** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

ΑI	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and end	ding JU	N 30, 20	123	•		
В	Check if	C Name of organization		D Emplo	ver identifica	ntion number		
	applicable			•				
Г	Addre							
F	Name chang			85-4299419				
F	Initial		om/suite		one number			
F	return □Final	PO BOX 1938		300-4897				
	√return termin					9,381,381.		
	ated □Amend	City or town, state or province, country, and ZIP or foreign postal code sumner wa 98390-0800		G Gross red				
F	return □Applic	,			s a group reti			
	tion pendir	F Name and address of principal officer: OEREMI REDUIT		for subordinates? Yes X				
_		SAME AS C ABOVE	\neg		subordinates incl			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527			st. See instructions		
	Vebsit				p exemption			
		organization: X Corporation Trust Association Other	L Year o	f formation:	2020 M	State of legal domicile: WA		
Pa	art I	Summary						
Φ	1	Briefly describe the organization's mission or most significant activities: SEE SCHED	DULE O					
Governance								
ž	2	Check this box if the organization discontinued its operations or disposed	of more t	han 25% c	of its net asse	ts.		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			3	5		
		Number of independent voting members of the governing body (Part VI, line 1b)			4	1		
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	0		
ij	6	Total number of volunteers (estimate if necessary)			6	55		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
_ <	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.		
				Prior Y	ear	Current Year		
d)	8	Contributions and grants (Part VIII, line 1h)		6,	565,561.	9,380,641.		
Ž	9	Program service revenue (Part VIII, line 2g)			0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	740.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,	565,561.	9,381,381.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,	895,436.	6,786,120.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
(0	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.		
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		2,462.		
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25) 2, 462						
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			101,711.	422,183.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2.	997,147.	7,210,765.		
	1	Revenue less expenses. Subtract line 18 from line 12			568,414.	2,170,616.		
	10	Trevende 1655 expenses. Cubitast line 16 from line 12	Bea	inning of Cu	<u> </u>	End of Year		
ets (20	Total assets (Part X, line 16)			245,105.	8,243,596.		
ASS	21	Total liabilities (Part X, line 26)			649,189.	1,477,064.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20			595,916.	6,766,532.		
	art II	Signature Block		,	, ,	· , , , , , , , , , , , , , , , , , , ,		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemen	nts, and to th	ne best of my k	nowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			-	,		
	,	,	p p					
Sia	n	Signature of officer \(\mu \) \(\mu \) \(\mu \) \(\mu \)		Da	ate			
Sign Here		JEREMY KELLY, TREASURER JEREMY KELLY			3/5/20)24		
1101	Ŭ	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Da	ate	Check	PTIN		
Paid	i	MEGAN R. RYAN MEGAN R. RYAN	0.3	/03/24	if self-employed	□ P00737884		
	parer	Firm's name CLARK NUBER PS	1-5			1-1194016		
	Only	Firm's address 10900 NE 4TH ST STE 1400			III S LIIV			
-30	J.III	BELLEVUE, WA 98004		Phone no. 425-454-4919				
	, +ba II	25 discuse this return with the preparer shown above? See instructions		<u> </u>	IONE NO. 125	X Ves No		

	990 (2022) REI COOPERATIVE ACTION FUND	85-4299419	Page 2
Pai	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 0		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	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	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,114,521. including grants of \$ 3,101,189.) (Revenue		,
4a	CONNECTING PEOPLE OUTSIDE-SUPPORTING ORGANIZATIONS LED BY AND SERVING	e\$	
	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 \$1,773,904. including grants of \$1,767,161.) (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.		
4-	(Code:) (Expenses \$ 1,925,946. including grants of \$ 1,917,770.) (Revenue		,
4c	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.		
	morrow manner, no was no married for thorse may constitute.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6,814,371.		

85-4299419

Form 990 (2022) 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)?	_	77	
_	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		X
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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			•
45	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	45		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,	4-		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	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	aomostio government on l'artin, column (h), ime i : Il res, complete schedule I, Parts I and Il	41		

Form 990 (2022) REI COOPERATIVE ACTION FUND
Part IV Checklist of Required Schedules (continued) 85-4299419

			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			٠,,
	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	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	J 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.00	.40
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
23200	19.12.22		990	(2022)

Form 990 (2022) REI COOPERATIVE ACTION FUND

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

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b		- 77
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	•			х
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		
D	If "Yes," enter the name of the foreign country	accusts (FDAD)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	, ,	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		- Ou		
~	were not tax deductible?	· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
			9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	440			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a			
b	,	11b			
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u> </u>	12a		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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.

