** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
						UN 30, 2022					
В	Check if	C Name o	of organization	,		D Employer io	dentific	cation number			
	Addr	ess DET G	OODEDAMINE ACMION FIND								
F	chan	e	DOPERATIVE ACTION FUND			85_429	0/10				
H	chan		ousiness as	livered to etreet address)	Doom/quita	85-4299419 e E Telephone number					
H	returr Final	PO BOX	r and street (or P.O. box if mail is not del	iivered to street address)	Room/suite	425-300-					
_	⊥returr termi ated	n-	town, state or province, country, and	7IP or foreign postal code		G Gross receipts \$		6,565,561.			
Г	Amer	nded CIIMNER	R. WA 98390-0800	Zii oi ioroigii postarcodo		H(a) Is this a gr					
	Appli		and address of principal officer: RICK	PALMER		for subordinates?					
	pend	ina	C ABOVE			1		cluded? Yes No			
1	Tax-ex	empt status:	X 501(c)(3) 501(c)()	◄ (insert no.)	or 527			list. See instructions			
		ite: REIFUN				H(c) Group exe					
K	orm o	f organization: [X Corporation Trust As	ssociation Other ►	L Year	of formation: 202	0 N	1 State of legal domicile: WA			
Pa	art I	Summary	,								
ø.	1	Briefly describ	be the organization's mission or most	significant activities: SEE SC	HEDULE O						
Governance											
š	2	Check this bo	ox 🕨 🔛 if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its r	net ass	ets.			
ŏ	3		ting members of the governing body					5			
			dependent voting members of the gov					1			
Activities &	5		of individuals employed in calendar y					0			
Ĭ	6		of volunteers (estimate if necessary)				1_ 1	30			
Act	7 a		ed business revenue from Part VIII, co	. ,,				0.			
_	l p	Net unrelated	business taxable income from Form	990-1, Part I, line 11			7b				
	。	Contributions	and grants (Dort VIII line 1h)			Prior Year 1,772,	720	Current Year 6,565,561.			
ine	8					1,772,	0.	0,303,301.			
Revenue	10	-	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4,	and 7d)			0.	0.			
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c				0.	0.			
	12		e - add lines 8 through 11 (must equal			1,772,	720.	6,565,561.			
_	13		milar amounts paid (Part IX, column (647,		2,895,436.			
	14		to or for members (Part IX, column (A				0.	0.			
w	15	•	er compensation, employee benefits (F	,, , , , , , , , , , , , , , , , , , , ,			0.	0.			
Expenses	16a		fundraising fees (Part IX, column (A), li			5,	925.	0.			
per	. b		sing expenses (Part IX, column (D), line		0.						
ŭ	17		es (Part IX, column (A), lines 11a-11d,	·		91,	829.	101,711.			
			es. Add lines 13-17 (must equal Part I			745,	218.	2,997,147.			
	19	Revenue less	expenses. Subtract line 18 from line	12		1,027,	502.	3,568,414.			
OF OF	3				Ве	ginning of Current		End of Year			
Net Assets	20	Total assets (Part X, line 16)			1,772,		5,245,105.			
ABS	21		s (Part X, line 26)			•	218.	649,189.			
			fund balances. Subtract line 21 from	line 20		1,027,	502.	4,595,916.			
	art II			to do alta a cara a como de como de la colonia.				Described as a set by the first State			
			I declare that I have examined this return, e. Declaration of preparer (other than office				-	knowledge and beller, it is			
uue	, corre	T .	Declaration of preparer (other than office	i) is based oil all lillorlilation of wi	non preparer	nas any knowieuge	5.				
Ci~	_	Signatur	re of officer	$\overline{}$		I Date					
Sig Her		1'	PALMER, TREASURER 🦰			4-18-	23				
1101	•		print name and title								
		Print/Type pre	•	Preparer's signature	1	Date c	heck	PTIN			
Paid	d	MEGAN R. R	•	MEGAN R. RYAN	0	4/17/23 if	elf-employ	ed P00737884			
	parer	Firm's name	CLARK NUBER PS	•	<u> </u>	Firm's E		91-1194016			
	Only	Firm's address									
_			BELLEVUE, WA 98004			Phone r	10.425	-454-4919			
May	y the I	IRS discuss thi	is return with the preparer shown abo	ve? See instructions				X Yes No			

