization's mission

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

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 ☒ No

If "Yes," describe these changes on Schedule O

4a	(Code ) (Expenses \$ 17,039,298 including grants of \$ 13,619,544 ) (Revenue \$ 0 )
	THE FUND SUPPORTS THE PROMOTION OF ACTIVITIES THAT ENGAGE THE PUBLIC AND ADVOCATE FOR SOLUTIONS BEFORE POLICY-MAKERS. THE FUND ALSO SUPPORTS ORGANIZATIONS AND PROGRAMS THAT ADVOCATE FOR STRONGER DEMOCRATIC INSTITUTIONS, SOCIAL AND ENVIRONMENTAL JUSTICE, AND POLICY REFORMS. Current programs at Tides Advocacy Fund include Eldercare Workforce Alliance Advocacy Fund, A Project of Tides Advocacy FundSpotlight On Race, A Project of Tides Advocacy FundWe Are America Alliance Action Fund, A Project of Tides Advocacy FundLatino Coalition, a Project of Tides Advocacy FundVote Solar, A Project of Tides Advocacy FundReform Immigration for America, A Project of Tides Advocacy FundReThink Media Advocacy, A Project of Tides Advocacy FundSocial Security Works, a Project of Tides Advocacy FundVoice for Progress, a project of Tides Advocacy Fund
















[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 17,039,298</b>
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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	No						
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes						
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	No						
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4							
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	5	No						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	No						
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	No						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No						
9	Did the organization report an amount in Part X, line 21, 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	No						
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . . 	11	Yes						
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.								
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.								
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.								
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.								
	◆ 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? If "Yes," complete Schedule D, Part X.								
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes						
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>12A</td></tr><tr><td></td><td>No</td></tr></table>	Yes	No		12A		No		
Yes	No								
	12A								
	No								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . . 								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No						
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . . 	14b	Yes						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II . . . . . 	15	Yes						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III . . . . . 	16	No						
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No						
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	No						
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	No						
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	No						



Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	



Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	32		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	4		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			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? . . . . .			6a	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	Yes	
7 Organizations that may receive deductible contributions under section 170(c).					
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	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a 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					
a 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		



Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	3	
b	Enter the number of voting members that are independent . . .	1b	3	
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , ME , MD , MA , MI , MN , MO , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DANICA REMY MANAGING DIRECTORTREASURER PRESIDIO BUILDING 1014 TORNEY SAN FRANCISCO, CA 94129 (415) 561-7860



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

• 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

☒ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

[illegible]



1b	Total		0	0	0
----	-------	--	---	---	---

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
	NVG LLC 1100 17th Street NW Suite 902 Washington, DC 20036	Consulting	137,561
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1		



Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,805,610			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			22,805,610		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		5,648		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties . . . . .					
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			22,811,258	0	0	5,648



Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	12,945,994	12,945,994		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	663,550	663,550		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	144,811	144,811		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	6,996	6,996		
10	Payroll taxes . . . . .	6,217	6,217		
11	Fees for services (non-employees)				
a	Management . . . . .	419,605	11,163	408,442	
b	Legal . . . . .	89,599	42,906	46,693	
c	Accounting . . . . .	20,058		20,058	
d	Lobbying . . . . .	1,694,442	1,694,442		
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	825,776	755,414	70,362	
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	80,857	76,171	4,686	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	32,646	23,148	9,498	
17	Travel . . . . .	97,930	85,643	12,287	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	16,369	8,411	7,958	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .				
23	Insurance . . . . .	3,869	1,583	2,286	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Allocated Overhead	546,787	546,787		
b	OTHER PROGRAM EXPENSES	14,585	14,516	69	
c	UNCOLLECTABLE	10,600	10,569	31	
d	INVESTMENT/BANKING FEES	8,174	977	7,197	
e	LICENSES/FILING FEES	6,353		6,353	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	17,635,218	17,039,298	595,920	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			1,750,550	2	5,480,950
	3	Pledges and grants receivable, net . . . . .			1,633,525	3	3,194,569
	4	Accounts receivable, net . . . . .				4	104,016
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			12,500	9	2,518
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	23,863	0	10c	23,863
	b	Less accumulated depreciation . . . . .	10b				
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,396,575	16	8,805,916
Liabilities	17	Accounts payable and accrued expenses . . . . .			652,114	17	648,965
	18	Grants payable . . . . .				18	236,450
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			652,114	26	885,415
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			92,911	27	37,943
	28	Temporarily restricted net assets . . . . .			2,651,550	28	7,882,558
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			2,744,461	33	7,920,501
	34	Total liabilities and net assets/fund balances . . . . .			3,396,575	34	8,805,916