	to line out, ob, or real scient, december the circumstances, proceedes, or changes on estimated of o			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		T.,	·
_	Enter the number of voting members of the governing body at the end of the tay year		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a above, who are independent			
b	Enter the number of voting members included on line 14, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		v	
•	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	х	
6	Did the organization have members or stockholders?	6		
7a		_	v	
	more members of the governing body?	7a	Х	
b		l	v	
_	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:		v	
a		8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the supprinction have lead shouten humahas an efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Α
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		х
_		Па		44
b 120		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	, , , , , , , , , , , , , , , , , , , ,	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		x
12	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?			
•	The organization's CEO, Executive Director, or top management official	150		х
		15a 15b		x
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Iba		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements?	16b		l
17 10	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 Section 6104 requires an expenient to make its Forms 1023 (1024 or 1024 A, if applicable), 900, and 900 T (section 501(c)(3)).	o only	availe!	ale.
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)	avallal	JIE
	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)			
40	(d fire	oi o l	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u tinan	uai	
00	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Position check more than one ass person is both an and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) MARC BEREJKA	10.00										
PRESIDENT	30.00			Х		_		0.	0.	0.	
(2) KRISTEN RAGAIN	40.00										
VICE PRESIDENT/MANAGING DIRECTOR	0.00	Х		Х				0.	0.	0.	
(3) RICK PALMER	5.00										
TREASURER	35.00			Х				0.	0.	0.	
(4) WILMA WALLACE	5.00										
GENERAL COUNSEL AND BOARD CHAIR	35.00	Х		Х				0.	0.	0.	
(5) ERIC ARTZ	1.00										
DIRECTOR	39.00	Х						0.	0.	0.	
(6) CAITI ANDERSON	1.00										
DIRECTOR THRU 04/23	39.00	Х						0.	0.	0.	
(7) TOM GREENWOOD	2.00										
SECRETARY THRU 01/23	38.00			Х				0.	0.	0.	
(8) DOGBERTO QUINTANA	1.00										
DIRECTOR	1.00	Х						0.	0.	0.	
(9) BEN STEELE	2.00										
DIRECTOR FROM 04/23	38.00	Х						0.	0.	0.	

Form 990 (2022) 232007 12-13-22

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)		(C) Position			,		(D)	(E)		_	(F)	
	Name and title	Average hours per		(do not check more than one box, unless person is both an			than		Reportable Reportable compensation compensation				stimate nount	
		week		officer and a director/trustee)					from from related		- 1	u u	other	01
		(list any hours for	rector						the	organizations			pensa	
		related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		om the anizati	
		organizations	truste	nal trus		oyee	omper		1099-NEC)	1000 1120)			d relate	
		below line)	Individual trustee or director	Individual trustee or di Institutional trustee Officer Key employee Highest compensated employee Former			hest c	Former				orga	anizatio	ons
		iii ie)	ılı	<u> </u>			불통	굔			\dashv			
											_			
											_			
1b	Subtotal	1							0.		0.			0.
С	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									[3		Х
4	For any individual listed on line 1a, is the su	•							-	•				
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	•				,			•	dual for services		_		37
Sec	rendered to the organization? If "Yes." cometion B. Independent Contractors	plete Schedule	J fo	or su	ıch į	oers	on					5		Х
1	Complete this table for your five highest co	mnensated ind	lene	nder	nt cr	ntr	acto	rs th	nat received more than \$	100 000 of comp	ensat	tion fr	om.	
•	the organization. Report compensation for										onoal		J111	
	(A)				<u>., .,</u>				(B)			((C)	
	Name and business	address							Description of s	ervices	С		nsatio	า
MTSS	SION MINDED INC.							- [STRATEGIC PLAN AND	BRAND				

the organization. Report compensation for the calendar year ending with	or within the organization's tax year.	1
(A)	(B)	(C)
Name and business address	Description of services	Compensation
MISSION MINDED, INC.	STRATEGIC PLAN AND BRAND	
145 MAYWOOD WAY, SAN RAFAEL, CA 94901	CONSULTING	163,104.
2 Total number of independent contractors (including but not limited to the	se listed above) who received more than	