	990 (2021) REI COOPERATIVE ACTION FUND	85-4299419	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SEE SCHEDULE O		
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	s X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	S X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	, the total expenses, a	
4a	(Code:)(Expenses \$ 2,647,314. including grants of \$ 2,661,394.) (Revenue CONNECTING PEOPLE OUTSIDE-SUPPORTING ORGANIZATIONS LED BY AND SERVING BLACK COMMUNITIES; INDIGENOUS PEOPLES; PEOPLE OF COLOR; LGBTQ+ COMMUNITY; PEOPLE WITH PHYSICAL DISABILITIES; AND WOMEN THROUGH CONNECTIONS TO THE OUTDOORS. PRIORITIZING ORGANIZATIONS THAT ARE		
	LEVERAGING THE OUTDOORS AS A TOOL FOR EQUITY, HEALING AND JOY, SOCIAL JUSTICE, CIVIC ACTION, YOUTH DEVELOPMENT, OR CREATIVITY.		
4b	(Code:) (Expenses \$ 29,462 including grants of \$) (Revenue CREATING SPACE OUTSIDE-INCREASING EQUITABLE ACCESS TO OUTDOOR SPACES AND RECREATION OPPORTUNITIES (PARKS, TRAILS, OPEN SPACES, WATERWAYS). PRIORITIZING COMMUNITY-LED AND NATURAL CLIMATE SOLUTIONS THAT BRING NATURE'S INDIVIDUAL AND ENVIRONMENTAL BENEFITS CLOSER TO HOME FOR MARGINALIZED COMMUNITIES.	e\$	
4c	(Code:) (Expenses \$ 258,938. including grants of \$ 234,042.) (Revenue CENTERING HEALTH OUTSIDE-INVESTING, STRENGTHENING, AND AMPLIFYING SCIENTIFIC RESEARCH AND SUPPORTING TRADITIONAL ECOLOGICAL KNOWLEDGE	÷ \$	
	THAT DEMONSTRATES TIME SPENT OUTSIDE IMPROVES MENTAL, PHYSICAL, AND EMOTIONAL HEALTH, AS WELL AS RESILIENCE FOR PEOPLE AND COMMUNITIES.		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses 2,935,714.	,	

Form 990 (2021) REI COOPERATIVE ACTION FUND 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	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 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
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, 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? 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	3			
	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?			l
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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-	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	4-		x
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	40		x
4-	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,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_y
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	4	

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Form 990 (2021) REI COOPERATIVE ACTION FUND Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	200		x
20	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_ A
33				x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	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?	000		
00	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	00		
0.	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	
Pai			•	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2021) REI COOPERATIVE ACTION FUND

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

22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 c Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 d A ramy time during the calendar year, did the organization have an interest in, or a signature for other authority over, a financial account in a foreign courtry (such as a bank account, securities account or other financial accounts (FBAR). 5 was the organization account or profitible tax sheller transaction and any time during the tax year? 5 was the organization or active to a prohibited tax sheller transaction? 5 b Was the organization that was or in a party to a prohibited tax sheller transaction? 5 b D or the organization that was or in a party to a prohibited tax sheller transaction? 5 c D or the organization that was or in a party to a prohibited tax sheller transaction? 5 c D or the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that twen so transaction? 5 c D or the organization shell were to account that the was or in a party to a prohibited tax sheller transaction? 5 c D or the organization shell were organization and the account of the payor? 6 c D or the organization shell were organization and the account of the payor or the payor organization? 6 c D or the organization shell were organization and the payor or the week deductible contributions under section 170(c). 9 c D or the organization shell were organization organization				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 260, you may be required to \$-\text{inc.}\$ See instructions. 3a	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _nite_See instructions. 3a		filed for the calendar year ending with or within the year covered by this return	0		
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 39 If Y'es', 'Indicate the flore day 100 of 100 tells year 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)? 49 X but if Yes', 'enter the name of the foreign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 50 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 51 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 52 Was the organization share annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and charitable contributions or gifts were not tax deductibles and charitable contributions? 53 Y Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charitable contributions and party for goods and services provided to the payor? 54 If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charitable contributions and party for goods and services provided to the payor? 55 If Yes, 'indicated the number of Forms 82828 flied during the year 56 If Yes, 'indicated the number of Forms 82828 flied during the year 57 If Yes, 'indicated the number of Forms 82828 flied during the year 58 If the organization received a contribution of qualified intellectual property, did the organization flie a Form 1098-C? 59 If the organization received a contribution of qualified intellectual property, did the organization flie a Form 1098-C? 59 If the organization included on Form 890, Part VIII, line 12, for public use of club facilities 50 If yes, 'enter	b				
b If "Yes," has it filled a Form 990-T for this yea?" If "No" to line \$0, provide an explanation on Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial accountly author as a bank account, securities account, or derivational country. 5b If "Yes," either the name of the foreign country buch as a bank account, securities account, or derivations and country of the property of the organization solic than any contributions under section 170(c.) 5b If "Yes," did the organization into the property of the organization solic than any contributions of the property of the organization solic than any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization solic exchange, or otherwise despose of traigible personal property for which it was required to file Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization solic exchange, or otherwise despose of traigible personal property for which it was required? 11 If the organization solic exchange, or otherwise despose of traigible personal property for which it was required? 12 If the organization solic exchange, or otherwise despose of traigible personal property for which it was required to file form 8282 filed during the year 12 If the organization		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
4a Al 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 accounts (FBAR). 5b If "Yes," enter the name of the foreign country \$\forall so bank and off-invariant for the financial accounts (FBAR). 5ae instructions for filing requirements for FinCNP form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If "Yes" to line be an of b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line be an of b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes", did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of a charlatable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlatable contribution and express statement that such contributions or gifts were not tax deductibles of a charlatable contribution and partly for goods and services provided? 5c If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d If "Yes," indicate the number of Forms 8282? filed during the year 5d If "Yes," indicate the number of Forms 8282? filed during the year 5d If the organization received a contribution of undifferent property, did the organization file a Form 1088 C? 5d Sponsoring organization received a contribution of care, botts, simplanes, or other vehicles, did the organization file a Form 1088 C? 5d Sponsoring organizations maintaining donor advised funds. Did a chora advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a chora advised fund maintained by the sponsoring organizations makes any taxolidad intellectual property. di					X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibitor tax whether transaction at any time during the tax year? So Id in Yes' to line Sa or Sb, did the organization file Form 888617? So Id in Yes' to line Sa or Sb, did the organization file Form 888617? So If Yes' to line Sa or Sb, did the organization file Form 888617? So If Yes' to line Sa or Sb, did the organization file Form 888617? So If Yes' to line Sa or Sb, did the organization file Form 888617? Organizations that may receive deductible as charitable contributions? If Yes', did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If Yes', did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If Yes', did the organization notity the donor of the value of the goods or services provided? Organization sections are serviced as contribution or did party for goods and services provided to the payor? To Id the organization section and the service services provided? To Id the organization section and the service services provided? To Id the organization section and the service services provided to the payor? To Id the organization section and the services provided to the payor? To Id the organization section any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Id the organization section and the services provided to the organization file a form 1098.07 To Id the organization section and the services provided to the organization file form 1098.07 To Id the organization file services and th			3b		
b If "Yes," enter the name of the foreign country	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization apprily to a prohibited star shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Does the organization should be a promised to the promise of the promi			<u>4a</u>		A
5a Max the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c In "Yes" to line Sa or Sb, did the organization file Form 8886-17? 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 deductibles? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 6c Very 19th 19th 19th 19th 19th 19th 19th 19th	b				
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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
			17	L	L

