

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:	<b>C</b> Name of organization REI COOPERATIVE ACTION FUND  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1938  City or town, state or province, country, and ZIP or foreign postal code SUMNER, WA 98390-0800	<b>D</b> Employer identification number  85-4299419  <b>E</b> Telephone number  425-300-4897
Address change Name change Initial return Final return/terminated Amended return Application pending	<b>F</b> Name and address of principal officer: JEREMY KELLY SAME AS C ABOVE	<b>G</b> Gross receipts \$ 9,609,050.  <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: REIFUND.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: 2020
		<b>M</b> State of legal domicile: WA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CREATE A MORE EQUITABLE OUTDOORS BY BRINGING TOGETHER THE COLLECTIVE STRENGTH OF OUR COMMUNITY.</b>		
<b>2</b>	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	77
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	9,380,641.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	740.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	0.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	9,381,381.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	6,786,120.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	2,462.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>16b</b>	122,691.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	422,183.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	7,210,765.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	2,170,616.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	8,243,596.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	1,477,064.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	6,766,532.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JEREMY KELLY, TREASURER Type or print name and title	Date 4/25/2025
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MEGAN R. RYAN  Preparer's signature MEGAN R. RYAN  Firm's name CLARK NUBER PS  Firm's address 10900 NE 4TH ST STE 1400 BELLEVUE, WA 98004	Date 04/18/25  Check if self-employed <input type="checkbox"/>  PTIN P00737884  Firm's EIN 91-1194016  Phone no. 425-454-4919

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO CREATE A MORE EQUITABLE OUTDOORS BY BRINGING TOGETHER THE  
COLLECTIVE STRENGTH OF OUR COMMUNITY.

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,366,582. including grants of \$ 3,332,001. ) (Revenue \$ )  
CONNECTING PEOPLE OUTSIDE-CONNECTING HISTORICALLY EXCLUDED COMMUNITIES  
TO THE OUTDOORS-CULTIVATING JOY, HEALING, BELONGING, CONNECTION AND  
WELL-BEING.

**4b** (Code: ) (Expenses \$ 2,478,733. including grants of \$ 2,467,794. ) (Revenue \$ )  
CREATING SPACE OUTSIDE-ENSURING PEOPLE HAVE EQUITABLE ACCESS TO  
QUALITY, CLOSE TO HOME CULTURALLY RELEVANT OUTDOOR SPACES.

**4c** (Code: ) (Expenses \$ 2,747,306. including grants of \$ 2,706,463. ) (Revenue \$ )  
CENTERING HEALTH OUTSIDE-STRENGTHENING AND AMPLIFYING RESEARCH THAT  
DEMONSTRATES NATURE IS CRITICAL FOR INDIVIDUAL AND COMMUNITY HEALTH AND  
WELL-BEING.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 8,592,621.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	17
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 0		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	6													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		2												
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X									
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3							X			
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4							X			
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				5							X			
<b>6</b> Did the organization have members or stockholders?				6		X								
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a		X								
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b		X								
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?				8a		X								
<b>b</b> Each committee with authority to act on behalf of the governing body?				8b		X								
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9								X		

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 JEREMY KELLY - 425-622-4638  
 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.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARC BEREJKA PRESIDENT	10.00 30.00			X				0.	0.	0.
(2) BEN STEELE CHAIR	1.00 39.00	X		X				0.	0.	0.
(3) KRISTEN RAGAIN V.P. THRU 10/23, MANAGING DIRECTOR	40.00 0.00			X				0.	0.	0.
(4) JEREMY KELLY TREASURER FROM 10/23	5.00 35.00			X				0.	0.	0.
(5) RICK PALMER TREASURER THRU 10/23	5.00 35.00			X				0.	0.	0.
(6) RAELYNN HULSE SECRETARY	5.00 35.00			X				0.	0.	0.
(7) ERIC ARTZ DIRECTOR	1.00 39.00	X						0.	0.	0.
(8) WILMA WALLACE DIRECTOR, GEN COUNSEL THRU 01/24	1.00 0.00	X						0.	0.	0.
(9) KATIE KNIFFEN DIRECTOR	1.00 39.00	X						0.	0.	0.
(10) SQUIRE SIMPSON DIRECTOR	1.00 39.00	X						0.	0.	0.
(11) SHARON PHILPOTT DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) CHRIS CARR DIRECTOR THRU 04/24	1.00 0.00	X						0.	0.	0.
(13) DOGBERTO QUINTANA DIRECTOR THRU 07/23	1.00 0.00	X						0.	0.	0.

## Part VII

<b>1b Subtotal</b> .....	0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	0.	0.	0.

D

3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

C



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	133,055.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,128,491.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 47,746.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			299,758.			299,758.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	47,746.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	48,145.				
	<b>d</b> Net gain or (loss) .....		-399.				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				9,560,905.	0.	0.	299,359.

**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,506,258.	8,506,258.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	15,537.		15,537.	
<b>c</b> Accounting .....	32,329.		32,329.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	122,691.			122,691.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	126,186.	47,252.	78,934.	
<b>12</b> Advertising and promotion .....	37,186.		37,186.	
<b>13</b> Office expenses .....	3,325.		3,325.	
<b>14</b> Information technology .....	102,769.	39,111.	63,658.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	42,236.		42,236.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	17,431.		17,431.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES AND SUBSCRIPTIONS	28,011.		28,011.	
<b>b</b> BANK FEES	12,176.		12,176.	
<b>c</b> EMPLOYEE EVENTS	5,593.		5,593.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,051,728.	8,592,621.	336,416.	122,691.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	162,426.	<b>1</b>	345,338.
	<b>2</b> Savings and temporary cash investments .....	5,500,740.	<b>2</b>	5,700,036.
	<b>3</b> Pledges and grants receivable, net .....	2,555,369.	<b>3</b>	996,271.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,061.	<b>9</b>	245,423.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,243,596.	<b>16</b>	7,287,068.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	37,064.	<b>17</b>	11,359.
	<b>18</b> Grants payable .....	1,440,000.	<b>18</b>	0.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,477,064.	<b>26</b>	11,359.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,490,934.	<b>27</b>	7,139,080.
	<b>28</b> Net assets with donor restrictions .....	275,598.	<b>28</b>	136,629.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,766,532.	<b>32</b>	7,275,709.
	<b>33</b> Total liabilities and net assets/fund balances .....	8,243,596.	<b>33</b>	7,287,068.