\$100,000 of compensation from the organization

85-4299419

/	Statement	of Revenue
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		Check if Schedule O	contains	a response	or note to any line	e in this Part VIII			
				•	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b Membership dues c Fundraising events	ibutions) grants, ar above	1b 1c 1d 1e	7,304,405. 2,076,236.	9,380,641.			
	2				Business Code	, ,			
Program Service Revenue	1	d e f All other program service	revenue						
	3	Investment income (included) other similar amounts) Income from investment of	ling divid	dends, inter		740.			740.
	5 6	b Less: rental expenses	6a 6b	(i) Real	(ii) Personal				
	7	 Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory 		Securities	(ii) Other				
ther Revenue		b Less: cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss)							
Other	8	a Gross income from fundraising including \$ contributions reported on Part IV, line 18	ng events line 1c).	(not of See	a				
	9	b Less: direct expenses c Net income or (loss) from a Gross income from gamin Part IV, line 19 b Less: direct expenses	g activiti	es. See	a				
	10	c Net income or (loss) from a Gross sales of inventory, I and allowancesb b Less: cost of goods sold	gaming a	rns 10	a				
Miscellaneous Revenue	11 :	b			Business Code				
Misce Rev		d All other revenue Total revenue See instruction				9 381 381.	0.	0.	740.

85-4299419

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 6,786,120. 6,786,120. and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а 15,167. 15,167. Legal 24,952. 24,952, Accounting Lobbying 2,462. 2,462. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 185,621 3,010. 182,611. column (A), amount, list line 11g expenses on Sch O.) 4,865. 4,865. Advertising and promotion 12 17,793. 17,793. Office expenses 13 133,942. 25,241. 108,701, Information technology 14 15 Royalties 16 Occupancy 22,088. 22,088. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) DUES AND SUBSCRIPTIONS 17,755. 17,755. С d All other expenses 7,210,765, 393,932 2,462. Total functional expenses. Add lines 1 through 24e 6.814.371 25 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 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or ne	ote to	any line in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			2,675,856.	1	162,426.				
	2	Savings and temporary cash investments			0.	2	5,500,740.				
	3	Pledges and grants receivable, net			2,462,712.	3	2,555,369.				
	4	Accounts receivable, net		4							
	5	Loans and other receivables from any current									
		trustee, key employee, creator or founder, sub									
		controlled entity or family member of any of th	ese pe	rsons		5					
	6	Loans and other receivables from other disqua									
		under section 4958(f)(1)), and persons describe		6							
S	7	Notes and loans receivable, net				7					
Assets	8	Inventories for sale or use				8					
As	9				106,537.	9	25,061.				
	l	Land, buildings, and equipment: cost or other			·						
		basis. Complete Part VI of Schedule D		a							
	b	Less: accumulated depreciation				10c					
	11	Investments - publicly traded securities				11					
	12	Investments - other securities. See Part IV, line				12					
	13	Investments - program-related. See Part IV, line		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11		15							
	16	Total assets. Add lines 1 through 15 (must ed			5,245,105.	16	8,243,596.				
	17	Accounts payable and accrued expenses			37,809.	17	37,064.				
	18		611,380.	18	1,440,000.						
	19	Grants payable	,	19							
	20	Deferred revenue				20					
	21	Tax-exempt bond liabilities		V - 4 C - 1 1 - 1 - D		21					
	22	Escrow or custodial account liability. Complete Loans and other payables to any current or for				21					
Liabilities	22										
ρ <u>i</u>		trustee, key employee, creator or founder, sub		·		22					
Lia	22	controlled entity or family member of any of the		la:d .a.ad:.a.a							
	23 24	Secured mortgages and notes payable to unreal				23					
	2 4 25	Unsecured notes and loans payable to unrelat				24					
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line	-								
		,		, · ·		25					
	06	of Schedule D			649,189.		1,477,064.				
	26	Total liabilities. Add lines 17 through 25		ere X	049,109.	26	1,477,004.				
Ś		Organizations that follow FASB ASC 958, ch	песк п	ere 🔼							
nce	07	and complete lines 27, 28, 32, and 33.			4,025,086.	07	6,490,934.				
ala	27				570,830.	27	275,598.				
e B	28	Net assets with donor restrictions			370,030.	28	275,550.				
ڃَ		Organizations that do not follow FASB ASC	958, 0	neck nere							
P.	00	and complete lines 29 through 33.				-					
şţ	29	Capital stock or trust principal, or current fund				29					
SSE	30	Paid-in or capital surplus, or land, building, or				30					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			A 505 016	31	6 766 522				
	32	Total net assets or fund balances			4,595,916. 5,245,105.	32	6,766,532.				
	33	Total liabilities and net assets/fund balances			3,243,103.	33	8,243,596.				