Form 990 (2021) REI COOPERATIVE ACTION FUND 85-4299419 Page
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			Х
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 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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	Х	
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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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	Х	
8	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	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 books and records			
	RICK PALMER - 425-300-4897			
	PO BOX 1938, SUMNER, WA 98390-0800			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

V Observation of the state of t

LX Check this box if neither the organization n		orga T	nıza			nper	sate			
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe nd a d	rson i irecto	s both or/trus	n an tee)	compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	e or (stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m per		1099-NEC)	10001120)	and related
	below	idual	ution	<u></u>	Key employee	sst co	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MARC BEREJKA	15.00									
PRESIDENT	25.00			Х				0.	0.	0.
(2) KRISTEN RAGAIN	35.00									
VICE PRESIDENT/MANAGING DIRECTOR	5.00	Х		Х				0.	0.	0.
(3) RICK PALMER	5.00									
TREASURER	35.00			Х		_		0.	0.	0.
(4) WILMA WALLACE	5.00	1_								_
GENERAL COUNSEL	35.00	Х		Х				0.	0.	0.
(5) ERIC ARTZ	1.00									
DIRECTOR (6) SHARON PHILPOTT	39.00	Х						0.	0.	0.
DIRECTOR THRU 01/2022	1.00	x						0.	0.	0.
(7) CATIE ANDERSON	1.00	^						0.	0.	0.
DIRECTOR	39.00	x						0.	0.	0.
(8) TOM GREENWOOD	2.00							•		<u> </u>
SECRETARY	38.00	1		х				0.	0.	0.
(9) DOGBERTO QUINTANA	1.00									
DIRECTOR	1.00	х						0.	0.	0.
		-								
			_							
		-								
		1								
		-								
			_			_				
		-								

Form 990 (2021) 132007 12-09-21

Form 990 (2021) REI COOPERAT	IVE ACTION	FUN	D						85-42	29941	9	Р	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		s (continued)		ı		
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per nd a d	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other		of
	(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-MIS 1099-NEC)	SC/ from the			ie tion ted
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 	ot limited to th) wh	o re		000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for										pensa			
(A) Name and business	address	NO	NE					(B) Description of s	services	С	ompe	C) nsatio	n
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot lin	niter	t to	thos	e lic	ted	ahove) who received m	ore than				
\$100,000 of compensation from the organic	· ·	J. 1111		٠.١٥		oe 115 0	.cu	above, who received his	ore triall				