**Part XI Financial Statements and Reporting**

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



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
TIDES ADVOCACY FUND

Employer identification number  
94-3153687

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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Cat No 52283D

Schedule D (Form 990) 2009



Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .			
b	Buildings . . . . .			
c	Leasehold improvements . . . . .			
d	Equipment . . . . .			
e	Other . . . . .	23,863		23,863
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			23,863







Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,811,258
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,635,218
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,176,040
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,176,040

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	22,811,258
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	22,811,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	22,811,258

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	17,635,218
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	17,635,218
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	17,635,218

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------



OMB No. 1545-0047  
**2009**  
**Open to Public  
 Inspection**

<b>Employer identification number</b>
94-3153687

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

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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)
			Central America and the Caribbean	work to contribute to the promotion of Persons with Disabilities rights by building capacity on the Convention on the Rights of Persons with Disabilities and by reviewing the national legal framework to propose the necessary changes to accord that framework with the Convention on the Rights of Persons with Disabilities	25,000	Wire			fmv
			East Asia and the Pacific	work to lobby for Convention on the Rights of Persons with Disabilities ratification	30,000	wire			FMV
			East Asia and the Pacific	work to lobby for Convention on the Rights of Persons with Disabilities ratification	30,000	wire			FMV
			South America	Society and Disability's work to hold a national debate on the new draft law proposal, New General Law of Persons with Disabilities harmonized with the Convention on the Rights of Persons with Disabilities, and to present a final draft law to Congress as a citizen initiative	20,000	wire			FMV
			south America	work to disseminate information on the rights of Persons with Disabilities among military personnel and to conduct assessments of the military norms and regulations to harmonize them with the Convention on the Rights of Persons with Disabilities	30,000	wire			fmV
			Europe	Protibondhi Narider Jatio Parishad's work to change laws that discriminate against women	25,000	wire			fmV
			Sub-Saharan Africa	work to ensure passage of legislation that accords with the Convention on the Rights of Persons with Disabilities	70,000	wire			fmV
			sub-Saharan Africa	work to improve the quality of life and access to justice for people with psychosocial disabilities in four Districts in Uganda	30,000	wire			fmV
			sub-Saharan Africa	work to lobby for ratification of Convention on the Rights of Persons with Disabilities and new Mental Health Act	60,550	wire			fmV
			sub-Saharan Africa	work to lobby for ratification of Convention on the Rights of Persons with Disabilities	27,000	wire			fmV
			sub-Saharan Africa	work to promote the Convention on the Rights of Persons with Disabilities for inclusive development in Iganga District	30,000	wire			fmV
			North America	work producing a Convention on the Rights of Persons with Disabilities Shadow Report for Mexico	70,000	wire			fmv
			Russia & Newly Independent States	Group Homes for Ukraine Changing the Laws project	15,000	wire			fmv
			russia & Newly Independent States	development of a national platform to accord Ukrainian legislation with Article 26 of the Convention on the Rights of Persons with Disabilities	70,000	wire			fmv
			russia & Newly Independent States	From Social Protection to Rights Protection project	68,000	wire			fmv
			South Asia	work harmonizing Indian laws with the Convention on the Rights of Persons with Disabilities	63,000	wire			fmv



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]



Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
TIDES ADVOCACY FUND

Employer identification number  
94-3153687

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

14

3

Enter total number of other organizations . . . . .