Form **990** (2022)

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	381,	381.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	210,	765.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,170		616.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	595,	916.
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	6	766,	532.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	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 School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
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	225	
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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))

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,772,720.	6,565,561.	9,380,641.	17,718,922.
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.	9,380,641.	17,718,922.
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)						13,967,586.
6	Public support. Subtract line 5 from line 4.						3,751,336.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			1,772,720.	6,565,561.	9,380,641.	17,718,922.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					740.	740.
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						17,719,662.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						Х Х
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2021. If the o				ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part \	VI how the organization	ation
	meets the facts-and-circumstances te	-		• • •			
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	· · · · · · · · · · · · · · · · · · ·	• • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b,	check this box ar	nd see instructions	

Schedule A (Form 990) 2022 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	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 on line 12 of 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
1		
2		
3a		
3b		
3с		
- 55		
4a		
4b		
4c		
5a		
- Fl-		
5b 5c		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		
ule A (For	m 990)	2022

Page 5

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL.		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1. James 11 100, describe in 1 - 1 - 1 to tole played by the organization in this regard.			

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	· i.g. ·	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see	
	instructions).				

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•	ĺ	Current Year		
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro		5				
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	T	T	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
<u>b</u>	From 2018						
<u>C</u>	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u> </u>	Carryover from 2017 not applied (see instructions)						
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h						
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
_							

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART II, COLUMN C:	
THIS COLUMN REPRESENTS THE SHORT YEAR JULY 22, 2020 THROUGH JUNE 30,	_
2021.	_
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	-

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

2022

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	
Note: Only a section 501(n 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	le. See instructions.
General Rule		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by 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, and 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
contributor, during literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	cientific,
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 the exclusively for religious, charitable, etc., purposes, but no such contributions totaled may refer 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>
-	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	•
	ne 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).	, Рап I, line 2, to certify
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Name of organization

Employer identification number

REI COOPERATIVE ACTION FUND

85-4299419

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,304,405.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000.	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
3		\$	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
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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		\$5,000.	Person X Payroll

Name of organization

Employer identification number

REI COOPERATIVE ACTION FUND

85-4299419

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional 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			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) 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

Name of organization

Employer identification number

REI COOPERATIVE ACTION FUND

85-4299419

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

T COOPE	ERATIVE ACTION FUND			85-4299419					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	through (e) and the following line entry. Fnaritable, etc., contributions of \$1,000 or less	or organizations	at total more than \$1,000 for the yea					
NA I	Use duplicate copies of Part III if additional s	pace is needed.							
a) No. from Part I	(b) Purpose of gift	gift (c) Use of gift (d) De		cription of how gift is held					
		(e) Transfer of gift	_						
_	Transferee's name, address, an	d ZIP + 4	Relationship of trai	nsferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held					
-			_						
_	Transferee's name, address, an	(e) Transfer of gift	Relationship of trai	nsferor to transferee					
a) No. from									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
		(e) Transfer of gift	_						
	Transferee's name, address, an	nd ZIP + 4	Relationship of trai	nsferor to transferee					
a) No.									
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
-	(e) Transfer of gift								
	Transferee's name, address, an	Relationship of tra	nsferor 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.

OMB No. 1545-0047 Inspection

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number 85 - 4299419

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(A\(D\(i\	
0					Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis tilat desc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Othe	er Similar A	ssets (continued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant use	of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exc	change program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's exe	empt purpose i	n Part XIII.
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or other simila	ır assets	
D -	to be sold to raise funds rather than to be ma					
Pai	reported an amount on Form 990, Par		ete if the organization	on answered "Yes" o	n Form 990, P	art IV, line 9, or
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets not	included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			
						Amount
С	Beginning balance				1c	
d	5 ,					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Fo		•			Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par	Tt V Endowment Funds. Complete i					a hook (a) Four years hook
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	ant voor and balance	line 1a celumn (e)) hold oo:		
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a %	ij) neid as.		
a b	Board designated or quasi-endowment Permanent endowment	%				
C		⁷⁰				
·	The percentages on lines 2a, 2b, and 2c shou					
32	Are there endowment funds not in the posses	•	ition that are held a	nd administered for t	he	
oa	organization by:	331011 Of the organize	tion that are ned a	na administered for t		Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the					
Par	rt VI Land, Buildings, and Equipm					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	., line 10.	
	Description of property	(a) Cost or o basis (investr	` '	, ,	Accumulated epreciation	(d) Book value
1a	Land					
	Buildings	I				
	Leasehold improvements					
d						
е	Other	I				
	I. Add lines 1a through 1e. (Column (d) must e		X. column (B), line 1	Oc.)		. 0.