85-4299419

Form 990 (2021) REI COOPER Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
									function revenue	business revenue	sections 512 - 514
S S	1		Federated campaigns			1a					
ant	•					1b					
9			Membership dues Fundraising events		ı	1c					
Ţţ,						1d	5,229,943.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations				3,223,313.				
Sir			Government grants (contri		ı	1e					
utio		f	All other contributions, gifts,				1 335 619				
έş			similar amounts not included			1f	1,335,618.				
		-	Noncash contributions included in I		•	1g \$		6 565 561			
O a		n	Total. Add lines 1a-1f				Business Code	6,565,561.			
	_						Business Code				
<u>c</u>	2	a	-								
er re		b	-								
Program Service Revenue		С									
Jrar Sev		d									
5		е									
-			All other program service								
			Total. Add lines 2a-2f								
	3	3	Investment income (includ								
			other similar amounts)								
	4		Income from investment o								
	5	•	Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u>			<u></u>				
	7	a	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
Ne l		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>	<u></u>				
her Revenue	8	а	Gross income from fundraising	ng ev	ents (n	ot					
₹			including \$			of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8a					
		b	Less: direct expenses				1				
		С	Net income or (loss) from	fund	raising	events_	>				
	9	а	Gross income from gamin	g act	tivities	. See					
			Part IV, line 19			9a					
		b	Less: direct expenses				1				
		С	Net income or (loss) from	gami	ing act	ivities	>				
	10	а	Gross sales of inventory, le	ess r	eturns						
			and allowances			10a	3				
		b	Less: cost of goods sold				D				
		С	Net income or (loss) from	sales	of inv	entory					
							Business Code				
ous	11	а									
Miscellaneous Revenue		b									
ele eve		С									
isc Be			All other revenue								
≥			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					6,565,561.	0.	0.	0.

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	2,895,436.	2,895,436.							
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									
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									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
а	Management									
b	Legal	6,250.		6,250.						
С	Accounting	35,127.		35,127.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
_	column (A), amount, list line 11g expenses on Sch O.)	50,088.	40,249.	9,839.						
12	Advertising and promotion									
13	Office expenses	10,246.	29.	10,217.						
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
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									
23	Insurance									
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										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	2,997,147.	2,935,714.	61,433.	0.					
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 (2021)
Part X Balance Sheet

		0				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,650,000.	1	2,675,856.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		122,720.	3	2,462,712.
	4			·	4	
	5	Loans and other receivables from any current or			-	
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif			ŭ	
	"	under section 4958(f)(1)), and persons described	in acction 4059(a)(2)(P)		6	
	7	Notes and loans receivable, net	() () () () () ()		7	
Assets	8				8	
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges		0.	9	106,537.
			I		9	200,007.
	lua	Land, buildings, and equipment: cost or other	100			
		basis. Complete Part VI of Schedule D	I I		40-	
		Less: accumulated depreciation	10b		10c	
	11				11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14				14	
	15	Other assets. See Part IV, line 11		1 550 500	15	5 045 105
	16	Total assets. Add lines 1 through 15 (must equa	1,772,720.	16	5,245,105.	
	17	Accounts payable and accrued expenses		97,754.	17	37,809.
	18	Grants payable	647,464.	18	611,380.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
S	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
iab		controlled entity or family member of any of thes	e persons		22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables 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		745,218.	26	649,189.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🗓			
ces		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		1,027,502.	27	4,025,086.
Ва	28	Net assets with donor restrictions			28	570,830.
рш		Organizations that do not follow FASB ASC 95	58, check here 🕨 🗌			
Ē		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,027,502.	32	4,595,916.
	33	Total liabilities and net assets/fund balances		1,772,720.	33	5,245,105.

Form **990** (2021)

Form	1990 (2021) REI COOPERATIVE ACTION FUND	85-42994	19	Pag	ge 12
Pai	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			561.
2	Total expenses (must equal Part IX, column (A), line 25)	2			147.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	568,	414.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	027,	502.
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	4,	595,	916.
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>		Щ
				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	Ο.			
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 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	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	222	Щ_
			Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** REI COOPERATIVE ACTION FUND 85-4299419 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")				1,772,720.	6,565,561.	8,338,281.		
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				1,772,720.	6,565,561.	8,338,281.		
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)						7,226,062.		
	Public support. Subtract line 5 from line 4.						1,112,219.		
Sec	tion B. Total Support		_		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4				1,772,720.	6,565,561.	8,338,281.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
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						8,338,281.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 50	01(c)(3)			
_	organization, check this box and stop						<u> </u>		
	tion C. Computation of Publi								
14	Public support percentage for 2021 (li					14	<u>%</u>		
15	Public support percentage from 2020					15	<u>%</u>		
16a	33 1/3% support test - 2021. If the c	_					. \square		
	stop here. The organization qualifies		•		LU 45 i- 00 4/00/				
D	33 1/3% support test - 2020. If the constant have The average at a second star have a sec								
47~	and stop here. The organization quality				0.12 160 or 16b o				
17 a	10% -facts-and-circumstances test	_							
	and if the organization meets the facts			-		_	. —		
I-	meets the facts-and-circumstances test	_			-	7a and line 15 is 1			
D	10% -facts-and-circumstances test	_					U70 UI		
	more, and if the organization meets the organization meets the facts-and-circu						▶□		
40									
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021 REI COOPERATIVE ACTION FUND 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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.)