20

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

Cat No 50055P

Schedule I (Form 990) 2009



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]



Software ID:

Software Version:

EIN: 94-3153687

Name: TIDES ADVOCACY FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Votes Inc1401 New York Ave NW Suite 720 waSHINGTON,DC 20005	83-0364856		245,000		FMV	N/A	public education and ballot measure activities
American Immigration Law Foundation1331 g street waSHINGTON,DC 20009	52-1549711	501(C)(3)	46,500		FMV	N/A	General Support
Brennan Center Strategic Fund Inc161 Avenue of the Americas 12th floor new york,NY 10013	03-0593698	501(C)(4)	75,000		FMV	N/A	voter registration modernization
CAMPAIGN FOR COMMUNITY CHANGE1536 U STREET NW WASHINGTON,DC 20009	27-0061100	501(C)(4)	786,000		FMV	N/A	Supporting webiste and online tools to GET OUT THE VOTE FOR LOW PROPENSITY & NEWLY REGISTERED IMMIGRANT COMMUNITIES
Center for American Progress Action Fund1333 H Street NW 10th Floor WaSHINGTON,DC 20036	30-0192708	501(C)(4)	105,714		fMV	N/A	General Support
CIVIC PARTICIPATION CAMPAIGN4299 SAN FELIPE STREET SUITE 2001 HOUSTON,TX 77027	81-0668995	501(C)(4)	48,010		fMV	N/A	GENERAL SUPPORT
Coloradans Against the Death PenaltyPO Box 46123 Denver,CO 80201	84-1464788	501(C)(4)	30,000		fMV	N/A	campaign to abolish the death penalty
DEATH PENALTY FOCUS 870 MARKET STREET SUITE 8599 SAN FRANCISCO ,CA 94102	95-4153420	501(C)(3)	105,000		fMV	N/A	CA campaign to abolish the death penalty
Environmental Defense Action Fund257 Park Avenue South New york,NY 10010	90-0080500	501(C)(4)	1,800,000		fMV	n/A	General Support
Green Tech Action Fund301 Battery Street 5th Floor San FRANCISCO ,CA 94111	26-3390444	501(C)(4)	1,000,000		fMV	n/A	General Support



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Health Care for America Now 1825 K Street NW Ste 400 Washington, DC 20006	35-3223813	501(C)(4)	190,000		FMV	n/A	General Support
ILLINOIS COALITION TO ABOLISH THE DEATH PENALTY 332 S MICHIGAN AVENUE SUITE 5000 CHICAGO, IL 60604	36-2905732	501(C)(3)	80,000		FMV	n/A	CAMPAIGN TO ABOLISH THE DEATH PENALTY
Kansas Coalition Against the Death Penalty Inc PO Box 2065 Topeka, KS 66601	48-1070796	501(C)(3)	30,000		FMV	n/A	CAMPAIGN TO ABOLISH THE DEATH PENALTY
Lawyers Committee for Civil Rights Under Law 1401 New York Avenue NW Washington, DC 20005	52-0799246	501(C)(3)	125,000		FMV	n/A	voter registration modernization
Leadership Conference on Civil Rights 1629 K Street NW 10th Floor Washington, DC 20006	52-0789800	501(C)(4)	46,500		FMV	n/A	GENERAL SUPPORT
LEAGUE OF CONSERVATION VOTERS 1920 L STREET NW SUITE 8002 Washington, DC 20036	52-1733698	501(C)(4)	2,000,000		FMV	n/A	GENERAL SUPPORT
National Asian Pacific American Legal Consortium 1140 Connecticut Ave NW Ste 1200 Washington, DC 20036	13-3619000	501(C)(3)	46,500		FMV	n/A	Public Policy Activity
National Council of La Raza 11126 16th Street NW Washington, DC 20036 3622	86-0212873	501(C)(3)	46,500		FMV	n/A	GENERAL SUPPORT
National Immigration Forum Action Fund 50 F Street NW Ste 300 Washington, DC 20001	26-4718617	501(C)(4)	151,500		FMV	n/A	immigration reform advocacy efforts
National Immigration Forum Inc 50 F Street NW No 300 Washington, DC 20001	13-1776711	501(C)(3)	46,032		FMV	n/A	GENERAL SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NATIONAL WILDLIFE ACTION11100 WILDLIFE CENTER DRIVE RESTON,VA 20190	74-2556532	501(C)(4)	500,000		fMV	n/A	GENERAL SUPPORT
NEBRASKANS AGAINST THE DEATH PENALTY FOUNDATION941 O STREET SUITE 725N LINCOLN,NE 68508	36-3777180	501(C)(3)	30,000		fMV	n/A	ORGANIZING EFFORT TO ABOLISH THE DEATH PENALTY IN NEBRASKA
New Hampshire Coalition to Abolish the Death Penalty72 Plumer Road Epping,NH 03042	02-0222166	501(C)(4)	80,000		fMV	n/A	New Hampshire Coalition to Abolish the Death Penalty's campaign to abolish the death penalty
NRDC Action Fund Inc40 West 20th Street New york,NY 10011	13-3976062	501(C)(4)	1,200,000		fMV	n/A	GENERAL SUPPORT
OHIOANS TO STOP EXECUTIONS215 EAST 14TH STREET CINCINNATI,OH 45202	31-1269170	501(C)(3)	50,000		fMV	n/A	campaign to abolish the death penalty
Partnership Project Action Fund1615 M Street NW WashINGTON,DC 20036	81-0606786	501(C)(4)	2,000,000		fMV	n/A	GENERAL SUPPORT
PENNSYLVANIANS FOR ALTERNATIVES TO THE DEATH PENALTYPO BOX 605 HARRISBURG,PA 17108	23-2890982	501(C)(3)	80,000		fMV	N/A	campaign to abolish the death penalty
ROCK THE VOTE ACTION FUND1505 22ND STREET NW WASHINGTON,DC 20037	26-2678740	501(C)(4)	60,000		fMV	N/A	GENERAL SUPPORT
SIERRA CLUB85 SECOND STREET 2ND FLOOR SAN FRANCISCO,CA 941053441	94-1153307	501(C)(4)	1,700,000		fMV	N/A	GENERAL SUPPORT
TENNESSEE COALITION TO ABOLISH STATE KILLINGPO BOX 1205520 NASHVILLE,TN 37212	62-1577038	501(C)(3)	67,350		fMV	n/A	campaign to abolish the death penalty