Competer if the organization answered "Yes" on Form 990, Part X, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2022 REI COOPERATIVE ACTIO	ON FUND	85	5-4299419 Page
(a) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Financial derivatives (d) Book value (e) Method of valuation: Cost or end-of-year market value (d) Book value (e) Method of valuation: Cost or end-of-year market value (d) Book value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (f)	Part VII Investments - Other Securities.	000 D+ "/ "	11h Con Farm 000 Bart V 11 10	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(2) Closely held equity interests		(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(8) Other (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
A				
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(D) (E) (E) (F) (F)				
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(F) (G) (H) (Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(G) (H) (H) Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 12.				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (17) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (7) (10) (10) must equal Form 990, Part X, col. (8) line 13.) (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (7) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		rm 000 Port IV line	11a Saa Farm 000 Dart V lina 12	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Ool. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				l of year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	.,, .	(b) Book value	(c) Metriod of Valuation. Cost of end	i-oi-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (in) must equal Form 990, Part X, col. (in) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (in) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Federal income taxes (d) (e) (f) (f)				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
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State Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Part IX				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		rm 000 Part IV line	11d See Form 990 Part Y line 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)			Tru. Gee Form 390, Fart X, line 13.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		прион		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Part X Other Liabilities.			
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)		rm 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
(1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a) Description of lightity			
(2) (3) (4) (5) (6) (7)				(-,
(3) (4) (5) (6) (7)				
(4) (5) (6) (7)				
(5) (6) (7)				
(6) (7)				
(7)				

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

(9)

85-4299419

Part	<u> </u>		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			10 552 645
				1	10,773,647.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
	Net unrealized gains (losses) on investments		1 202 266	-	
	Oonated services and use of facilities		1,392,266.	-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)				1 302 266
	Add lines 2a through 2d			2e	1,392,266, 9,381,381,
	Subtract line 2e from line 1			3	7,301,301.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1: nvestment expenses not included on Form 990, Part VIII, line 7b	امدا			
				1	
	Other (Describe in Part XIII.) Add lines 4a and 4b			40	0
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			4c 5	9,381,381
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		3,301,301
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		_xpeeee pe		
1 T	otal expenses and losses per audited financial statements			1	8,603,031
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
	Donated services and use of facilities	2a	1,392,266.		
	Prior year adjustments		, , -		
	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	1,392,266
	Subtract line 2e from line 1			3	7,210,765
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	7,210,765
ines 20	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional inform	ation.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

REI COOPERATIV	E ACTION FUNI)					85-4299419
Part I General Information on Grants ar	nd Assistance		-				
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis-	tance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	<u>'</u>	· ·	 		(f) Method of		
(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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAPTIVE ADVENTURES							
1315 NELSON STREET; UNIT 1 LAKEWOOD, CO 80215	84-1512653	E01/G\/2\	150,000.	0.			GENERAL SUPPORT
LAKEWOOD, CO 80215	04-1512055	501(C)(3)	150,000.	٠.			GENERAL SUPPORT
BIKES NOT BOMBS							
284 AMORY STREET							
JAMAICA PLAIN, MA 02130	04-3138753	501(C)(3)	100,000.	0.			 GENERAL SUPPORT
BLACK GIRLS DO BIKE							
PO BOX 156							
VERONA, PA 15147	27-6601178	501(C)(3)	138,620.	0.			GENERAL SUPPORT
BLACK GIRLS RUN! FOUNDATION							
8223 PILGRIM TERRACE	02 0066200	501/61/21	150 000				
RICHMOND, VA 23227 CENTER FOR NATIVE AMERICAN YOUTH	83-0866322	501(C)(3)	150,000.	0.			GENERAL SUPPORT
AT THE ASPEN INSTITUTE - 2300 N ST							
NW. STE 700 - WASHINGTON, DC							
20037-1122	84-0399006	501(C)(3)	150,000.	0.			GENERAL SUPPORT
20037 1122	04 0333000	501(0)(3)	130,000.	•			CHARME BOTTOKT
HIKE CLERB INC.							
4858 W PICO BLVD, #256							
LOS ANGELES, CA 90019	85-2730053	501(C)(3)	100,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table			•	62.
3 Enter total number of other organizations	-						0.
							0 : /=