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,560,905.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,051,728.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	509,177.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,766,532.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,275,709.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	X
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form **990** (2023)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public  
Inspection**

Name of the organization

RET COOPERATIVE ACTION FUND

Employer identification number

85-4299419

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2 ☐ 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).**
  - 4 ☐ 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: \_\_\_\_\_
  - 5 ☐ 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).**
  - 7 ☒ 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.)
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9 ☐ 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 university: \_\_\_\_\_
  - 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.)
  - 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 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.
    - a ☐ **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.**
    - 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.**
    - 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.**
    - d ☐ **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.**
    - e ☐ 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.
    - f Enter the number of supported organizations \_\_\_\_\_
    - g Provide the following information about the supported organization(s). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....		1,772,720.	6,565,561.	9,380,641.	9,261,546.	26,980,468.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....		1,772,720.	6,565,561.	9,380,641.	9,261,546.	26,980,468.
<b>5</b> 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) .....						14,981,344.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,999,124.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....		1,772,720.	6,565,561.	9,380,641.	9,261,546.	26,980,468.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				740.	299,758.	300,498.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						27,280,966.

<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....		<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Part VI

**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 B:

THIS COLUMN REPRESENTS THE SHORT YEAR JULY 22, 2020 THROUGH JUNE 30, 2021.

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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		\$ 4,005,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 133,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 49,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
13		\$ 5,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

85-4299419

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
6	PUBLICLY TRADED SECURITIES   	\$ 47,746.	06/30/24
(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
	   	\$	

Name of organization	Employer identification number
REI COOPERATIVE ACTION FUND	85-4299419

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

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

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	10,835,936.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	1,275,031.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,275,031.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	9,560,905.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	9,560,905.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	10,326,759.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	1,275,031.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,275,031.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	9,051,728.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	9,051,728.

**Part XIII Supplemental Information**

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

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BETH INTERACTIVE, INC. - 4541 RAVENSWOOD AVE, SUITE 303,	EMAIL CAMPAIGN CONSULTING		X	0.	118,291.	-118,291.
<b>Total</b>					118,291.	-118,291.

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

WA, AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NV, NH

NJ, NM, NC, NY, SC, RI, PA, OR, OK, OH, ND, TN, WI, WV, VA, UT, TX

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....				
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
11 Net income summary. Subtract line 10 from line 3, column (d) .....					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BETH INTERACTIVE, INC.

(I) ADDRESS OF FUNDRAISER:

4541 RAVENSWOOD AVE, SUITE 303, CHICAGO, IL 60640

[illegible]

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

REI COOPERATIVE ACTION FUND

**Employer identification number**

85-4299419

**Part I** General Information on Grants and Assistance

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

☒ **Yes** ☐ **No**

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

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
3 RIVERS BICYCLE COALITION 3213 W 19TH AVE KENNEWICK, WA 99337-2318	27-2378345	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ACCESS ABILITY WISCONSIN P.O. BOX 930422 VERONA, WI 53593	82-1716438	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ADAPTIVE SPORTS CONNECTION 6000 HARRIOTT ROAD POWELL, OH 43065	31-1561944	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALACHUA CONSERVATION TRUST 7204 SE COUNTY ROAD 234 GAINESVILLE, FL 32641	59-2919630	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALL OUT ADVENTURES 297 PLEASANT ST. NORTHAMPTON, MA 01060	04-3559633	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICAN ALPINE CLUB 710 10TH ST. GOLDEN, CO 80401	13-1611981	501(C)(3)	40,000.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 304.