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Tides CenterPO Box 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	18,611		FMV	n/A	general support of the disability rights project
TIDES FOUNDATIONPO BOX 29903 SAN FRANCISCO, CA 941290903	51-0198509	501(C)(3)	100,000		FMV	n/A	general support of the Disability Rights Fund
Virginia New Majority3801 Mount Vernon Avenue Alexandria, VA 22305	26-1377619	501(C)(4)	6,777		FMV	n/A	general support
Working Families Organization2 Nevins St 3rd Floor Brooklyn, NY 11215	20-4994004	501(C)(4)	50,000		FMV	n/A	National Open Ballot Campaign



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization TIDES ADVOCACY FUND	Employer identification number 94-3153687
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in 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?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		



Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DRUMMOND PIKE	(i)	0	0	0	0	0		0
	(ii)	0	0	0	0	0		0
DANICA REMY	(i)	0	0	0	0	0		0
	(ii)	0	0	0	0	0		0



Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Information	Part III	1. NAME OF UNRELATED ORGANIZATION: TIDES, INC. 2. COMPENSATION PAID BY UNRELATED ORGANIZATION: DRUMMOND PIKE \$216,960. DANICA REMY \$134,215. BENEFITS PAID BY UNRELATED ORGANIZATION: DRUMMOND PIKE \$25,656. DANICA REMY \$23,883. 4A. BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TIDES ADVOCACY FUND. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TIDES CENTER - TIDES ADVOCACY FUND. (C) AMOUNT OF TRANSACTION: \$298,659. (D) DESCRIPTION OF TRANSACTION: TIDES ADVOCACY FUND HAS COST SHARING AGREEMENTS WITH TIDES CENTER. (E) SHARING OF ORGANIZATION REVENUES? = NO. 4B. BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TIDES ADVOCACY FUND. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TIDES FOUNDATION - TIDES ADVOCACY FUND. (C) AMOUNT OF TRANSACTION: \$14,800. (D) DESCRIPTION OF TRANSACTION: TIDES ADVOCACY FUND HAS COST SHARING AGREEMENTS WITH TIDES FOUNDATION. (E) SHARING OF ORGANIZATION REVENUES? = NO. 4C. BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: DRUMMOND PIKE & DANICA REMY. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TIDES INC - DRUMMOND PIKE IS CEO & DANICA REMY IS TREASURER/MANAGING DIRECTOR. (C) AMOUNT OF TRANSACTION: \$275,246. (D) DESCRIPTION OF TRANSACTION: TIDES ADVOCACY FUND HAS A COST SHARING AGREEMENT WITH TIDES, INC. PURSUANT TO THE COST SHARING AGREEMENT, TAF PAID ITS ALLOCABLE SHARE OF D. PIKE AND D. REMY'S COMPENSATION IN ADDITION TO OTHER ALLOCABLE EXPENSES. THE AMOUNT OF SALARY REIMBURSEMENTS WERE \$10,277 FOR D. PIKE AND \$158,098 FOR D. REMY. (E) SHARING OF ORGANIZATION REVENUES? = NO.