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LATINAS EN BICI									
100 N DIXIELAND RD. STE 206									
ROGERS, AR 72756	84-1832496	501(C)(3)	100,000.	0.			GENERAL SUPPORT		
LATINO OUTDOORS									
1000 BROADWAY, SUITE 480									
OAKLAND, CA 94607	94-3255070	501(C)(3)	150,000.	0.			GENERAL SUPPORT		
OUTDOOR AFRO									
2323 BROADWAY									
OAKLAND, CA 94612	47-3094045	501(C)(3)	100,000.	0.			GENERAL SUPPORT		
,									
RIVER NEWE									
112 S. SILER RD									
POCATELLO, ID 83202	82-0530373	501(C)(3)	100,000.	0.			GENERAL SUPPORT		
THE VENTURE OUT PROJECT									
221 PINE STREET, SUITE 358	45 1000051	F01/G1/21	150 000						
FLORENCE, MA 01062	47-1999271	501(C)(3)	150,000.	0.			GENERAL SUPPORT		
WILD DIVERSITY									
2310 NE 82ND AVE									
PORTLAND, OR 97220	83-3099383	501(C)(3)	100,000.	0.			GENERAL SUPPORT		
,			,						
ANCESTRAL LANDS CONSERVATION CORPS									
701 CAMINO DEL RIO, STE 101									
DURANGO, CO 81301	84-1450808	501(C)(3)	100,000.	0.			GENERAL SUPPORT		
CARA CARA TRAILS									
901 E LEVEE ST BROWNSVILLE, TX 78520	74-1835777	501(C)(3)	100,000.	0.			GENERAL SUPPORT		
DROWNSVILLE, IA 10320	/#-T033///	201(0)(3)	100,000.	0.			GENERAL SUFFURI		
CHILDREN & NATURE NETWORK									
1611 COUNTY B ROAD WEST, SUITE 315									
ROSEVILLE, MN 55113	14-1959018	501(C)(3)	100,000.	0.			GENERAL SUPPORT		

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GROUNDWORK USA								
22 MAIN ST, 2ND FLOOR YONKERS, NY 10701	81-0554362	501 (C) (3)	100,000.	0.			GENERAL SUPPORT	
TONKERS, NI 10701	01 0334302	301(0)(3)	100,000.	٠.			GENERAL BUTTORT	
OHIO RIVER WAY								
P.O. BOX 812								
CINCINNATI, OH 45201	43-1986935	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
,								
RAILS-TO-TRAILS CONSERVANCY								
2121 WARD COURT NW, 5TH FLOOR								
WASHINGTON, DC 20037	52-1437006	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
·			·					
RIOS TO RIVERS								
266 WILLDWOOD LANE								
ASPEN, CO 81611	46-0720031	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
SINGING RIVER TRAIL								
P.O. BOX 22								
MOORESVILLE, AL 35649	83-4697154	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
CAMPUS NATURE RX								
4508 GWENS WAY								
WILLIAMSBURG, VA 23188	15-0554849	501(C)(3)	150,000.	0.			GENERAL SUPPORT	
CENTER FOR HEALTH & NATURE, TEXAS								
A&M UNIVERSITY - 1266 TAMU -								
COLLEGE STATION, TX 77843	74-6000531	GOVERNMENT	150,000.	0.			GENERAL SUPPORT	
FRESH TRACKS AT THE ASPEN								
INSTITUTE FORUM FOR COMMUNITY								
SOLUTIONS - 2300 N STREET NW -								
WASHINGTON D.C., DC 20037	84-0399006	501(C)(3)	150,000.	0.			GENERAL SUPPORT	
NATURE IMMERSION SCIENCE AND								
PRACTICE COLLECTIVE AT COLORADO								
STATE UNIVERSITY - 1001 AMY VAN								
DYKEN WAY - FORT COLLINS, CO 80523	84-6000545	GOVERNMENT	150,000.	0.			GENERAL SUPPORT	