**3** Enter total number of other organizations listed in the line 1 table ..... 0.

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

Schedule I (Form 990) 2023

**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
ARIZONA STATE UNIVERSITY 300 E. UNIVERSITY DR. TEMPE, AZ 85281	86-6051042	GOVERNMENT	9,342.	0.			HEALTH AND NATURE RESEARCH
ARIZONA WOMEN'S CLIMBING COALITION 4210 N 28TH ST. UNIT 3 PHOENIX, AZ 85016	85-0650655	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ATABEY OUTDOORS 7000 N 16TH STREET STE 120 #119 PHOENIX, AZ 85020	86-1200434	501(C)(3)	50,000.	0.			GENERAL SUPPORT
AUSTIN YOUTH RIVER WATCH P.O. BOX 40351 AUSTIN, TX 78704	74-2607076	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AZIMUTH QUEST FOUNDATION P.O. BOX 2658 PRESCOTT, AZ 86302	83-2775528	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BACK ALLEY BIKES 3611 CASS AVE DETROIT, MI 48201	80-0838047	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BACKYARD BASECAMP, INC. 5111 PLAINFIELD AVE BALTIMORE, MD 21206	84-3528011	501(C)(3)	40,000.	0.			GENERAL SUPPORT
BAY AREA RIDGE TRAIL COUNCIL PO BOX 3367 BERKELEY, CA 94703	94-3148503	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BAYOU LAND CONSERVANCY 8801 GOSLING ROAD SPRING, TX 77381	76-0557498	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAZTEC FISHING & OUTDOORS 4931 RUSSELL AVE., N MINNEAPOLIS, MN 55430	85-3480850	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BEARINGS BIKE WORKS 982 MURPHY AVE. SW ATLANTA, GA 30310	45-4335893	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BECKET ACADEMY, INC. 2913 SHERIDAN BLVD WHEAT RIDGE, CO 80214	02-0511096	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEYOND BOUNDARIES 3904 PATTERSON AVE RICHMOND, VA 23221	47-1935834	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIG CITY MOUNTAINEERS 5394 MARSHALL ST. #200 ARVADA, CO 80002	65-0200163	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BIG SUR LAND TRUST 509 HARTNELL STREET MONTEREY, CA 93940	94-2473415	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKE NORFOLK 1910 COLLEY AVE NORFOLK, VA 23517	45-4588045	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKE WALK WICHITA 325 NORTH ST FRANCIS WICHITA, KS 67202	46-2800001	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BIKE WORKS 3715 S HUDSON ST; #101 SEATTLE, WA 98118	91-1753062	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIKEPGH 188 43RD STREET; SUITE #1 PITTSBURGH, PA 15201	36-4491002	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKES DEL PUEBLO 1327 WEST LEWIS STREET SAN DIEGO, CA 92103	46-4473163	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKES TOGETHER 1060 OSAGE ST DENVER, CO 80204	26-3672109	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKEWALKKC 1106 EAST 30TH STREET; SUITE G KANSAS CITY, MO 64108	45-3832438	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BLACK FARMER'S COLLECTIVE 1114 31ST AVE. S. SEATTLE, WA 98144	82-5059908	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACK KIDS ADVENTURES 2520 MILLWOOD CIRCLE SE HUNTSVILLE, AL 35803	85-1976522	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BLACK MEN HIKE 3756 SANTA ROSALIA DRIVE; STE. 326 LOS ANGELES, CA 90008	87-3467989	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACK OUTSIDE 305 E RAMSEY RD SAN ANTONIO, TX 78216	83-3447384	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BLACK TO THE LAND COALITION 15424 CRUSE ST.; SUITE B DETROIT, MI 48227	85-1248993	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACKLISTLA RUN ORGANIZATION 1405 SOUTH OXFORD AVE LOS ANGELES, CA 90006	47-3685295	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACKPACKERS 339 E. PIKES PEAK AVENUE COLORADO SPRINGS, CO 80903	84-3623825	501(C)(3)	40,000.	0.			GENERAL SUPPORT
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOISE BICYCLE PROJECT 1027 S LUSK ST BOISE, ID 83706-2832	80-0268725	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOYZ N THE WOOD 185 IRVINGTON RD TEANECK, NJ 07666	88-0868447	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BRAIDED SEEDS PO BOX 58512 TUKWILA, WA 98138	85-2607807	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BRONX RIVER ALLIANCE ONE BRONX RIVER PARKWAY BRONX, NY 10462	75-3001587	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BROWN GIRLS CLIMB 67 WEST ST BROOKLYN, NY 11222	92-2371736	501(C)(3)	40,000.	0.			GENERAL SUPPORT
C&O CANAL TRUST 142 W. POTOMAC STREET WILLIAMSPORT, MD 21795	30-0401642	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C5LA 3100 NORTH BROADWAY LOS ANGELES, CA 90031	26-2458769	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAPITAL TRAILS COALITION 2599 ONTARIO RD NW WASHINGTON, DC 20009	23-7305477	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CAROLINA THREAD TRAIL 2400 PARK ROAD STE 1 CHARLOTTE, NC 28203	58-1969605	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATALYST SPORTS 2020 HOWELL MILL ROAD NW; STE D560 ATLANTA, GA 30318	80-0760565	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CENTRAL CALIFORNIA ADAPTIVE SPORTS CENTER - PO BOX 147 - SHAVER LAKE, CA 93664	47-1155676	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CH8SING WATERFALLS 80 OAKS LANDING DRIVE COVINGTON, GA 30016	87-1834945	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHALLENGE ALASKA 740 BONANZA AVENUE ANCHORAGE, AK 99518	92-0080897	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHARLESTON MOVES PO BOX 30561 CHARLESTON, SC 29417	38-3714959	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHEYENNE RIVER YOUTH PROJECT PO BOX 410 EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO ADVENTURE THERAPY PO BOX 13062 CHICAGO, IL 60613	42-1714477	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHICAGO ECO HOUSE 6439 S PEORIA STREET, UNIT 2 CHICAGO, IL 60621-1927	46-5737246	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CICLAVIA 525 S HEWITT STREET LOS ANGELES, CA 90013	27-3428380	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CITY KIDS WILDERNESS PROJECT 2437 15TH STREET NW WASHINGTON, DC 20009	52-1976304	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CITY SURF PROJECT 400 TREAT AVE., SUITE G SAN FRANCISCO, CA 94110	47-2091985	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29631	57-0426335	501(C)(3)	386,438.	0.			GENERAL SUPPORT
COASTAL WATERSHED COUNCIL 107 DAKOTA AVE., SUITE 4 SANTA CRUZ, CA 95060	68-0368798	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COLORADO DISCOVER ABILITY 601 STRUTHERS AVENUE GRAND JUNCTION, CO 81501	84-1569050	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	GOVERNMENT	19,410.	0.			HEALTH AND NATURE RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA SLOUGH WATERSHED COUNCIL, INC. - 7040 47TH AVENUE - PORTLAND, OR 97218	03-0456181	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY CYCLING CENTER 1700 NE ALBERTA ST PORTLAND, OR 97211	93-1127186	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY NATURE CONNECTION 570 W AVENUE 26 SUITE #100 LOS ANGELES, CA 90065	95-4316388	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CONESTEE NATURE PRESERVE 480 CONESTEE ROAD GREENVILLE, SC 29605	57-1093930	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CONNECTICUT FOREST AND PARK ASSOCIATION - 16 MERIDEN ROAD - ROCKFALL, CT 06481	06-0613430	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CONSERVATION FOUNDATION OF THE GULF COAST - 400 PALMETTO AVE - OSPREY, FL 34229	20-0345249	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COOL LEARNING EXPERIENCE 401N. GENESEE ST. PO BOX 44 WAUKEGAN, IL 60085	88-4195004	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COOMBS OUTDOORS PO BOX 7665 JACKSON, WY 83002	46-0956814	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CORIE REEVES AT OUTGROWN 9450 SW GEMINI DR #36457 BEAVERTON, OR 97008	81-0969124	501(C)(3)	194,900.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	33,176.	0.			HEALTH AND NATURE RESEARCH