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
TIDES ADVOCACY FUND

Employer identification number  
94-3153687

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		JOSEPH MOUZON WAS EXECUTIVE DIRECTOR OF NETWORK FOR GOOD, AND DANICA REMY AND DRUMMOND PIKE ARE BOARD DIRECTORS OF NETWORK FOR GOOD JOSEPH MOUZON WAS EXECUTIVE DIRECTOR OF GROUNDSRING AND DRUMMOND PIKE IS A DIRECTOR AND SECRETARY OF THE BOARD OF GROUNDSRING
Form 990, Part VI, Section B, line 11		THE ORGANIZATION'S AUDIT COMMITTEE AND LEGAL COUNSEL REVIEW THE FORM 990 PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		ON AN ANNUAL BASIS THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUESTED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE SURVEY
Form 990, Part VI, Section B, line 15		The organization had no paid officers or key employees How ever, when it does, it will review comparability data from the follow ing sources The Chronicle of Philanthropy, Guidestar, Council on Foundations, and the Abbot, Langer & Associates report The Tides Advocacy Fund board would review both the performance and compensation annually The board or board appointed committee would meet with the officer(s) and determine compensation by considering comparability data, job performance, progress towards goals and 360 review assessments
Form 990, Part VI, Section C, line 19		THE CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 2C		AS NEEDED, THE AUDIT COMMITTEE MAY, FROM TIME TO TIME, REVIEW THE RELATIONSHIP WITH THE AUDITOR THE COMMITTEE MAY ELECT TO WORK WITH MANAGEMENT TO ISSUE AN RFP, INTERVIEW, AND CHECK REFERENCES FOR SELECTED CANDIDATES USING DEFINED CRITERIA, THE RESULT OF THIS EVALUATIVE PROCESS IS THE ENGAGEMENT OF AN AUDITOR THE AUDIT COMMITTEE ANNUALLY REVIEWS THE CLIENT SERVICE PLAN INCLUDING THE TIMELINE AS WELL AS ENGAGEMENT TERMS OF THE AUDIT PRIOR TO THE COMMENCEMENT OF THE AUDIT AT THE CONCLUSION OF THE AUDIT, THE COMMITTEE MEETS WITH THE AUDITORS TO REVIEW THE FINANCIAL STATEMENTS AND MANAGEMENT LETTER AFTER SUFFICIENT REVIEW AND DISCUSSION, THE COMMITTEE VOTES ON ACCEPTANCE OF THE AUDIT FOLLOWING AN AFFIRMATIVE VOTE, THE COMMITTEE FORWARDS THE FINANCIAL STATEMENT WITH A RECOMMENDATION FOR ACCEPTANCE TO THE FULL BOARD
FORM 990, Part IV, Line 6		TAF is not a "sponsoring organization" and, therefore does not appear to be covered under Question 6 All funds are subject to TAF's exclusive legal control and may only be used to further TAF's exempt purpose



SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization TIDES ADVOCACY FUND	Employer identification number 94-3153687
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Part I

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

(a) Name, address, and EIN 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
TIDES ADVOCACY FUND LLC PO BOX 29229 SAN FRANCISCO, CA 94129	INACTIVE	DE	0	0	TIDES ADVOCACY FUND

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity



Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

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

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009



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) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes    No		Yes    No		Yes    No



Additional Data

Software ID:  
Software Version:  
EIN: 94-3153687  
Name: TIDES ADVOCACY FUND

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Allocated Overhead	546,787	546,787		
OTHER PROGRAM EXPENSES	14,585	14,516	69	
UNCOLLECTABLE	10,600	10,569	31	
INVESTMENT/BANKING FEES	8,174	977	7,197	
LICENSES/FILING FEES	6,353		6,353	