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(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
PARK RX AMERICA							
5201B WISCONSIN AVE NW, #103							
WASHINGTON, DC 20015-2124	82-0856734	501(C)(3)	150,000.	0.			GENERAL SUPPORT
THE TRAUMA FOUNDATION							
16150 AGATE PASS ROAD							
BAINBRIDGE ISLAND, WA 98110	84-2641672	501(C)(3)	150,000.	0.			GENERAL SUPPORT
UNIVERSITY OF VERMONT INSTITUTE FOR AGROECOLOGY - 411 MAIN STREET							
- BURLINGTON , VT 05401	45-1556038	501(C)(3)	150,000.	0.			GENERAL SUPPORT
ENVIRONMENTAL GRANTMAKERS ASSOCIATION - 475 RIVERSIDE DRIVE, SUITE 960 - NEW YORK, NY 10115	20-8817646	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ALL OUT ADVENTURES 297 PLEASANT ST							
NORTHAMPTON, MA 01060	04-3559633	501(C)(3)	100,000.	0.			GENERAL SUPPORT
HUDSON RIVER RIDERS PO BOX 871 YONKERS, NY 10701	13-4077892	501(C)(3)	100,000.	0.			GENERAL SUPPORT
TONKERS, NT 10701	13 4077032	301(0)(3)	100,000.	<u> </u>			GENERAL BULLOKI
LA PLAZITA INSTITUTE 831 ISLETA BLVD SW							
ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NATIVE LIKE WATER 6 ELM AVE							
IMPERIAL BEACH, CA 91932	45-3920335	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CHEYENNE RIVER YOUTH PROJECT PO BOX 410							
EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	100,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
QUEER NATURE								
PO BOX 1040								
TWISP, WA 98856	47-4750095	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
CATALYST SPORTS								
2020 HOWELL MILL RD NW STE D560								
ATLANTA, GA 30318	80-0760565	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
mmm, on sosio	00 0700303	301(0)(3)	100,000.	<u> </u>			BINDIAN BOLLOKI	
SIIHASIN								
PO BOX 3043								
INDIAN WELLS, AZ 86031	81-1728740	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
ELSO INC			,					
2828 NE ALBERTA STREET; BLACK								
UNITED FUND OF OREGON - PORTLAND,								
OR 97211	83-1208258	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
NATIVE WOMENS WILDERNESS								
235 S. BOULDER RD, APT 307								
LAFAYETTE, CO 80026	83-2405377	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
or prop 1 1111/4								
YELLOW BIRD LIFE WAYS								
PO BOX 1138 LAME DEER, MT 59043	83-4458369	501/C)/3)	100,000.	0.			GENERAL SUPPORT	
DAME DEEK, MI 39043	03-4430309	501(0)(3)	100,000.	0.			GENERAL SUFFORT	
ENVIRONMENTAL LEARNING FOR KIDS								
12680 ALBROOK DRIVE								
DENVER, CO 80239	84-1436605	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
			, -					
HBCUS OUTSIDE								
PO BOX 3242								
ELIZABETH CITY, NC 27906	85-2370960	501(C)(3)	100,000.	0.			GENERAL SUPPORT	
BOYZ N THE WOOD								
185 IRVINGTON RD								
TEANECK, NJ 07666	88-0868447	501(C)(3)	100,000.	0.			GENERAL SUPPORT	

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Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ra,
(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
ROWN FOLKS FISHING							
2942 SW MOSS ST							
PORTLAND, OR 97219	93-0797904	501(C)(3)	100,000.	0.			GENERAL SUPPORT
OUTWARD BOUND ADVENTURES							
P. O. BOX 202							
PASADENA, CA 91102	95-2561330	501(C)(3)	100,000.	0.			GENERAL SUPPORT
FRIENDS OF THE RAIL PARK							
1219 VINE ST, SUITE M							
PHILADELPHIA, PA 19107	27-4200974	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SOUTH RIVER WATERSHED ALLIANCE							
PO BOX 1341							
DECATUR, GA 30031	45-1836903	501(C)(3)	100,000.	0.			GENERAL SUPPORT
Didition, dir steel	13 1030303	301(0)(3)	100,000.	•			DENERGE BOTTON
CONTINENTAL DIVIDE TRAIL COALITION							
710 10TH STREET, SUITE #200							
GOLDEN, CO 80401	45-5051775	501(C)(3)	100,000.	0.			GENERAL SUPPORT
TENNESSEE RIVERLINE							
1525 UNIVERSITY AVENUE	60 1044606	E01/G)/2)	100 000	_			GENERAL GURRORE
KNOXVILLE, TN 37921	62-1844686	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NUESTRA TIERRA CONSERVATION							
PROJECT - 300 N MAIN - LAS CRUCES,							
M NM-88005	84-2294981	501(C)(3)	100,000.	0.			GENERAL SUPPORT
			,				
RIENDS OF ANACOSTIA PARK							
00 PENNSYLVANIA AVE SE UNIT 15178							
ASHINGTON, DC 20003	87-3349249	501(C)(3)	100,000.	0.			GENERAL SUPPORT
EAST COAST GREENWAY ALLIANCE							
5826 FAYETTEVILLE RD, SUITE 210							
DUHAM, NC 27713	04-3326812	501(C)(3)	80,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF BIG MARSH									
1000 W FULTON, 4TH FL									
CHICAGO, IL 60607	47-3175104	501(C)(3)	50,000.	0.			GENERAL SUPPORT		
entendo, 11 00007	47 3173104	301(0)(3)	30,000.	· ·			BUNDAM BOTTON		
FRIENDS OF THE LOS ANGELES RIVER									
570 WEST AVENUE 26, STE 250									
LOS ANGELES, CA 90065	95-4171497	501(C)(3)	50,000.	0.			GENERAL SUPPORT		
			1						
GREAT RIVER PASSAGE CONSERVANCY									
370 WABASHA ST N, STE 540									
SAINT PAUL, MN 55102-1331	83-2828394	501(C)(3)	50,000.	0.			GENERAL SUPPORT		
SAN FRANCISCO PARKS ALLIANCE									
1074 FOLSOM ST									
SAN FRANCISCO, CA 94103	23-7131784	501(C)(3)	50,000.	0.			GENERAL SUPPORT		
WASHINGTON AREA BICYCLIST									
ASSOCIATION - 2599 ONTARIO RD NW -									
WASHINGTON, DC 20009	23-7305477	501(C)(3)	80,000.	0.			GENERAL SUPPORT		
WEKESA EARTH CENTER, UNIVERSITY OF									
MARYLAND - 1101 MAIN									
ADMINISTRATION BUILDING - COLLEGE									
PARK, MD 20742	52-6002033	GOVERNMENT	160,000.	0.			GENERAL SUPPORT		
NATURE AND HUMAN HEALTH ALLIANCE									
1177 FIRST AVENUE									
SALT LAKE CITY, UT 84103	87-0514210	501(C)(3)	200,000.	0.			GENERAL SUPPORT		
NATURE AND HUMAN HEALTH UTAH									
1177 FIRST AVENUE									
SALT LAKE CITY, UT 84103	87-6000525	501(C)(3)	160,000.	0.			GENERAL SUPPORT		
INDIGENOUS WELLNESS RESEARCH									
INSTITUTE, UNIVERSITY OF									
WASHINGTON - 4333 BROOKLYN AVE NE									
STREET 2, BOX 359472 - SEATTLE, WA	91-6001537	GOVERNMENT	160,000.	0.			GENERAL SUPPORT		