		Yes	No
		169	140
	1		
	2		
	За		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
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	9b		
	9с		
	10a		
.1 -	10b	- 000	0004
пe	A (Forn	n 990)	2021

Page 5

REI COOPERATIVE ACTION FUND

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		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	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities. he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	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	on 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-functional		d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	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				
С	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				
	Excess from 2021				
	LAGGGG II OHI LUL I				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

R	EI COOPERATIVE ACTION FUND	85-4299419
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.
General Rule		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one
-	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	•
literary, or educa	tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	
year, contribution is checked, ente purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	··
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

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		\$5,229,943.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$164,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 6	Name, address, and ZIP + 4	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,714	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000	Person X 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		i *	i .

Employer identification number

Name of organization

REI COOPERATIVE ACTION FUND 85-4299419 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2021 Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

REI COOPERATIVE ACTION FUND 85-4299419 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	edule D (Form 990) 2021 REI COOPERA	TIVE ACTION FU	ND					85-429	9419	Р	age 2
	rt III Organizations Maintaining Co	ollections of Ar	t, Histor	ical Tre	asures, or	Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check a	ny of the f	ollowing that	make sig	gnificant ι	use of its	'		
	collection items (check all that apply):										
а	Public exhibition	c	l 🗌 Lo	an or exc	hange prograi	m					
b	Scholarly research	e	e 🔲 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how they	further th	e organization	n's exem	npt 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	intained as part of t	he organiza	ation's col	llection?				Yes		No
Par	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the o	rganizatio	n answered "`	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	ın or other intermed	liary for co	ntributions	s or other asse	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	•		· ·						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f											
	Did the organization include an amount on Fo								Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.						-,				j
	rt V Endowment Funds. Complete if						0.				
	·	(a) Current year	(b) Prio		(c) Two years			ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	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 curre	ent vear end halance	e (line 1a d	column (a)) held as:	ı					
	Board designated or quasi-endowment	•	%	σιαιτιίτ (α)	, mora do:						
	Permanent endowment		— ′°								
	Term endowment										
_	The percentages on lines 2a, 2b, and 2c shou	-									
3а	Are there endowment funds not in the posses	•	ation that a	re held an	nd administere	ed for the	e organiza	ation			
-	by:	order or the organiza	2017 11101 0	io noia ai	ra darriiriiotore	7G 101 U11	o organiza	2011		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizati								3b		
4	Describe in Part XIII the intended uses of the										
	rt VI Land, Buildings, and Equipme		Willion Chan	uo.							
	Complete if the organization answered), Part IV, li	ne 11a. S	ee Form 990,	Part X, I	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	ed l	(d) Boo	k valu	e
	_ cccpalon or proporty	basis (investr			(other)	٠,	preciation	-	,_, 500	, aid	-
1a	Land	`									
	Buildings										
	Leasehold improvements	I									
	Fauinment	••									

Schedule D (Form 990) 2021

0.

e Other

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

	(Form 990) 2021 REI COOPERATIVE	ACTION FUND		8	5-4299419	Page
Part VII	Investments - Other Securities.					
(-) December	Complete if the organization answered "Yes"	_			-1 -6	
	tion of security or category (including name of security)	(b) Book v	/aiue	(c) Method of valuation: Cost or end	d-of-year market	value
	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.	_1				
	Complete if the organization answered "Yes"	on Form 990, Pa	art IV, line	11c. See Form 990, Part X, line 13.		
	(a) Description of investment	(b) Book v		(c) Method of valuation: Cost or end	d-of-year market	value
(1)		 				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answered "Yes"		art IV, line	11d. See Form 990, Part X, line 15.		
	(a)	Description			(b) Book	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)					-	
(7)					-	
(8)						
<u>(9)</u>						
Part X	mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	<u>e 15.)</u>		······	1	
I di t X	Complete if the organization answered "Yes"	on Form 990 Pr	art IV line :	11e or 11f See Form 990 Part X line 25		
1.	(a) Description of liability	0111 01111 000, 1 0	art 10, 1110	110 01 111. 000 1 01111 000, 1 drex, mile 20	(b) Book	value
	deral income taxes				(3) 2001	valuo
(2)	IOIAI IIIOOIIIE LANGS				1	
(3)						
(4)						
(5)						
(6)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

85-4299419

Pa	Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin				7,949,195.
1				1	7,343,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا			
a	Net unrealized gains (losses) on investments		1,383,634.		
b	Donated services and use of facilities		1,303,034.		
c d	Recoveries of prior year grants Other (Describe in Part XIII.)				
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	1,383,634.
3	Subtract line 2e from line 1			3	6,565,561.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				7 7 7 7 7 7 7 7
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	6,565,561.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements			1	4,380,781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,383,634.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	1,383,634.
3	Subtract line 2e from line 1			3	2,997,147.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	0. 2,997,147.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	8.)		5	2,331,141.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional illioni	auon.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization REI COOPERATIV	TE ACTION FIINI	1					Employer identification number 85-4299419
Part I General Information on Grants ar		,					03 4233413
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's propert II Grants and Other Assistance to Describe in Part II Grants and Oth	o substantiate the tance? cedures for monit	oring the use of grant	funds in the United	States. Complete if the organic			X Yes No
recipient that received more than \$ 1 (a) Name and address of organization or government	5,000. Part II can (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
ADAPTIVE ADVENTURES 9053 HARLAN STREET SUITE 34 WESTMINSTER, CO 80031	84-1512653	501(C)(3)	173,940.	0.			GENERAL SUPPORT
BLACK GIRLS DO BIKE PO BOX 156 VERONA, PA 15147	27-6601178	501(C)(3)	148,940.	0.			GENERAL SUPPORT
BLACK GIRLS RUN! FOUNDATION 8223 PILGRIM TERRACE RICHMOND, VA 23227	83-0866322	501(C)(3)	148.940.	0.			GENERAL SUPPORT
CENTER FOR NATIVE AMERICAN YOUTH-THE ASPEN INSTITUTE - 2300 N ST NW, STE 700 - WASHINGTON, DC 20037	84-0399006	501(C)(3)	173,940.	0.			GENERAL SUPPORT
CHILDREN AND NATURE NETWORK 1611 COUNTY RD B WEST, STE 315 ROSEVILLE, MN 55113	14-1959018	501(C)(3)	100,000.	0.			GENERAL SUPPORT
FRESH TRACKS - THE ASPEN INSTITUTE 2300 N ST NW, STE 700 WASHINGTON, DC 20037	84-0399006		200,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	-	-					

REI COOPERATIVE ACTION FUND 85-4299419

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRLTREK INCORPORATED							
L800 WYOMING AVE, NW							
WASHINGTON, DC 20009	06-1811886	501(C)(3)	123,940.	0.			GENERAL SUPPORT
COMMUNITY INITIATIVES (FISCAL	00 1011000	332(3)(3)	120,510.	•			
SPONSOR FOR LATINO OUTDOORS) -							
1000 BROADWAY, SUITE 480 -							
OAKLAND, CA 94607	94-3255070	501(C)(3)	173,940.	0.			GENERAL SUPPORT
·							
OUTDOOR AFRO							
2323 BROADWAY							
OAKLAND, CA 94612	47-3094045	501(C)(3)	123,040.	0.			GENERAL SUPPORT
THE VENTURE OUT PROJECT							
48 WARD AVE							
NORTHAMPTON, MA 01060	47-1999271	501(C)(3)	173,940.	0.			GENERAL SUPPORT
WILD DIVERSITY							
5431 NE 20TH AVE							
PORTLAND, OR 97211	83-3099383	501(C)(3)	150,000.	0.			GENERAL SUPPORT
TORTHIND, OR 3, ETT	03 3033303	301(3)	130,000.	•			DIAMETER DOLLOW
SAN FRANCISCO PARKS ALLIANCE-BLUE							
GREENWAY - 1074 FOLSOM ST SAN							
FRANCISCO, CA 94103	23-7131784	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CAPITAL TRAILS COALITION							
2599 ONTARIO RD NW							
WASHINGTON, DC 20009	23-7305477	501(C)(3)	80,000.	0.			GENERAL SUPPORT
EAST COAST GREENWAY ALLIANCE							
5826 FAYETTEVILLE ROAD SUITE 210	04 2226012	E01/G\/2\	90 000	0			CENEDAL GUDDODE
DURHAM, NC 27713	04-3326812	201(C)(2)	80,000.	0.			GENERAL SUPPORT
EAST SIDE RIVER DISTRICT - GREAT							
RIVER PASSAGE CONSERVANCY - 370							
WABASHA ST N, SUITE 540 - SAINT	02 2020204	E01/G\/2\	50 000	0			CENEDAL CUDDODM
PAUL, MN 55102	83-2828394	201(C)(3)	50,000.	0.			GENERAL SUPPORT

Page 1

Schedule I (Form 990)

REI COOPERATIVE ACTION FUND 85-4299419

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı agı
(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
FRIENDS OF BIG MARSH							
1000 W. FULTON MARKET #4							
CHICAGO, IL 60607	47-3175104	501(C)(3)	50,000.	0.			GENERAL SUPPORT
-			1				
FRIENDS OF THE LOS ANGELES RIVER							
570 WEST AVENUE 26 SUITE 250							
LOS ANGELES, CA 90065	95-4171497	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CENTER FOR NATURE AND HEALTH,							
UNIVERSITY OF CALIFORNIA SAN							
FRANCISCO - PO BOX 45339 - SAN	04 0000014	E01/G\/2\	00.000				
FRANCISCO, CA 94145	94-2829914	501(C)(3)	80,000.	0.			GENERAL SUPPORT
NATURE AND HEALTH - UNIVERSITY OF							
WASHINGTON - 407 GERBERDING HALL							
BOX 351210 - SEATTLE, WA 98195	94-3079432	501(C)(3)	150,000.	0.			GENERAL SUPPORT
,			<u> </u>				
OUTDOORS FOR ALL							
6344 NE 74TH ST, SUITE 102							
SEATTLE, WA 98115	91-1085999	501(C)(3)	50,000.	0.			GENERAL SUPPORT
OUTDOOR ASIAN							
PO BOX 5473	46 1202521	E01/G\/3\	F0 000	_			GENERAL GURRORM
RICHMOND, CA 94805	46-1323531	DUI(C)(3)	50,000.	0.			GENERAL SUPPORT
BROWN GIRL SURF							
2323 BROADWAY							
OAKLAND, CA 94612	46-1323531	501(C)(3)	50,000.	0.			GENERAL SUPPORT
JUSTICE OUTSIDE							
436 14TH STREET STE 1209							
OAKLAND, CA 94612	80-0565914	501(C)(3)	50,000.	0.			GENERAL SUPPORT
OUTDOOR OUTREACH							
5275 MARKET ST STE 21 SAN DIEGO, CA 92114	33-0860449	501(C)(3)	50,000.	0.			GENERAL SUPPORT
DAN DIEGO, CA 32114	33-0000443	DOT(C)(3)	30,000.	<u>. </u>			PENEKAL BOLLOKI

Page 1

Schedule I (Form 990)

(b) EIN	nestic Organizations (c) IRC section		vernments (Sche	edule I (Form 990), Par	t II.) T	
(b) EIN	(c) IBC 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
36-3397908	501(C)(3)	50,000.	0.			GENERAL SUPPORT
84-2294981	501(C)(3)	50 000	0			GENERAL SUPPORT
04 2234301	301(0)(3)	30,000.	0.			GENERAL SULLORI
83-3447384	501(C)(3)	50,000.	0.			GENERAL SUPPORT
74-2472938	501/C\/3\	50 000	0			GENERAL SUPPORT
74-2472930	301(0/(3/	30,000.	0.			GENERAL SUFFORT
52-1976304	501(C)(3)	50,000.	0.			GENERAL SUPPORT
00 2060006	F01/G1/31	50.000	0			
82-3068886	501(C)(3)	50,000.	0.			GENERAL SUPPORT
26-1211569	501(C)(3)	50,000.	0.			GENERAL SUPPORT
		,				
	84-2294981 83-3447384 74-2472938 52-1976304 82-3068886	36-3397908 501(C)(3) 84-2294981 501(C)(3) 83-3447384 501(C)(3) 74-2472938 501(C)(3) 52-1976304 501(C)(3) 82-3068886 501(C)(3) 26-1211569 501(C)(3)	84-2294981 501(C)(3) 50,000. 83-3447384 501(C)(3) 50,000. 74-2472938 501(C)(3) 50,000. 52-1976304 501(C)(3) 50,000.	84-2294981 501(C)(3) 50,000. 0. 83-3447384 501(C)(3) 50,000. 0. 74-2472938 501(C)(3) 50,000. 0. 52-1976304 501(C)(3) 50,000. 0. 82-3068886 501(C)(3) 50,000. 0.	36-3397908 501(c)(3) 50,000. 0. 84-2294981 501(c)(3) 50,000. 0. 83-3447384 501(c)(3) 50,000. 0. 74-2472938 501(c)(3) 50,000. 0. 52-1976304 501(c)(3) 50,000. 0.	36-3397908 501(C)(3) 50,000. 0. 84-2294981 501(C)(3) 50,000. 0. 83-3447384 501(C)(3) 50,000. 0. 74-2472938 501(C)(3) 50,000. 0. 52-1976304 501(C)(3) 50,000. 0.

(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
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, columr	i (b); and any other ac	I Iditional information.	
PART I, LINE 2:					
ALL GRANTEES ARE CHECKED FOR VALID 501(C)(3) STATU	S. IF THEY DO	NOT HAVE			
THIS STATUS THEY USE A FISCAL SPONSOR. GRANTEES SI	GN A GRANT AG	REEMENT THAT			
IS STORED IN OUR FOUNDANT GRANTMAKING DATABASE. GR	ANTEES SEND A	PPLICATIONS			
AND ARE SCREENED TO ENSURE THEIR MISSION AND PROGR					
REI FUND MISSION.					
ALT 1000 MIDDION.					

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number 85-4299419

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SUPPORT ORGANIZATIONS PROMOTING JUSTICE, EQUITY AND BELONGING IN THE
OUTDOORS TO STRENGTHEN THE HEALTH AND WELL-BEING OF PEOPLE AND
COMMUNITIES. WE BELIEVE THAT TIME OUTSIDE AND OUR CONNECTION TO NATURE
IS FUNDAMENTAL TO THE SOCIAL, CULTURAL, ECONOMIC, AND INDIVIDUAL HEALTH
AND WELL-BEING OF ALL PEOPLE.
PART I, LINE 6
THIS NUMBER IS BASED ON THE AMOUNT OF RECREATIONAL EQUIPMENT, INC. (A
RELATED ORGANIZATION) EMPLOYEES THAT ARE VOLUNTEERING THEIR TIME TO REI
FUND. THE SERVICES PROVIDED WERE LEGAL, ACCOUNTING, TREASURY, IT, ETC.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE REI COOPERATIVE ACTION FUND ("THE REI FUND") DIRECTLY SUPPORTS
ORGANIZATIONS PROMOTING JUSTICE, EQUITY AND BELONGING IN THE OUTDOORS
TO STRENGTHEN THE HEALTH AND WELL-BEING OF PEOPLE AND COMMUNITIES. WE
BELIEVE THAT TIME OUTSIDE AND OUR CONNECTION TO NATURE IS FUNDAMENTAL
FOR THE SOCIAL, CULTURAL, ECONOMIC AND INDIVIDUAL HEALTH AND WELL-BEING
OF ALL PEOPLE. BUT TODAY, MILLIONS OF AMERICANS LACK ACCESS TO NATURE
AND THRIVING OUTDOOR SPACES. IN ADDITION TO THIS, MANY PEOPLE DO NOT
FEEL A SENSE OF SAFETY OR BELONGING IN THE OUTDOORS. THESE ISSUES STEM
FROM LEGACIES AND SYSTEMS OF INEQUITY, INJUSTICE, AND RACISM. TO
CATALYZE THIS WORK, THE REI COOPERATIVE ACTION FUND WILL INTENTIONALLY
FOCUS ON MARGINALIZED GROUPS. IT IS THESE VERY GROUPS WHO ARE LEADING
THE WAY IN ADDRESSING BARRIERS AND CREATING NEWFOUND OPPORTUNTIES TO

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** REI COOPERATIVE ACTION FUND 85-4299419 EVOKE JOY, WELL-BEING AND BELONGING OUTSIDE, RESULTING IN IMPROVED HEALTH AND WELL-BEING FOR PEOPLE, COMMUNITIES, AND OUR PLANET. FORM 990, PART VI, SECTION A, LINE 2: ERIC ARTZ HAS A BUSINESS RELATIONSHIP WITH SHARON PHILPOTT, MARC BEREJKA KRISTEN RAGAIN, RICK PALMER, WILMA WALLACE, CATIE ANDERSON, AND TOM GREENWOOD. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF THE CORPORATION SHALL BE RECREATIONAL EQUIPMENT, INC. FORM 990, PART VI, SECTION A, LINE 7A: THE SOLE MEMBER SHALL HAVE THE RIGHT TO ADMIT NEW MEMBERS OR TO ELECT THE DIRECTORS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7B: EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF MEMBERS. MEMBERS SHALL HAVE THE RIGHT (A) TO ADMIT NEW MEMBERS, (B) TO ELECT THE DIRECTORS OF THE CORPORATION, (C) TO AMEND OR RESTATE THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION. (D) TO APPROVE THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION. (E) TO APPROVE THE VOLUNTARY DISSOLUTION OF THE CORPORATION AND (F) TO VOTE ON ANY OTHER MATTERS ON WHICH THE APPROVAL OR VOTE OF MEMBERS IS REQUIRED BY THESE BYLAWS OR APPLICABLE WASHINGTON LAW. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT AND FINANCE COMMITTEE WILL CONDUCT THE MAIN REVIEW OF THE PUBLIC DISCLOSURE COPY OF FORM 990 AND WILL ROUTE TO THE FULL GOVERNING BODY FOR

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** REI COOPERATIVE ACTION FUND 85-4299419 APPROVAL BEFORE BEING FILED. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OR, PA, RI, SC, TN UT,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

132212 11-11-21 Schedule O (Form 990) 2021

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 Name of the organization

REI COOPERATIVE ACTION FUND

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

85-4299419

(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		1 .		Direct controlling entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	pecause 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) ct controlling entity	Section 5 contr	rolled ity?
				501(c)(3))			Yes	No
THE REI FOUNDATION - 91-1577992	_							
P.O. BOX 1938 SUMNER, WA 98390	GRANTMAKING	WASHINGTON	501(C)(3)	PF	N/A			х
	_							

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David 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	Legal domicile (state or foreign	(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	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	1	tion b)(13) rolled ity?
		country)						Yes	No
RECREATIONAL EQUIPMENT, INC.									
1700 45TH ST E	RETAILER OF OUTDOOR								ĺ
SUMNER, WA 98352	EQUIPMENT & SERVICES	WA	N/A	C CORP	N/A	N/A	N/A		Х
	_								
									
	4								1
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									ĺ
									ĺ
									1
									1

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

Yes No

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

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		Х
					1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must						
	(a)	(b)	(c)	(d)			
	(a) Name of related organization Tran	nsaction	Amount involved	Method of determining amount invo	olved		
	tyr	rpe (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							
3216	62 11.17.21			Schedule F	R (Forn	n 990	2021

Schedule R (Form 990) 2021 REI COOPERATIVE ACTION FUND 85-4299419 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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners) ntage rship
								Ochodolo			