CORPSTHAT 1625 COVINGTON STREET BALTIMORE, MD 21230	82-0818520	501(C)(3)	40,000.	0.			GENERAL SUPPORT
COSUMNES CULTURE AND WATERWAYS 2825 SLEEPY HOLLOW COURT PLACERVILLE, CA 95667	46-2649464	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CROSSROADS 119 MYRTLE STREET DUXBURY, MA 02332	04-2103837	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DAKOTA WICOHAN PO BOX 2, 230 W. 2ND STREET MORTON, MN 56270	42-1552956	501(C)(3)	40,000.	0.			GENERAL SUPPORT
DARE2TRI 516 N. OGDEN AVE. #172 CHICAGO, IL 60642	45-3933200	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DC BIKE ACADEMY 3115 MARTIN LUTHER KING JR SE WASHINGTON, DC 20032	87-4190242	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DIVERSIFY WHITEWATER 2601 S LEMAY AVE; STE 7 #101 FORT COLLINS, CO 80525	86-1572020	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DREAM ADAPTIVE RECREATION PO BOX 4084 WHITEFISH, MT 59937	36-3416198	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAGLE MOUNT BILLINGS 1140 16TH STREET WEST SUITE #12 BILLINGS, MT 59102	84-1370933	501(C)(3)	15,000.	0.			GENERAL SUPPORT
EAGLE MOUNT BOZEMAN 6901 GOLDENSTEIN LANE BOZEMAN, MT 59715-8005	84-1383214	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EARTH ISLAND INSTITUTE, INC. 1100 57TH AVENUE OAKLAND, CA 94621	94-2889684	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EARTHCORPS 6310 NE 74TH STREET, SUITE 201E SEATTLE, WA 98115	91-1592071	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EAST COAST GREENWAY ALLIANCE 5826 FAYETTEVILLE RD. SUITE 210 DURHAM, NC 27713	04-3326812	501(C)(3)	150,000.	0.			GENERAL SUPPORT
EASTERN SIERRA CONSERVATION CORPS PO BOX 7163 MAMMOTH LAKES, CA 93546	81-2456264	501(C)(3)	40,000.	0.			GENERAL SUPPORT
ECOLOGISTICS, INC. 907 E. 20TH AVE. EUGENE, OR 97405	27-2116150	501(C)(3)	300,000.	0.			GENERAL SUPPORT
EDGE OUTDOORS 2021 201ST PLACE SOUTHEAST BOTHELL, WA 98012	87-1327925	501(C)(3)	40,000.	0.			GENERAL SUPPORT
ELEVATE YOUTH 89 SOUTH STREET; SUITE 203 BOSTON, MA 02111	82-1643548	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETH RIVER TRAIL P.O. BOX 3042 NORFOLK, VA 23514-3042	81-4431199	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ELSO INC 2828 NE ALBERTA STREET PORTLAND, OR 97211	83-1208258	501(C)(3)	25,000.	0.			GENERAL SUPPORT
EMERALD NECKLACE CONSERVANCY 350 JAMAICAWAY BOSTON, MA 02130	04-3414988	501(C)(3)	15,000.	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
ENVIRONMENTAL LEARNING FOR KIDS 12680 ALBROOK DRIVE DENVER, CO 80239	84-1436605	501(C)(3)	25,000.	0.			GENERAL SUPPORT
EQUITICITY 1655 S. BLUE ISLAND AVE. #753 CHICAGO, IL 60608	36-3397908	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ESTHER WALKER AT OUTRIDE 15130 CONCORD CIRCLE MORGAN HILL, CA 95037	47-2817949	501(C)(3)	97,500.	0.			GENERAL SUPPORT
EUGENE PARKS FOUNDATION PO BOX 11618 EUGENE, OR 97440-3818	72-1551436	501(C)(3)	15,000.	0.			GENERAL SUPPORT
EVERGREEN MOUNTAIN BIKE ALLIANCE 249 MAIN AVE. S.; SUITE 107-188 NORTH BEND, WA 98045	91-5555555	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEMINIST BIRD CLUB 3 WASE ROAD ELKA PARK, NY 12427	85-0816211	501(C)(3)	40,000.	0.			GENERAL SUPPORT
FIND OUTDOORS 49 PISGAH HIGHWAY, SUITE 4 PISGAH FOREST, NC 28768	56-1302500	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOREST PARK CONSERVANCY 833 SW 11TH AVE; SUITE 800 PORTLAND, OR 97205	94-3103055	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FOREVERGREEN TRAILS 243 S. 55TH STREET TACOMA, WA 98408	74-3215815	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRESHWATER LAND TRUST PO BOX 337 BIRMINGHAM, AL 35201	72-1387424	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FRIENDS OF BIG MARSH 1000 W FULTON, 4TH FL CHICAGO, IL 60607	47-3175104	501(C)(3)	100,000.	0.			GENERAL SUPPORT
FRIENDS OF MACARTHUR BEACH STATE PARK - 10900 JACK NICKLAUS DRIVE - NORTH PALM BEACH, FL 33408	65-0196497	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF METRO PARKS 1069 W. MAIN ST WESTERVILLE, OH 43081	26-2332568	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF MISSOULA PARKS 317 EAST SPRUCE STREET MISSOULA, MT 59802	81-0570189	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF PATAPSCO VALLEY STATE PARK - 8020 BALTIMORE NATIONAL PIKE - ELLICOTT CITY, MD 21043	52-2066485	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE LOS ANGELES RIVER 570 WEST AVENUE 26; STE. 250 LOS ANGELES, CA 90065	95-4171497	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FRIENDS OF THE MOUNTAINS-TO-SEA TRAIL - 3509 HAWORTH DRIVE; SUITE 210 - RALEIGH, NC 27609	52-2204330	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE RIVERFRONT 100 HAFNER AVE PITTSBURGH, PA 15223	25-1655056	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF TRACY AVIARY 6805 N. CAPITAL OF TEXAS HWY., STE AUSTIN, TX 78731	87-0514210	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FRIENDS OF TREES 3117 NE MLK JR BLVD PORTLAND, OR 97212	93-0999999	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF TRYON CREEK 11321 S. TERWILLIGER BLVD PORTLAND, OR 97219	23-7079356	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF WEEDON ISLAND 1800 WEEDON ISLAND DRIVE NE ST. PETERSBURG, FL 33702	59-3097484	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FUNKYTOWN FOOD PROJECT 5532 ROCKY CREEK PARK ROAD CROWLEY, TX 76036	87-2293785	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALVESTON BAY FOUNDATION 1725 HIGHWAY 146 KEMAH, TX 77565	76-0279876	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GARDEN-RAISED BOUNTY (GRUB) 2016 ELLIOTT AVE NW OLYMPIA, WA 98502	91-1594312	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GATEWAY TO THE GREAT OUTDOORS 3650 N. MAGNOLIA CHICAGO, IL 60613	81-5044989	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GATHER NEW HAVEN 495 BLAKE STREET; UNIT C NEW HAVEN, CT 06515-1249	06-1063389	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GEORGIA HI-LO TRAIL 459 SUNHILL GRANGE ROAD SANDERSVILLE, GA 31082	83-4551354	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GET OUTDOORS NEVADA 21 N. PECOS ROAD; SUITE 106 LAS VEGAS, NV 89101	26-2537847	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GIRL & HER BACKPACK 2111 EAST 2700 SOUTH SALT LAKE CITY, UT 84109	84-4617321	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GIRLS WHO HIKE SC 40 OLD MCELHANEY RD GREENVILLE, SC 29617	87-1095867	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GLEN HELEN 405 CORRY ST. YELLOW SPRINGS, OH 45387	31-0963193	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT PENINSULA CONSERVANCY 423 PACIFIC AVE.; SUITE 300 BREMERTON, WA 98337	91-1110978	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREAT PLAINS RESTORATION COUNCIL PO BOX 1206 FORT WORTH, TX 76101	84-1512096	501(C)(3)	40,000.	0.			GENERAL SUPPORT
GREAT RIVERS GREENWAY FOUNDATION 3745 FOUNDRY WAY, SUITE 253 ST. LOUIS, MO 63110	47-3769925	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT - 9275 TREMONT ROAD - TOWNSEND, TN 37882	62-1833479	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GREAT SPRINGS PROJECT PO BOX 12331 AUSTIN, TX 78711	82-4915975	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GREEN AMERICA 1612 K ST NW SUITE 600 WASHINGTON, DC 20006	52-1660746	501(C)(3)	40,000.	0.			GENERAL SUPPORT
GREENING YOUTH FOUNDATION 50 HURT PLAZA SE SUITE 980 ATLANTA, GA 30303-2939	26-1211569	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GREENSPACE DALLAS 6200 CHANCELLOR ROAD DALLAS, TX 75247	20-3398696	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GROUNDWORK JACKSONVILLE 101 W. STATE STREET, ROOM A1003 JACKSONVILLE, FL 32202-3099	47-2342111	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUNDWORK OHIO RIVER VALLEY P.O. BOX 14698 CINCINNATI, OH 45250	84-2991804	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GROUNDWORK SAN DIEGO-CHOLLAS CREEK 5106 FEDERAL BLVD #203 SAN DIEGO, CA 92105	74-3184848	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HARPETH CONSERVANCY 215 JAMESTOWN PARK ROAD; SUITE 101 BRENTWOOD, TN 37027	62-1802858	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HARRIS CENTER FOR CONSERVATION EDUCATION INC - 83 KING'S HWY - HANCOCK, NH 03449	23-7085105	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HBCUS OUTSIDE PO BOX 3242 ELIZABETH CITY, NC 27906	85-2370960	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HEART OF THE GILA INC 9 AIRSTRIP ROAD MIMBRES, NM 88049	82-2579158	501(C)(3)	40,000.	0.			GENERAL SUPPORT
HERE MONTANA 119 S 5TH ST E, APT D MISSOULA, MT 59801	93-3463824	501(C)(3)	40,000.	0.			GENERAL SUPPORT
HIGH COUNTRY ADAPTIVE SPORTS 3440 W. WILSON DR. FLAGSTAFF, AZ 86001	81-3359695	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HOODS TO WOODS FOUNDATION 831 PUTNAM AVENUE BROOKLYN, NY 11221	45-0621475	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON RIVER RIDERS PO BOX. 871 YONKERS, NY 10701	13-4077892	501(C)(3)	25,000.	0.			GENERAL SUPPORT
INDIAN YOUTH SERVICE CORPS AT NATIONAL PARK FOUNDATION - 1500 K STREET NW, SUITE 700 - WASHINGTON, DC 20005	52-1086761	501(C)(3)	100,000.	0.			GENERAL SUPPORT
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVENUE, SUITE 444 DES MOINES, IA 50309	42-1127544	501(C)(3)	15,000.	0.			GENERAL SUPPORT
JUSTICE OUTSIDE 1624 FRANKLIN ST. OAKLAND, CA 94612	80-0565914	501(C)(3)	100,000.	0.			GENERAL SUPPORT
KANSAS STATE UNIVERSITY 103 FAIRCHILD HALL, 1601 VATTIER ST MANHATTAN, KS 66506	48-0771751	GOVERNMENT	49,976.	0.			HEALTH AND NATURE RESEARCH
KISMET ROCK FOUNDATION PO BOX 1744 NORTH CONWAY, NH 03860	02-0516308	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LA PLAZITA INSTITUTE 831 ISLETA BLVD SW ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	25,000.	0.			GENERAL SUPPORT
LAGUNA CANYON FOUNDATION 10 PHILIPS ST. LAGUNA BEACH, CA 92651	33-0441816	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LANDPATHS 618 4TH STREET; STE 217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LGBT OUTDOORS 3316 AVE C FT WORTH, TX 76105	86-1551815	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LIFTING OUR STORIES 748 N. LASSEN AVE. SAN BERNARDINO, CA 92410	85-3078437	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LIVE IN PEACE 321 BELL STREET EAST PALO ALTO, CA 94303	45-2301493	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LIVELIHOODS KNOWLEDGE EXCHANGE NETWORK, INC - 109 ROSEMONT GARDEN - LEXINGTON, KY 40503	61-1199616	501(C)(3)	40,000.	0.			GENERAL SUPPORT
LIVING CLASSROOMS OF THE NATIONAL CAPITAL REGION - 156 Q STREET SW - WASHINGTON, DC 20024	52-1369524	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LOOKOUT MOUNTAIN CONSERVANCY PO BOX 76 LOOKOUT MOUNTAIN, TN 37350	62-1460535	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LOUISIANA STATE UNIVERSITY AGCENTER - 104 J. NORMAN EFFERSON HALL - BATON ROUGE, LA 70803	72-6000848	GOVERNMENT	114,072.	0.			HEALTH AND NATURE RESEARCH
MAJOR TAYLOR TRAIL KEEPERS CHICAGO 11610 S BISHOP ST CHICAGO, IL 60643	84-3124724	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MAKE THE WORLD BETTER 1400 GERMANTOWN AVENUE, A1 PHILADELPHIA, PA 19122	46-0860594	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS AUDUBON 208 S GREAT ROAD LINCOLN, MA 01773-4816	04-2104702	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MEMPHIS ROX 915 E. MCLEMORE AVENUE MEMPHIS, TN 38106	82-3068886	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 110 EAST LANSING, MI 48824	38-6005984	GOVERNMENT	196,985.	0.			HEALTH AND NATURE RESEARCH
MILWAUKEE ENVIRONMENTAL CONSORTIUM, INC. - 4422 W LEON TERRACE - MILWAUKEE, WI 53216	83-0373300	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MISSISSIPPI PARK CONNECTION 111 EAST KELLOGG BLVD; #105 SAINT PAUL, MN 55101	87-0786530	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MULTICULTURAL EDUCATION FOR RESOURCE ISSUES THREATENING OCEANS - 3897 MARKET ST. SUITE 101 - VENTURA, CA 93003	38-3911932	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MYTEAM TRIUMPH WISCONSIN 1307 BROOKFIELD AVE GREEN BAY, WI 54313	27-2300895	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NATIVE LAND CONSERVANCY PO BOX 974 MASHPEE, MA 02649	46-3944868	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIVE LIKE WATER 6 ELM AVE IMPERIAL BEACH, CA 91932	45-3920335	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURAL LANDS 1030, PALMERS MILL ROAD MEDIA, PA 19063	23-6272818	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NATURE FOR ALL 201 W. GARVEY AVE., STE. 102503 MONTEREY PARK, CA 91754	83-1265253	501(C)(3)	40,000.	0.			GENERAL SUPPORT
NEIGHBORHOOD BIKE WORKS 3939 LANCASTER AVE PHILADELPHIA, PA 19104	23-3012779	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NEW JERSEY TREE FOUNDATION 108 PINE CONE TRAIL MEDFORD, NJ 08055	22-3484753	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW URBAN ARTS 10 DAVOL SQUARE; SUITE 100 PROVIDENCE, RI 02903	05-0498654	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW YORK-NEW JERSEY TRAIL CONFERENCE - 600 RAMAPO VALLEY ROAD - MAHWAH, NJ 07430	22-6042838	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NEXT 100 SYNDICATE 110 MARYLAND AVE NE, SUITE 203 WASHINGTON, DC 20002	87-1885681	501(C)(3)	40,000.	0.			GENERAL SUPPORT
NORTH CAROLINA ADAPTED SPORTS 209 TELLICO PLACE CARY, NC 27519	88-1749879	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NORTHWEST YOUTH CORPS 917 PACIFIC AVENUE, STE. 400 TACOMA, WA 98402	93-0818160	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORWALK RIVER VALLEY TRAIL PO BOX 174 GEORGETOWN, CT 06829	45-1496672	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OGDEN VALLEY ADAPTIVE SPORTS 2955 HARRISON; SUITE 104D OGDEN, UT 84403	27-0650748	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OKC BLACK ALUMNI COALITION, INC P.O. BOX 18371 OKLAHOMA CITY, OK 73154	87-3675088	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ONENTEN 1101 N CENTRAL AVE; SUITE 202 PHOENIX, AZ 85004	86-0728990	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OREGON ADAPTIVE SPORTS 63025 OB RILEY ROAD; SUITE #12 BEND, OR 97703	26-0076749	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OREGON WILDLIFE HERITAGE FOUNDATION - 1019 NE ONEONTA ST - PORTLAND, OR 97211	93-0797904	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ORGANIC CONNECTS 3579 WASHINGTON BLVD CLEVELAND HTS, OH 44118	83-2021538	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OUTDOOR ASIAN 1501 E MADISON ST SUITE 510 SEATTLE, WA 98122	46-1323531	501(C)(3)	50,000.	0.			GENERAL SUPPORT
OUTDOOR EQUITY ALLIANCE 18 PINFLOWER LANE WEST WINDSOR, NJ 08550	93-3015477	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTDOOR FUTURE AT NUESTRA TIERRA CONSERVATION PROJECT - 420 W GRIGGS AVE - LAS CRUCES, NM 88005	84-2294981	501(C)(3)	40,000.	0.			GENERAL SUPPORT
OUTDOOR INCLUSION COALITION 3706 BUTLER STREET OFC 303 PITTSBURGH, PA 15201	88-4051495	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OUTDOOR OUTREACH 5275 MARKET ST STE 21 SAN DIEGO, CA 92114	33-0860449	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OUTDOORS FOR ALL 6344 NE 74TH ST; STE 102 SEATTLE, WA 98115	91-1085999	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OUTLOUD DALLAS 3137 IRVING BLVD; SUITE 313 DALLAS, TX 75247	84-4657506	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OUTWARD BOUND ADVENTURES P. O. BOX 202 PASADENA, CA 91102	95-2561330	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OWENS VALLEY INDIAN WATER COMMISSION - 46 N TUSU LANE - BISHOP, CA 93514	77-0405494	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PACOIMA BEAUTIFUL 12510 VAN NUYS BLVD, SUITE 302 PACOIMA, CA 91331	95-4770745	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PADDLE4TOMORROW 1240 CHATTAHOOCHE AVE NW; STE D ATLANTA, GA 30318	26-1745417	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARADOX SPORTS PO BOX 19044 BOULDER, CO 80308	26-0153796	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PARK PRIDE 160 TRINITY AVE SW; SUITE 3100 ATLANTA, GA 30303	58-1883895	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PARTNERS IN EDUCATION FOUNDATION FOR SANTA FE PUBLIC SCHOOLS - 13 S 15TH ST - RICHMOND, VA 23219	85-0392417	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PETALUMA RIVER PARK FOUNDATION 101 H STREET SUITE B PETALUMA, CA 94952	84-2431277	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PIGTOWN CLIMBS 1103 WEST HAMBURG STREET BALTIMORE, MD 21230	85-4166572	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PIIKANII LODGE HEALTH INSTITUTE 4 SMOKE SHACK LN BROWNING, MT 59417	83-2766318	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PORTLAND WHEELERS PO BOX 11314 PORTLAND, ME 04104	47-2690824	501(C)(3)	10,000.	0.			GENERAL SUPPORT
POSITIVE RIDE JAMS INC. 1390 FAIRWAY DR SAN LUIS OBISPO, CA 93405	84-2493451	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROSPECT PARK ALLIANCE 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEER CLIMBING COLUMBUS 1523 CHESAPEKE AVE; #10 COLUMBUS, OH 43212	88-2372558	501(C)(3)	10,000.	0.			GENERAL SUPPORT
QUEER CRUSH 7201 WILD CURRANT WAY OAKLAND, CA 94611	87-2967932	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REFLECTION RIDING 2445 M STREET, NW, SUITE 650 WASHINGTON, DC 20009	58-1311080	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REFUGEE WOMEN'S NETWORK 400 GARDEN ROAD CHATTANOOGA, TN 37419	58-2369796	501(C)(3)	15,000.	0.			GENERAL SUPPORT
REGIONAL PARKS FOUNDATION 500 S COLUMBIA ST DECATUR, GA 30030	23-7011877	501(C)(3)	20,000.	0.			GENERAL SUPPORT
RICH CITY RIDES (URBAN TILTH) P.O. BOX 2527 CASTRO VALLEY, CA 94564	20-4124161	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RICHMOND CYCLING CORPS 323 BROOKSIDE DR. RICHMOND, CA 94801	58-2508155	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RIVERSIDE EDUCATION CENTERS 817 CALLE SARAGOSA SANTA FE, NM 87505	20-5451495	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROARING FORK OUTDOOR VOLUNTEERS PO BOX 4367 GRAND JUNCTION, CO 81502	84-1302819	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER ACCESSIBLE ADVENTURES 520 S. THIRD STREET #32 CARBONDALE, CO 81623	47-5366589	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ROGUE RIVER INSTITUTE 2165 BRIGHTON HENRIETTA TOWN LINE R ROCHESTER, NY 14623	26-3242553	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROUTE OF THE BADGER PO BOX 1305 MERLIN, OR 97532	52-1437006	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RUNNERS FOR PUBLIC LANDS 1680 SANTA YNEZ STREET VENTURA, CA 93001	83-3209615	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SACRAMENTO TREE FOUNDATION 6011 MIDWAY AVE SACRAMENTO, CA 95828	94-2825234	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAN DIEGO CANYONLANDS 5106 FEDERAL BLVD., SUITE 205 SAN DIEGO, CA 92105	26-2237918	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SAN FRANCISCO PARKS ALLIANCE 1074 FOLSOM ST. SAN FRANCISCO, CA 94103	23-7131784	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SANTA FE CONSERVATION TRUST PO BOX 23985 SANTA FE, NM 87502	85-0418988	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SAVE THE HARBOR/SAVE THE BAY 212 NORTHERN AVENUE STE 304W BOSTON, MA 02210	04-2908768	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVED BY NATURE 235 S. BOULDER RD; APT 307 LAFAYETTE, CO 80026	83-2405377	501(C)(3)	65,000.	0.			GENERAL SUPPORT
SEATTLE PARKS FOUNDATION 1501 E MADISON ST SUITE 510 SEATTLE, WA 98122	91-1998597	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SEMPERVIRENS FUND P.O. BOX 1417 LOS ALTOS, CA 94023-1417	94-2155097	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SIERRA BUTTES TRAIL STEWARDSHIP 550 CRESCENT STREET QUINCY, CA 95971	72-1579038	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SIERRA NEVADA JOURNEYS 190 E. LIBERTY ST. RENO, NV 89501	01-0881587	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SIIHASIN PO BOX 3043 INDIAN WELLS, AZ 86031	81-1728740	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SKATE LIKE A GIRL 305 HARRISON ST. SEATTLE, WA 98275	26-2500555	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVE RICHMOND, CA 94805	46-1323531	501(C)(3)	100,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOGOREA TE' LAND TRUST 2501 HARRISON ST. OAKLAND, CA 94612	82-4415931	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SOUL TRAK OUTDOORS 1651 1/2 38TH ST SE WASHINGTON, DC 20020	83-2506329	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTH TEXAS OFF ROAD MOUNTAIN-BIKERS (STORM) - PO BOX 12371 - SAN ANTONIO, TX 78212	82-2008492	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVE - ASHEVILLE, NC 28801	62-1098890	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SPOKES FIGHTING STROKES PO 4161; 12700 W DELWOOD DR ARIZONA CITY, AZ 85123	46-4373449	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SPORTSABILITY ALLIANCE 3035 ELIZA ROAD TALLAHASSEE, FL 32308	59-3051552	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. LOUIS BICYCLE WORKS 2414 MENARD ST. LOUIS, MO 63104	43-1630103	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STONEWALL CLIMBING 408 7TH ST NE WASHINGTON, DC 20003	47-3779952	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STREETWAVES PO BOX 8314 DELRAY BEACH, FL 33482-8314	27-0264330	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWIM BIKE RUN FUN CLUB & EVENTS 12014 RIPRAP DR; MANOR MANOR, TX 78653	87-4325109	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TEENS RUN DC 700 PENNSYLVANIA AVE ; SUITE 2000 WASHINGTON, DC 20003	27-4735172	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TETON ADAPTIVE 7342 GRANITE LOOP ROAD; PO BOX 903 TETON VILLAGE, WY 83025	06-1741611	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TEXAS A&M FOUNDATION 401 GEORGE BUSH DR COLLEGE STATION, TX 77843	74-2245072	501(C)(3)	16,600.	0.			GENERAL SUPPORT
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKWY, S. SUITE COLLEGE STATION, TX 77845	74-1238434	GOVERNMENT	148,940.	0.			HEALTH AND NATURE RESEARCH
THE CYCLE EFFECT 0116 E 3RD STREET EAGLE, CO 81631	46-0961369	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE GREENING OF DETROIT 13000 W. MCNICHOLS ROAD DETROIT, MI 48235	31-0036036	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE GREENWAY FOUNDATION 1820 PLATTE ST. DENVER, CO 80202	51-0193575	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KIDSGARDENING.ORG 132 INTERVALE ROAD BURLINGTON, VT 05401	81-1103989	501(C)(3)	200,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LOPPET FOUNDATION 1301 THEODORE WIRTH PARKWAY MINNEAPOLIS, MN 55422	41-1753882	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE MOUNTAINEERS 7700 SAND POINT WAY NE SEATTLE, WA 98115	27-3009280	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THE PARKS ALLIANCE OF INDIANAPOLIS 3001 N WHITE RIVER PARKWAY W DRIVE INDIANAPOLIS, IN 46222	35-1860468	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE REDFORD CENTER PO BOX 29144 SAN FRANCISCO, CA 94129	46-4549706	501(C)(3)	200,000.	0.			GENERAL SUPPORT
THE SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES, INC. - PO BOX 5248 - EUREKA, CA 95502	68-0027247	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THE WOODS PROJECT 2700 SOUTHWEST FREEWAY HOUSTON, TX 77098	26-2959996	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TIGER MOUNTAIN FOUNDATION 3146 E. WIER AVE; SUITE 31 PHOENIX, AZ 85040	27-0806147	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TINY WPA 3021 W. STILES ST. PHILADELPHIA, PA 19121	47-2560183	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TONGVA TARAXAT PAXAAVXA CONSERVANCY - PO BOX 608 - CLAREMONT, CA 91711	87-1422866	501(C)(3)	40,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAIL ACCESS PROJECT 8844 CORTILE DRIVE LAS VEGAS, NV 89134	81-2198398	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRAILS AND OPEN SPACE COALITION 702 E BOULDER #200 COLORADO SPRINGS, CO 80903	84-1156471	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRAILS HAVE OUR RESPECT (THOR) 12725 PONCA ROAD OMAHA, NE 68112	41-2161420	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRAILSFORYOUTH.ORG 6109 FOX HILL ST SPRINGFIELD, VA 22150	47-0906586	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRANSIT ALLIANCE OF THE PIEDMONT 111 WEST LEWIS STREET GREENSBORO, NC 27406	47-5483317	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRANSPORTATION ALTERNATIVES 111 JOHN STREET; SUITE 260 NEW YORK, NY 10038	51-0186015	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRIANGLE LAND CONSERVANCY P.O. BOX 1848 DURHAM, NC 27702	58-1514406	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRIPS FOR KIDS CHARLOTTE 812 ATANDO AVE CHARLOTTE, NC 28206	56-2212160	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRUST FOR PUBLIC LAND IN SUPPORT OF PROJECT NATURE - PO BOX 889336 - LOS ANGELES, CA 90088	23-7222333	501(C)(3)	200,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWO BIKES 118 S CENTRAL ST KNOXVILLE, TN 37902	85-3640295	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UN MAR DE COLORES PO BOX 232461 ENCINITAS, CA 92023	81-2823830	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNIVERSITY OF ALASKA FOUNDATION 2160 KOYUKUK DRIVE FAIRBANKS, AK 99775	23-7394620	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	GOVERNMENT	200,000.	0.			HEALTH AND NATURE RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	150,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE #5157 HATTIESBURG, MS 39406	64-6000818	GOVERNMENT	84,909.	0.			HEALTH AND NATURE RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, ROOM 406 SALT LAKE CITY, UT 84112	87-6000525	GOVERNMENT	47,752.	0.			HEALTH AND NATURE RESEARCH
UNIVERSITY OF WASHINGTON FOUNDATION - 4333 BROOKLYN AVE. NE BOX 359505 - SEATTLE, WA 98195-9505	94-3079432	501(C)(3)	200,000.	0.			GENERAL SUPPORT
UPSTATE GREENWAYS AND TRAILS ALLIANCE - 701 EASLEY BRIDGE RD; STE 6070 - GREENVILLE, SC 29611	84-3900245	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN BIKE PROJECT 1500 N. WALNUT STREET WILMINGTON, DE 19801	20-5837287	501(C)(3)	10,000.	0.			GENERAL SUPPORT
URBAN NATURE PARTNERS PDX 9201 SE FOSTER RD #204 PORTLAND, OR 97266	82-4080391	501(C)(3)	15,000.	0.			GENERAL SUPPORT
VAMOS OUTDOORS PROJECT 4120 MERIDIAN ST #160 BELLINGHAM, WA 98226	82-5321659	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VERMONT ADAPTIVE SKI AND SPORTS PO BOX 139; 77 ALPINE DRIVE KILLINGTON, VT 05751	74-2472938	501(C)(3)	25,000.	0.			GENERAL SUPPORT
VERMONT PARKS FOREVER PO BOX 815 MONTPELIER, VT 05601	46-1475177	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VIBE TRIBE ADVENTURES 1250 S. BUCKLEY RD., UNIT 232 AURORA, CO 80017	84-4693444	501(C)(3)	15,000.	0.			GENERAL SUPPORT
VIDA VERDE 3540 LA HONDA ROAD SAN GREGORIO, CA 94074	36-4471996	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE. SUITE 300 SEATTLE, WA 98104	91-0900134	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WE EXPLORE EARTH 975 EAST BROADWAY SAN GABRIEL, CA 91776	82-1872299	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE HIKE TO HEAL 1400 VETERANS MEMORIAL HWY; STE 134 MABLETON, GA 30126	88-3466491	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WEST ATLANTA WATERSHED ALLIANCE, INC. - 1442 RICHLAND ROAD SW - ATLANTA, GA 30310	20-0890449	501(C)(3)	40,000.	0.			GENERAL SUPPORT
WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL - 1007 LAKE DRIVE - GRAND RAPIDS, MI 49506	23-7128379	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WHITESWAN ENVIRONMENTAL 2348 LUMMI VIEW DRIVE BELLINGHAM, WA 98226	82-4293428	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WILD DIVERSITY 2310 NE 82ND AVE. PORTLAND, OR 97220	83-3099383	501(C)(3)	40,000.	0.			GENERAL SUPPORT
WILD HEARTS IDAHO 512 N 13TH ST BOISE, ID 83702	82-3219734	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WILDERNESS ADVENTURES FOR KIDS EVERYWHERE, INC. - P.O. BOX 872045 - WASILLA, AK 99687-2045	85-1002209	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WILDERNESS INQUIRY 1611 COUNTY RD B WEST; STE 315 ST. PAUL, MN 55113	93-0708637	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WILDERNESS YOUTH PROJECT 2040 ALAMEDA PADRE SERRA; STE 224 SANTA BARBARA, CA 93103	77-0526117	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLAMETTE PARTNERSHIP 1300 SE STARK ST; STE 212 PORTLAND, OR 97214	33-1103430	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WINONA OUTDOOR COLLABORATIVE 452 W 4TH ST WINONA, MN 55987	85-2943196	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WISDOM OF THE ELDERS INC 3917 NE SHAVER STREET PORTLAND, OR 97212-1961	93-1164114	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WOMEN'S WILDERNESS 1206 EUCLID AVE STE 1 BOULDER, CO 80302	84-1439821	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE ST SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	20,000.	0.			GENERAL SUPPORT
YELLOW BIRD LIFE WAYS PO BOX 1138 LAME DEER, MT 59043	83-4458369	501(C)(3)	25,000.	0.			GENERAL SUPPORT
YES NATURE TO NEIGHBORHOODS 3029 MACDONALD AVE RICHMOND, CA 94804	03-0458294	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUNG WOMEN EMPOWERED 5623 RAINIER AVE S SEATTLE, WA 98118	47-2230647	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YOUTH ENRICHMENT SERVICES 412 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2509466	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

PART I, LINE 2:

ALL GRANTEES ARE CHECKED FOR VALID 501(C)(3) STATUS. IF THEY DO NOT HAVE

501(C)(3) STATUS THEY USE A FISCAL SPONSOR. GRANTEES SIGN A GRANT AGREEMENT

THAT IS STORED IN THE ORGANIZATIONS FOUNDANT GRANTMAKING DATABASE. GRANTEES

SEND APPLICATIONS AND ARE SCREENED TO ENSURE THEIR MISSION AND PROGRAMS

ALIGN WELL WITH THE REI FUND MISSION.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	47,746.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

Part II

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

PART I TYPES OF PROPERTY

THE AMOUNT IN COLUMN (B) IS BASED ON THE NUMBER OF CONTRIBUTORS.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

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 VI, SECTION A, LINE 2:

ERIC ARTZ HAS A BUSINESS RELATIONSHIP WITH MARC BEREJKA, KRISTEN RAGAIN,

WILMA WALLACE, BEN STEELE, KATIE KNIFFEN, SQUIRE SIMPSON, JEREMY KELLY,

RAELYNN HULSE AND RICK PALMER.

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

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

Schedule O (Form 990) 2023

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

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.

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

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

UT,WV,WI

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

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

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
RECREATIONAL EQUIPMENT, INC. - 91-0656890 1700 45TH ST E SUITE 101 SUMNER, WA 98352	RETAILER OF OUTDOOR EQUIPMENT & SERVICES	WA	N/A	C CORP	N/A	N/A	N/A		X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

**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.

[illegible]