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85-4299419

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CENTER FOR NATURE AND HEALTH,											
UNIVERSITY OF CALIFORNIA SAN											
FRANCISCO - PO BOX 45339 - SAN											
FRANCISCO, CA 94145	94-2829914	501(C)(3)	80,000.	0.			GENERAL SUPPORT				
NATURE AND HEALTH, UNIVERSITY OF											
WASHINGTON - 4333 BROOKLYN AVE NE,											
BOX 359505 - SEATTLE, WA											
98195-9505	94-3079432	GOVERNMENT	100,000.	0.			GENERAL SUPPORT				
							0 - 1 1 - 1 - 1 (5 000)				

Schedule I (Form 990) 2022 REI COOPERATIVE ACTION FUND 85-4299419 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
ALL GRANTEES ARE CHECKED FOR VALID 501(C)(3) STATUS	S. IF THEY DO	NOT HAVE			
501(C)(3) STATUS THEY USE A FISCAL SPONSOR. GRANTER	ES SIGN A GRA	NT AGREEMENT			
THAT IS STORED IN THE ORGANIZATIONS FOUNDANT GRANTS	MAKING DATABA	SE. GRANTEES			
SEND APPLICATIONS AND ARE SCREENED TO ENSURE THEIR	MISSION AND	PROGRAMS			
ALIGN WELL WITH THE REI FUND MISSION.					

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.
FORM 990, 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
RACISM. TO CATALYZE THIS WORK, THE REI COOPERATIVE ACTION FUND WILL INTENTIONALLY FOCUS ON MARGINALIZED GROUPS. IT IS THESE VERY GROUPS WHO

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization REI COOPERATIVE ACTION FUND 85-4299419 OPPORTUNITIES TO 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 MARC BEREJKA, KRISTEN RAGAIN, RICK PALMER, WILMA WALLACE, CATIE ANDERSON, TOM GREENWOOD AND BEN STEELE. 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 ORGANIZATION, (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 THE FORM 990 AND APPROVE PRIOR TO FILING.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** REI COOPERATIVE ACTION FUND 85-4299419 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,TNUT,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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

REI COOPERATIVE ACT	TION FUND					85-4299419		
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		(f) Direct controllir entity		g
Part II Identification of Related Tax-Exempt Organic organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, t	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) et controlling entity	conti	g) 512(b)(13) rolled tity?
THE REI FOUNDATION - 91-1577992				501(c)(3))			Yes	No
P.O. BOX 1938 SUMNER, WA 98390	GRANTMAKING	WASHINGTON	501(C)(3)	PF	N/A			х

		O I - t - if the time	IIX / II F 000	D - + N / P O / 1	and a contract of the contract
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, t	decause it nad 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 country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
		Courti y)						Yes	No
RECREATIONAL EQUIPMENT, INC 91-0656890									
1700 45TH ST E SUITE 101	RETAILER OF OUTDOOR								
SUMNER, WA 98352	EQUIPMENT & SERVICES	WA	N/A	C CORP	N/A	N/A	N/A		х

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

Х

Yes No

Part V 1	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, 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?

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

b	Gift, grant, or capital contribution to related organization(s)				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
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1 p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
- -\							
(5)							
(0)							
(6)				<u> </u>) /F	. 000	0000
232163	09-14-22			Schedule I	⊀ (Forr	n 990)	2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership