** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C 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

F Name and address of principal officer: JEREMY KELLY
SAME AS C ABOVE

D Employer identification number
85-4299419

E Telephone number
425-622-4638

G Gross receipts $ 11,717,611.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: REIFUND.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2020

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO SUPPORT NONPROFITS DOING THE ESSENTIAL WORK IN MAKING THE OUTDOORS MORE ACCESSIBLE AND INCLUSIVE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	55
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,309,742.	11,427,899.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,506.	205,520.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,420,248.	11,633,419.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,058,581.	12,006,100.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	62,500.	264,000.
b	Total fundraising expenses (Part IX, column (D), line 25) 264,000.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	459,192.	719,379.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,580,273.	12,989,479.
19	Revenue less expenses. Subtract line 18 from line 12	3,839,975.	-1,356,060.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,181,431.	9,806,027.
21	Total liabilities (Part X, line 26)	65,747.	46,403.
22	Net assets or fund balances. Subtract line 21 from line 20	11,115,684.	9,759,624.

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.

Sign Here

Signature of officer: JEREMY KELLY, TREASURER — Jeremy Kelly — Date: 10/8/2026
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MEGAN R. RYAN	MEGAN R. RYAN	10/07/26	☐	P00737884

Firm's name: CLARK NUBER PS — Firm's EIN: 91-1194016
Firm's address: 555 110TH AVE NE, SUITE 700, BELLEVUE, WA 98004 — Phone no. 425-454-4919

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO SUPPORT NONPROFITS DOING THE ESSENTIAL WORK IN MAKING THE OUTDOORS MORE ACCESSIBLE AND INCLUSIVE FOR EVERYONE.

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 $ 6,854,567. including grants of $ 6,700,434.) (Revenue $)
CONNECTING PEOPLE OUTSIDE-CONNECTING HISTORICALLY EXCLUDED COMMUNITIES TO THE OUTDOORS-CULTIVATING JOY, HEALING, BELONGING, CONNECTION AND WELL-BEING.

4b (Code:) (Expenses $ 3,959,210. including grants of $ 3,833,183.) (Revenue $)
CREATING SPACE OUTSIDE-ENSURING PEOPLE HAVE EQUITABLE ACCESS TO QUALITY, CLOSE TO HOME CULTURALLY RELEVANT OUTDOOR SPACES.

4c (Code:) (Expenses $ 1,526,668. including grants of $ 1,472,483.) (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 12,340,445.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

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

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

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

Section A. Governing Body and Management

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

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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	10.00									
PRESIDENT THRU 07/25	30.00			X				0.	0.	0.
(2) MATT THURSTON	5.00									
PRESIDENT FROM 08/25	35.00			X				0.	0.	0.
(3) JEREMY KELLY	5.00									
TREASURER	35.00			X				0.	0.	0.
(4) NINA FREEDMAN	5.00									
SECRETARY	35.00			X				0.	0.	0.
(5) KRISTEN RAGAIN	40.00									
EXECUTIVE DIRECTOR	0.00			X				0.	0.	0.
(6) ROMA MCCAIG	2.00									
CHAIR THRU 04/25	38.00	X		X				0.	0.	0.
(7) SUSAN VISCON	2.00									
CHAIR FROM 08/25	38.00	X		X				0.	0.	0.
(8) ERIC ARTZ	1.00									
DIRECTOR THRU 03/25	39.00	X						0.	0.	0.
(9) WILMA WALLACE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(10) KATIE KNIFFEN	1.00									
DIRECTOR THRU 08/25	39.00	X						0.	0.	0.
(11) SQUIRE SIMPSON	1.00									
DIRECTOR	39.00	X						0.	0.	0.
(12) SHARON PHILPOTT	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) MICHELLE KIRKPATRICK	1.00									
DIRECTOR	39.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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

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

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such person*		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
MISSIONWIRED, 650 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001	FUNDRAISING	264,000.
CATCHAFIRE 31 E 32ND ST, NEW YORK, NY 10016	NONPROFIT CONSULTING PLATFORM	225,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	387,011.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,040,888.				
	g Noncash contributions included in lines 1a-1f	1g	$ 84,192.				
	h **Total.** Add lines 1a-1f			11,427,899.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			205,572.			205,572.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	84,140.				
	b Less: cost or other basis and sales expenses	7b	84,192.				
	c Gain or (loss)	7c	-52.				
	d Net gain or (loss)			-52.			-52.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			11,633,419.	0.	0.	205,520.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,006,100.	12,006,100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	39,600.		39,600.	
c Accounting	31,929.		31,929.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	264,000.			264,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	360,659.	329,563.	31,096.	
12 Advertising and promotion	50,083.		50,083.	
13 Office expenses	1,730.		1,730.	
14 Information technology	148,426.	4,782.	143,644.	
15 Royalties				
16 Occupancy				
17 Travel	17,912.		17,912.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,053.		24,053.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	40,538.		40,538.	
b BANK FEES	4,449.		4,449.	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	12,989,479.	12,340,445.	385,034.	264,000.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash - non-interest-bearing	827,711.	1	1,257,699.
	2	Savings and temporary cash investments	9,263,652.	2	7,252,460.
	3	Pledges and grants receivable, net	972,149.	3	1,178,419.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	117,919.	9	117,449.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	11,181,431.	16	9,806,027.
Liabilities	17	Accounts payable and accrued expenses	65,747.	17	36,403.
	18	Grants payable	0.	18	10,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	65,747.	26	46,403.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	10,990,870.	27	9,730,413.
	28	Net assets with donor restrictions	124,814.	28	29,211.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	11,115,684.	32	9,759,624.
	33	Total liabilities and net assets/fund balances	11,181,431.	33	9,806,027.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,633,419.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,989,479.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,356,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,115,684.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,759,624.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

Part I Reason for Public Charity Status. (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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,565,561.	9,380,641.	9,261,546.	9,309,742.	11,427,899.	45,945,389.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,565,561.	9,380,641.	9,261,546.	9,309,742.	11,427,899.	45,945,389.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,059,907.
6 **Public support.** Subtract line 5 from line 4.						26,885,482.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	6,565,561.	9,380,641.	9,261,546.	9,309,742.	11,427,899.	45,945,389.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		740.	299,758.	112,236.	205,572.	618,306.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						46,563,695.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 57.74 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the 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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

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

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

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

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 **Adjusted Net Income** (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 **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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 D:

THIS COLUMN REPRESENTS THE SHORT YEAR JULY 1, 2024 THROUGH DECEMBER 31, 2024.

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

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	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

Name of organization

REI COOPERATIVE ACTION FUND

Employer identification number

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		$ 5,121,904.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 2,100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 387,011.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from 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

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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:

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

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e 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)		
Total. (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)		
Total. (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)	
Total. *(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)	
Total. *(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.

1	Total revenue, gains, and other support per audited financial statements			1	12,943,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,309,657.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	1,309,657.
3	Subtract line 2e from line 1			3	11,633,419.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	11,633,419.

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.

1	Total expenses and losses per audited financial statements			1	14,299,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,309,657.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	1,309,657.
3	Subtract line 2e from line 1			3	12,989,479.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	12,989,479.

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.

SCHEDULE G (Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REI COOPERATIVE ACTION FUND

Employer identification number

85-4299419

Part I 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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [ ] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment 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? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 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? Yes	No	**(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
MISSIONWIRED - 650 MASSACHUSETTS AVE NW,	FUNDRAISING CONSULTING		X	0.	264,000.	-264,000.
Total					264,000.	-264,000.

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,DC,FL,GA,HI,IL,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV
NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WV,WI

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	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization 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:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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 the 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: MISSIONWIRED

(I) ADDRESS OF FUNDRAISER: 650 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1N10 INC. 1101 N CENTRAL AVE STE 202 PHOENIX, AZ 85004	86-0728990	501(C)(3)	15,000.	0.			GENERAL SUPPORT
4DWN PROJECT, INC 3839 MCKINNEY AVE SUITE 155-757 DALLAS, TX 75204	47-3959733	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ABILITIES MOVEMENT PO BOX 44 LIMA, NY 14485	47-1498823	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ADAPTIVE ADVENTURES 9053 HARLAN STREET, SUITE 34 WESTMINSTER, CO 80031	84-1512653	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ADAPTIVE CLIMBING GROUP (AMERICAN ALPINE CLUB) - 710 10TH ST., SUITE 100 - GOLDEN, CO 80401	13-1611981	501(C)(3)	40,000.	0.			GENERAL SUPPORT
ADVENTURE CREW 2692 MADISON RD. #N1-414 CINCINNATI, OH 45208	47-4230979	501(C)(3)	10,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 362.

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

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
ALACHUA CONSERVATION TRUST 7204 SE COUNTY ROAD 234 GAINESVILLE, FL 32641	59-2919630	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALL BODIES ON BIKES 238 NW 3RD ST BENTONVILLE, AR 72712	88-4340431	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ALL OUT ADVENTURES 297 PLEASANT ST. NORTHAMPTON, MA 01060	04-3559633	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN HIKING SOCIETY 8403 COLESVILLE RD, SUITE 1100 SILVER SPRING, MD 20910	51-0211993	501(C)(3)	20,000.	0.			GENERAL SUPPORT
AMERICAN WHITEWATER PO BOX 63 SPRINGFIELD, OR 97477	23-7083760	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ANCESTRAL LANDS CONSERVATION CORPS 701 CAMINO DEL RIO, STE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ANCHORAGE PARK FOUNDATION 3201 C ST STE 111 ANCHORAGE, AK 99503-3961	41-2205907	501(C)(3)	10,000.	0.			GENERAL SUPPORT
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	04-6001677	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARABIA MOUNTAIN HERITAGE AREA ALLIANCE - 3350 KLONDIKE ROAD - STONECREST, GA 30038	58-1626232	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
ARBORETUM SAN ANTONIO 2201 BUENA VISTA ST. SAN ANTONIO, TX 78222	87-3625684	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ARKANSAS LATINAS CYCLING 719 W WALNUT ST, SUITE 103, BOX 206 ROGERS, AR 72756	84-1832496	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ARMAND BAYOU NATURE CENTER, INC. 8500 BAY AREA BLVD PASADENA, TX 77507	23-7403757	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ASSOCIATION OF OUTDOOR RECREATION AND EDUCATION - 1100 N MAIN STREET, SUITE 209 - ANN ARBOR, MI 48104	84-1496701	501(C)(3)	12,500.	0.			GENERAL SUPPORT
AZIMUTH QUEST FOUNDATION PO 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
BACK ON MY FEET PO BOX 71536 PHILADELPHIA, PA 19176-1536	26-2109809	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

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
BEAR YUBA LAND TRUST PO BOX 1004 GRASS VALLEY, CA 95945	68-0256981	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
BICYCLE ALLIANCE OF MINNESOTA 3745 MINNEHAHA AVE MINNEAPOLIS, MN 55406	41-1719332	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BICYCLE COOPERATIVE OF FORT COLLINS, INC. - 1501 N COLLEGE AVE - FORT COLLINS, CO 80524	26-3547740	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKE DURHAM 112 BROADWAY ST; #B DURHAM, NC 27701	46-5356944	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKE FUN 718 THOMPSON LANE, SUITE 108-305 NASHVILLE, TN 37204	85-0665799	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 SAVIOURS COOPERATIVE, INC 420 SOUTH PERRY LANE, SUITE #3 TEMPE, AZ 85288	39-2053572	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKE WALK TOMPKINS 803 CASCADILLA STREET, SUITE 102 ITHACA, NY 14850	20-8064498	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
BIKE WORKS 3715 S HUDSON ST; #101 SEATTLE, WA 98118	91-1753062	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKEPGH 188 43RD STREET, SUITE #1 PITTSBURGH, PA 15201	36-4491002	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIKES NOT BOMBS 284 AMORY STREET JAMAICA PLAIN, MA 02130	04-3138753	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BIKES TOGETHER 1060 OSAGE ST DENVER, CO 80204	26-3672109	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIRDABILITY 539 W. COMMERCE ST. #2425 DALLAS, TX 75208	86-2050331	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACK BOARDERS CT 55 FAIRLEA AVENUE STRATFORD, CT 06614	88-2709634	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACK GIRLS DO BIKE (PLAYERS PHILANTHROPY FUND) - 1122 KENILWORTH DRIVE, SUITE 201 - TOWSON, MD 21204	27-6601178	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BLACK GIRLS RUN! FOUNDATION 8223 PILGRIM TERRACE RICHMOND, VA 23227	83-0866322	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BLACK OUTSIDE 305 E RAMSEY RD SAN ANTONIO, TX 78216	83-3447384	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
BLACK THUMB FARM 18820 TULSA STREET PORTER RANCH, CA 91326	85-2998129	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACK WOMEN WHO (SWIM BIKE RUN FUN CLUB & EVENTS) - 110 PAIGE BEND - HUTTO, TX 78634	87-4325109	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BLACKPACKERS 339 E. PIKES PEAK AVENUE COLORADO SPRINGS, CO 80903	84-3623825	501(C)(3)	40,000.	0.			GENERAL SUPPORT
BLUE SKY FUNDERS FORUM (ENVIRONMENTAL GRANTMAKERS ASSOCIATION) - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	20-8817646	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BLUE STAR FAMILIES 441 SAXONY, THE HIVE/BARN 2 ENCINITAS, CA 92024	80-0369895	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BOARDSLIDE MISSION INC. 1021 MELVIN CT MADISON, WI 53704	88-2955297	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BOWER CLIMBING COALITION 726 E 43RD AVE SPOKANE, WA 99203	81-4350976	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BRAVE TRAILS PO BOX 691300 LOS ANGELES, CA 90069	46-4530883	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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
BRECKENRIDGE OUTDOOR EDUCATION CENTER - PO BOX 697 - BRECKENRIDGE, CO 80424	84-0725560	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 FACES GREEN SPACES INC 5607 E 3RD PLACE GARY, IN 46403	85-1058739	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BROWN GIRLS CLIMB 812 BERGEN ST BROOKLYN, NY 11238	92-2371736	501(C)(3)	40,000.	0.			GENERAL SUPPORT
BUFFALO BAYOU PARTNERSHIP 1019 COMMERCE STREET, SUITE 200 HOUSTON, TX 77002	76-0183954	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BUFFALO OLMSTED PARKS CONSERVANCY, INC. - 84 PARKSIDE AVE - BUFFALO, NY 14214	22-2720927	501(C)(3)	10,000.	0.			GENERAL SUPPORT
C&O CANAL TRUST 142 W. POTOMAC STREET WILLIAMSPORT, MD 21795	30-0401642	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CACTUSTOCLOUD INSTITUTE 51-405 AVENIDA MENDOZA LA QUINTA, CA 92253	86-3684271	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAHABA RIVER SOCIETY 2717 7TH AVENUE SOUTH, SUITE 205 BIRMINGHAM, AL 35233	63-0987276	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
CAMP BLODGETT 10451 LAKESHORE DRIVE WEST OLIVE, MI 49460	38-6004379	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CAMP SUNFLOWER, INC. 5620 E 21ST ST N WICHITA, KS 67208	84-1858453	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CAMPUS NATURE RX (PALEONTOLOGICAL RESEARCH INSTITUTION) - 1259 TRUMANSBURG RD. - ITHACA, NY 14850	15-0554849	501(C)(3)	150,000.	0.			GENERAL SUPPORT
CAROLINA THREAD TRAIL 2400 PARK ROAD STE 1 CHARLOTTE, NC 28203	58-1969605	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CENTER FOR HEALTH & NATURE (TEXAS A&M FOUNDATION) - 401 GEORGE BUSH DRIVE - COLLEGE STATION, TX 77840	74-2245027	501(C)(3)	153,600.	0.			GENERAL SUPPORT
CENTER FOR NATURE AND HEALTH, UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	150,000.	0.			GENERAL SUPPORT
CENTRAL COAST AG NETWORK DBA CITY FARM SLO - 1221 CALLE JOAQUIN - SAN LUIS OBISPO, CA 93405	20-3447329	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHALLENGE ASPEN 309 SNOWMASS VILLAGE MALL SNOWMASS VILLAGE, CO 81615	84-1315910	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHANGED BY NATURE OUTDOORS PO BOX 30662 FLAGSTAFF, AZ 86003	82-2820269	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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
CHANNEL ISLANDS RESTORATION PO BOX 40228 SANTA BARBARA, CA 93140	61-1463876	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHATTAHOOCHEE RIVERKEEPER 6020 RIVER VIEW RD SE, SUITE 100 SMYRNA, GA 30126	58-2095413	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHICAGO ADVENTURE THERAPY PO BOX 13062 CHICAGO, IL 60613	42-1714477	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHICO VELO 125 WEST 3RD ST; SUITE #210 CHICO, CA 95926	94-2721971	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILDREN & NATURE NETWORK 1611 COUNTY B ROAD WEST, SUITE 315 ROSEVILLE, MN 55113	14-1959018	501(C)(3)	150,000.	0.			GENERAL SUPPORT
CHILL FOUNDATION 180 QUEEN CITY PARK RD. BURLINGTON, VT 05401	03-0353892	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CIRCUIT TRAIL CONSERVANCY 3000 PEGASUS PARK DR #744 DALLAS, TX 75247	47-5680271	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CITY KIDS WILDERNESS PROJECT 2437 15TH STREET NW WASHINGTON, DC 20009	52-1976304	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CITY OF OAKS FOUNDATION PO BOX 6147 RALEIGH, NC 27628	27-4467111	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
CLIMBERS OF COLOR (THE MOUNTAINEERS) - 7700 SAND POINT WAY NE - SEATTLE, WA 98115	27-3009280	501(C)(3)	40,000.	0.			GENERAL SUPPORT
COALITION OF COMMUNITY GARDENS, INC. - 2005 N LAMAR AVE - TAMPA, FL 33602	85-0665349	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COLA TOWN BIKE COLLECTIVE 711 ELMWOOD AVE COLUMBIA, SC 29201	47-1691710	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COLORADO CANYONS ASSOCIATION 543 MAIN ST GRAND JUNCTION, CO 81501	20-2409837	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY BIKE SHOP AT BARBER PARK (TRANSIT ALLIANCE OF THE PIEDMONT) - 111 WEST LEWIS STREET - GREENSBORO, NC 27406	47-5483317	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY CYCLING CENTER 1700 NE ALBERTA ST PORTLAND, OR 97211	93-1127186	501(C)(3)	20,000.	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
COOMBS OUTDOORS PO BOX 7665 JACKSON, WY 83002	46-0956814	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
CORPSTHAT 1625 COVINGTON ST 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)	15,000.	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 MORTON, MN 56270	42-1552956	501(C)(3)	40,000.	0.			GENERAL SUPPORT
DISABLED HIKERS PO BOX 381 CARLSBORG, WA 98324	85-4055270	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DISCOVERY PATHWAYS 1211 FITZGERALD STREET PHILADELPHIA, PA 19148	85-0979344	501(C)(3)	20,000.	0.			GENERAL SUPPORT
EAGLE MOUNT BILLINGS 1140 16TH STREET WEST SUITE #12 BILLINGS, MT 59102	84-1370933	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EAST COAST GREENWAY ALLIANCE 123 WEST MAIN ST SUITE 220 DURHAM, NC 27701	04-3326812	501(C)(3)	150,000.	0.			GENERAL SUPPORT
EASTERN SIERRA CONSERVATION CORPS 408 HOME ST. BISHOP, CA 93514	81-2456264	501(C)(3)	40,000.	0.			GENERAL SUPPORT

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
EASTRAIL PARTNERS PO BOX 1091 WOODINVILLE, WA 98072	84-2810088	501(C)(3)	50,000.	0.			GENERAL SUPPORT
EBONY ICE PO BOX 136 MILWAUKEE, WI 53201	39-1805967	501(C)(3)	15,000.	0.			GENERAL SUPPORT
EDGE OUTDOORS 2021 201ST PL SE, SUITE 308 BOTHELL, WA 98012	87-1327925	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ELEVATE YOUTH 89 SOUTH STREET, SUITE 203 BOSTON, MA 02111	82-1643548	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EMBRACING THE BEAR FOUNDATION 6213 W 6TH ST LOS ANGELES, CA 90048	87-1384459	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ENVIRONMENTAL LEARNING FOR KIDS 12680 ALBROOK DRIVE DENVER, CO 80239	84-1436605	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ENVIRONMENTAL TRAVELING COMPANIONS 2 MARINA BOULEVARD, FORT MASON CENTER, SUITE C385 - SAN FRANCISCO, CA 94123	51-0158789	501(C)(3)	15,000.	0.			GENERAL SUPPORT
EVERGREEN MOUNTAIN BIKE ALLIANCE 49 MAIN AVE S. STE 107-188 NORTH BEND, WA 98045	91-1553023	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FAIRFAX ALLIANCE FOR BETTER BICYCLING - 3210 WYNFORD DRIVE - FAIRFAX, VA 22031	81-0704062	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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 RD ELKA PARK, NY 12427-1213	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
FIVE RIVERS METROPARKS FOUNDATION 409 E. MONUMENT AVE,THIRD FLOOR DAYTON, OH 45402	46-4591264	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FLAGSTAFF YOUTH RIDERS, INC (FLYRS) - 2532 N 4TH ST #419 - FLAGSTAFF, AZ 86004	83-2735682	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FLORIDA TRAIL ASSOCIATION 1022 NW 2ND ST GAINESVILLE, FL 32601-4686	23-7079720	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FOUNDATION FOR AMERICA'S PUBLIC LANDS - 1203 K ST NW - WASHINGTON, DC 20005	88-1553091	501(C)(3)	30,000.	0.			GENERAL SUPPORT
FRESH TRACKS AT THE ASPEN INST. FORUM FOR COMMUNITY SOLUTIONS - 2300 N STREET NW; SUITE 700 - WASHINGTON, DC 20037	84-0399006	501(C)(3)	115,000.	0.			GENERAL SUPPORT
FRESHWATER LAND TRUST PO BOX 337 BIRMINGHAM, AL 35201	72-1387424	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FRESNO COUNTY BICYCLE COALITION PO BOX 2332 CLOVIS, CA 93613-2332	30-0019756	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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 ANACOSTIA PARK 609 H ST NE, 4TH FLOOR, SUITE #411 WASHINGTON, DC 20002	87-3349249	501(C)(3)	190,000.	0.			GENERAL SUPPORT
FRIENDS OF AVI KWA AME PO BOX 1324 SEARCHLIGHT, NV 89046	84-3687260	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF BADGER MOUNTAIN PO BOX 24 RICHLAND, WA 99352	84-1702655	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF GRAND RAPIDS PARKS 720 CURVE ST. SW, STE B GRAND RAPIDS, MI 49503	26-1406547	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF GWYNNS FALLS LEAKIN PARK, INC - 15 BENWAY COURT - CATONSVILLE, MD 21228	52-1677428	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 PATAPSCO VALLEY STATE PARK - 8020 BALTIMORE NATIONAL PIKE - ELLICOTT CITY, MD 21043	52-2066485	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF SANTA CRUZ STATE PARKS 1543 PACIFIC AVE, SUITE 206 SANTA CRUZ, CA 95060	51-0183410	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE FELLS 235 WEST FOSTER STREET MELROSE, MA 02176	22-3278797	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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 THE FOREST PRESERVES 411 S. WELLS ST. SUITE 800 CHICAGO, IL 60607	36-4519273	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)	25,000.	0.			GENERAL SUPPORT
FRIENDS OF THE RAIL PARK 1219 VINE ST, SUITE M PHILADELPHIA, PA 19107	27-4200974	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE URBAN FOREST 1007 GENERAL KENNEDY AVE, SUITE 1 SAN FRANCISCO, CA 94129	94-2699528	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF WILDWOOD LAKE NATURE CENTER, INC. - 100 WILDWOOD WAY - HARRISBURG, PA 17110-2914	25-1676210	501(C)(3)	10,000.	0.			GENERAL SUPPORT
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)	20,000.	0.			GENERAL SUPPORT

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
GENERATIONS INDIGENOUS WAYS (SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLE) - PO BOX 5248 - EUREKA, CA 95502	68-0027247	501(C)(3)	40,000.	0.			GENERAL SUPPORT
GEORGIA APPALACHIAN TRAIL CLUB, INC. - PO BOX 654 - ATLANTA, GA 30301	58-6134664	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GEORGIA HI-LO TRAIL 459 SUNHILL GRANGE ROAD SANDERSVILLE, GA 31082	83-4551354	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GEORGIA RIVER NETWORK 126 SOUTH MILLEDGE AVENUE, STE E3 ATHENS, GA 30605	58-2404112	501(C)(3)	10,000.	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 E 2700 S SALT LAKE CITY, UT 84109	84-4617321	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GIRLS WHO HIKE SC 40 OLD MCELHANEY RD GREENVILLE, SC 29617	87-1095867	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GO BEYOND NEBRASKA PO BOX 641609 OMAHA, NE 68164	82-0336644	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREAT PLAINS RESTORATION COUNCIL PO BOX 1206 FORT WORTH, TX 76101	84-1512096	501(C)(3)	55,000.	0.			GENERAL SUPPORT

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 SMOKY MOUNTAINS INSTITUTE AT TREMONT - 9275 TREMONT ROAD - TOWNSEND, TN 37882	62-1833479	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GREENSPACE DALLAS 111 SOUTH NURSERY DRIVE IRVING, TX 75060	20-3398696	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GROUND EDUCATION 2633 E. 28TH STREET #626 SIGNAL HILL, CA 90755	82-2375504	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GROUNDWORK INDY 975 BURDSAL PARKWAY INDIANAPOLIS, IN 46208	47-3863928	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GROUNDWORK JACKSONVILLE 101 W. STATE STREET, ROOM A1003 JACKSONVILLE, FL 32202-3099	47-2342111	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GROUNDWORK OHIO RIVER VALLEY PO BOX 14698 CINCINNATI, OH 45250	84-2991804	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GROWING HEALTHY PEOPLE NFP 1459 SUTTON CIRCLE WAUCONDA, IL 60084	47-1075236	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HEART OF THE GILA, INC. 9 AIRSTRIP ROAD MIMBRES, NM 88049	82-2579158	501(C)(3)	40,000.	0.			GENERAL SUPPORT
HEARTLAND CONSERVATION ALLIANCE 9106 CHESTNUT AVENUE KANSAS CITY, MO 64132	35-2434953	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
HERE MONTANA, INC. 119 S 5TH ST E APT D MISSOULA, MT 59801	93-3463824	501(C)(3)	55,000.	0.			GENERAL SUPPORT
HIGH COUNTRY ADAPTIVE SPORTS 3440 W. WILSON DR. FLAGSTAFF, AZ 86001	81-3359695	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HIKE CLERB 1752 W ADAMS BLVD, #203 LOS ANGELES, CA 90018	85-2730053	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HISPANIC ACCESS FOUNDATION 1030 15TH ST NW, SUITE B/1 #150 WASHINGTON, DC 20005	27-2589206	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HUMBLE SONS BIKE COMPANY (AKA BIKE CLUB TULSA) - 1613 W LINCOLN PL - BROKEN ARROW, OK 74012	26-2582629	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HUNTERS OF COLOR 6620 NE PETTIBONE DR CORVALLIS, OR 97330	85-3480850	501(C)(3)	100,000.	0.			GENERAL SUPPORT
INCLUSIVE OUTDOORS PROJECT 1006 SOUTH BLACK AVE. BOZEMAN, MT 59715	93-3590965	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INQUIRING SYSTEMS INC 1275 4TH STREET, #371 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INSPIRING GIRLS* EXPEDITIONS ALASKA (UNIVERSITY OF ALASKA FOUNDATION) - 1815 BRAGAW ST. STE. 206, ANCHORAGE, AK, 99508 -	23-7394620	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
INTERNATIONAL MOUNTAIN BICYCLING ASSOCIATION - PO BOX 20280 - BOULDER, CO 80308	47-1254119	501(C)(3)	30,000.	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
ISSAQUAH ALPS TRAILS CLUB PO BOX 688 ISSAQUAH, WA 98027	91-1081852	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JACK THE BIKE MAN, INC. PO BOX 17565 WEST PALM BEACH, FL 33416	26-0579626	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JAMES RIVER OUTDOOR COALITION PO BOX 297 RICHMOND, VA 23219	05-0544469	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JUSTICE OUTSIDE 1624 FRANKLIN STREET SUITE 520 OAKLAND, CA 94612	80-0565914	501(C)(3)	1,340,000.	0.			GENERAL SUPPORT
KEEP AUSTIN BEAUTIFUL 2200 EAST MLK JR. BLVD. STE 200 AUSTIN, TX 78702	74-2387541	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LAGUNA CANYON FOUNDATION 10 PHILLIPS ST. LAGUNA BEACH, CA 92651	33-0441816	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LARU BEYA COLLECTIVE INC 1501 EGMONT PLACE FAR ROCKAWAY, NY 11691	84-2451992	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
LATINO OUTDOORS (COMMUNITY INITIATIVES) - 1000 BROADWAY; SUITE 480 - OAKLAND, CA 94607	94-3255070	501(C)(3)	600,000.	0.			GENERAL SUPPORT
LATINOS AVENTUREROS 30 WESTGATE PARKWAY #304 ASHEVILLE, NC 28806	88-3506698	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LEAVE NO TRACE 1000 NORTH ST BOULDER, CO 80304	84-1303335	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LEGACY PARKS FOUNDATION 900 VOLUNTEER LANDING LANE KNOXVILLE, TN 37915	20-4631230	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LEROY SPRINGS & COMPANY P.O. BOX 1209 FORT MILL, SC 29716	57-0344121	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LITERACY FOR ENVIRONMENTAL JUSTICE 1150 CARROLL SAN FRANCISCO, CA 94124	01-0777856	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
LOCO POR LA AVENTURA 2382 SE PALMQUIST ROAD GRESHAM, OR 97080	99-4017872	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LONG ISLAND GREENBELT TRAIL CONFERENCE, INC. - PO BOX 5636 - HAUPPAUGE, NY 11788	11-2552490	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
LOUISVILLE GROWS INC 1641 PORTLAND AVE LOUISVILLE, KY 40203-1459	27-0959401	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LOVELAND YOUTH GARDENERS 2366 EAST 1ST STREET LOVELAND, CO 80537	84-1516672	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LUKI BIKE ADVENTURES 14019 RUTHERFORD STREET DETROIT, MI 48227	93-4696074	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MAINE ADAPTIVE SPORTS & RECREATION PO BOX 853 BETHEL, ME 04217	01-0388818	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MAINE GEARSHARE 657 OLD PORTLAND ROAD BRUNSWICK, ME 04011	87-2553485	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MASS AUDUBON 208 S GREAT ROAD LINCOLN, MA 01773-4816	04-2104702	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MELANIN BASE MILES, INC 9105 PATTON BLVD ALEXANDRIA, VA 22309	92-1486055	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MIGHTY BOOTS WILDERNESS PROJECT 1001 E. PIERSON ST. PHOENIX, AZ 85014	83-3087005	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MILE IN MY SHOES 355 RANDOLPH AVENUE SUITE 200 SAINT PAUL, MN 55102	47-2702026	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
MINORITY VETERANS OF AMERICA 918 S HORTON ST, STE. 924 SEATTLE, WA 98134-1949	82-3767850	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MISSOULA ADAPTIVE RECREATION AND SPORTS - 930 MOUNT AVENUE - MISSOULA, MT 59801	93-3867138	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MISSOURI CONSERVATION HERITAGE FOUNDATION - P.O. BOX 366 - JEFFERSON CITY, MO 65109	43-1797156	501(C)(3)	100,000.	0.			GENERAL SUPPORT
MONTEZUMA LAND CONSERVANCY 321 E. NORTH ST. CORTEZ, CO 81321	31-1632961	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MORE 2200 WILSON BLVD, STE. 102-25 ARLINGTON, VA 22201	54-1691373	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MOUNTAINS TO SOUND GREENWAY TRUST 2701 FIRST AVENUE, SUITE 240 SEATTLE, WA 98121	91-1531234	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MULTICULTURAL EDUCATION FOR RESOURCE ISSUES THREATENING OCEANS - 3897 MARKET ST. SUITE 101 - VENTURA, CA 93003	38-3911932	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NASHVILLE BLACK WELLNESS COLLECTIVE - 225 FARAWAY HILLS DRIVE - GALLATIN, TN 37066	92-2192332	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL BROTHERHOOD OF SNOWSPORTS 10 SOUTH RIVERSIDE PLAZA, SUITE 875, PMB #130 - CHICAGO, IL 60606-3728	36-3058068	501(C)(3)	30,000.	0.			GENERAL SUPPORT

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
NATIONAL CAUCUS OF ENVIRONMENTAL LEGISLATORS - 1140 3RD ST NE, 2ND FL OFFICE 2137 - WASHINGTON, DC 20002	68-0633254	501(C)(3)	225,000.	0.			GENERAL SUPPORT
NATIONAL INDIAN YOUTH LEADERSHIP DEVELOPMENT PROJECT, INC. - 8901 ADAMS STREET NE, SUITE C - ALBUQUERQUE, NM 87123	85-0373602	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NATIVE CONSERVANCY PO BOX 456 CORDOVA, AK 99574	30-0131766	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NATIVE WOMEN RUN 31543 STATE HIGHWAY 43 RUSHFORD, MN 55971	99-2880828	501(C)(3)	30,000.	0.			GENERAL SUPPORT
NATURAL RESTORATIONS 67 S. HIGLEY ROAD, STE 103-118 GILBERT, AZ 85296	81-4745055	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATURE AND HEALTH ALLIANCE (TAKING CARE OF TEXAS, DBA TEXAN BY NATURE) - 6805 N. CAPITAL OF TEXAS HWY, STE 268 - AUSTIN, TX 78731	45-1864591	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NATURE AND HEALTH, UNIVERSITY OF WASHINGTON - 4300 ROOSEVELT WAY NE - SEATTLE, WA 98105	91-6001537	501(C)(3)	200,000.	0.			GENERAL SUPPORT
NATURE FOR ALL 201 W GARVEY AVE STE 102 # 503 MONTEREY PARK, CA 91754	83-1265253	501(C)(3)	55,000.	0.			GENERAL SUPPORT
NATUREQUANT 907 E. 20TH AVE. EUGENE, OR 97405	27-2116150	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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
NEW ENGLAND DISABLED SPORTS 39 LOON BROOK ROAD LINCOLN, NH 03251	02-0460732	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW FIRE/ YANKUIK XIHUITL 38170 MARTHA AVE. FREMONT, CA 94536	30-0720472	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)	20,000.	0.			GENERAL SUPPORT
NEXT 100 SYNDICATE 110 MARYLAND AVE NE STE 203 WASHINGTON, DC 20002-5620	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)	25,000.	0.			GENERAL SUPPORT
NORTHWEST YOUTH CORPS 917 PACIFIC AVENUE, STE. 400 TACOMA, WA 98402	93-0818160	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NORWALK RIVER WATERSHED ASSOCIATION - PO BOX 7114 - WILTON, CT 06897	06-1483326	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OGDEN VALLEY ADAPTIVE SPORTS 2955 HARRISON, SUITE 104D OGDEN, UT 84403	27-0650748	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OHIO RIVER WAY PO BOX 812 CINCINNATI, OH 45201	43-1986935	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
ONE FAMILY MEMPHIS 879 E MCLEMORE AVE MEMPHIS, TN 38106	82-3068886	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OREGON ADAPTIVE SPORTS 345 SW CYBER DRIVE, SUITE #103 BEND, OR 97702	26-0076749	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ORGANIC CONNECTS 4403 ST. CLAIR AVE. CLEVELAND, OH 44103	83-2021538	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OUTDOOR AFRO 1999 HARRISON ST, 18TH FL PMB 2444 OAKLAND, CA 94612	47-3094045	501(C)(3)	600,000.	0.			GENERAL SUPPORT
OUTDOOR EQUITY ALLIANCE 18 PINFLOWER LANE WEST WINDSOR, NJ 08550	93-3015477	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OUTDOOR FUTURE AT NUESTRA TIERRA CONSERVATION PROJECT - 300 N MAIN - 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)	20,000.	0.			GENERAL SUPPORT
OUTDOORS FOR ALL FOUNDATION 1800 RICHARDS ROAD BELLEVUE, WA 98005	91-1085999	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OUTWARD BOUND ADVENTURES PO BOX 202 PASADENA, CA 91102	95-2561330	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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
OWENS VALLEY INDIAN WATER COMMISSION - 46 N TU-SU LN - BISHOP, CA 93514	77-0405494	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PADDLE FOR PEACE 8026 HUMMINGBIRD LANE SAN DIEGO, CA 92123	86-3154307	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PADDLE4TOMORROW 1240 CHATTAHOOCHE AVE NW, STE D ATLANTA, GA 30318	26-1745417	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PARADOX SPORTS PO BOX 19044 BOULDER, CO 80308	26-0153796	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PARK RX AMERICA 1102 MONROE STREET NW WASHINGTON, DC 20010-2014	27-3486932	501(C)(3)	150,000.	0.			GENERAL SUPPORT
PENNSYLVANIA PARKS AND FORESTS FOUNDATION - 704 LISBURN ROAD, SUITE 102 - CAMP HILL, PA 17011	25-1859016	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PEOPLE FOR PALMER PARK PO BOX 211191 DETROIT, MI 48221	27-4528966	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PEOPLE OF COLOR WILDERNESS COALITION (OUTWARD BOUND ADVENTURES) - PO BOX 202 - PASADENA, CA 91102	95-2561330	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PETALUMA RIVER PARK FOUNDATION 159 H STREET PETALUMA, CA 94952	84-2431277	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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
PHOENIX BIKES 909 S. DINWIDDIE ST. ARLINGTON, VA 22204	20-8842260	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PIIKANI LODGE HEALTH INSTITUTE PO BOX 187 BROWNING, MT 59417	83-2766318	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PIKERIDE, INC 739 E PIKES PEAK AVE COLORADO SPRINGS, CO 80903	83-4653044	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
PRACTITIONER AND RESEARCHER COLLABORATIVE (COLORADO STATE U FDN) - 300 UNIVERSITY SERVICES CENTER - FORT COLLINS, CO 80523	23-7098397	501(C)(3)	150,000.	0.			GENERAL SUPPORT
PRIDE OUTSIDE (GREEN AMERICA) 1612 K STREET NW, SUITE 600 WASHINGTON, DC 20006	52-1660746	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PRINCETON-BLAIRSTOWN CENTER 13 ROSZEL ROAD SUITE B109 PRINCETON, NJ 08540	22-6075831	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROJECT MOBILITY: CYCLES FOR LIFE 2930 CAMPTON HILLS DRIVE ST. CHARLES, IL 60175	30-0143832	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROSPECT PARK ALLIANCE 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
QUEEN CITY BICYCLE COLLECTIVE 35 ELM STREET MANCHESTER, NH 03104	47-4147461	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RAILS TO TRAILS CONSERVANCY 2445 M STREET, NW, SUITE 650 WASHINGTON, DC 20037	52-1437006	501(C)(3)	225,000.	0.			GENERAL SUPPORT
RAMP PO BOX 1248 SUNSET BEACH, CA 90742	33-1201777	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REC2CONNECT 2814 DETROIT AVE CLEVELAND, OH 44113	47-1812391	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REFUGEE EDUCATION AND ADVENTURE CHALLENGE (REACH) - 743 N. TAYLOR AVENUE, 1ST FLOOR - OAK PARK, IL 60302	81-2174635	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REFUGEE WOMEN'S NETWORK 500 S COLUMBIA ST DECATUR, GA 30030	58-2369796	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REGIONAL PARKS FOUNDATION PO BOX 2527 CASTRO VALLEY, CA 94564	23-7011877	501(C)(3)	20,000.	0.			GENERAL SUPPORT
RENO BIKE PROJECT 216 E. GROVE ST. RENO, NV 89502	14-1988800	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RISING HEARTS (LIVELIHOODS KNOWLEDGE EXCHANGE NETWORK) - 20 COURT ST - WINCHESTER, KY 40391	61-1199616	501(C)(3)	40,000.	0.			GENERAL SUPPORT

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
RISING ROUTES 500 W 41ST AVE DENVER, CO 80203	99-3492501	501(C)(3)	250,000.	0.			GENERAL SUPPORT
RIVER CITY FOUNDATION 3120 LOCUST STREET ST. LOUIS, MO 63103	84-2204032	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RIVERS & LANDS CONSERVANCY 6876 INDIANA AVENUE, SUITE J-2 RIVERSIDE, CA 92506	33-0294311	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RIVERSPORT FOUNDATION 800 RIVERSPORT DR OKLAHOMA CITY, OK 73129	20-1837237	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ROCHESTER ACCESSIBLE ADVENTURES 1650 SOUTH AVENUE, SUITE 200 ROCHESTER, NY 14620	47-5366589	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RUNNERS FOR PUBLIC LANDS 1680 SANTA YNEZ STREET VENTURA, CA 93001	83-3209615	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RUNNIN' FOR RHETT 5117 WORCESTER WAY ELK GROVE, CA 95758	26-1419222	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RUNNING INDUSTRY DIVERSITY COALITION - 1900 MARKET ST FL 8 - PHILADELPHIA, PA 19138	86-3565348	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SACRAMENTO AREA BICYCLE ADVOCATES 909 12TH STREET. STE 110 SACRAMENTO, CA 95814	37-1474544	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
SALEM AREA TRAIL ALLIANCE PO BOX 1084 SALEM, OR 97302	27-3185043	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SALT LAKE AREA QUEER CLIMBERS 127 ARBROATH LN SOUTH SALT LAKE, UT 84115	87-3161338	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SAN MATEO COUNTY PARKS AND RECREATION FOUNDATION - 1701 COYOTE POINT DRIVE - SAN MATEO, CA 94401	94-3306697	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SANTA FE CONSERVATION TRUST PO BOX 23985 SANTA FE, NM 87502	85-0418988	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SANTA FE MOUNTAIN CENTER INC. PO BOX 449 TESUQUE, NM 87574	85-0272388	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAVED BY NATURE 2772 JOSEPH AVE 4 CAMPBELL, CA 95008	83-2405377	501(C)(3)	60,000.	0.			GENERAL SUPPORT
SCHUYLKILL CENTER FOR ENVIRONMENTAL EDUCATION - 8480 HAGY'S MILL ROAD - PHILADELPHIA, PA 19128	23-1654975	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SECOND CYCLE COMMUNITY BICYCLE SHOP - 1205 MLK JR. WAY - TACOMA, WA 98405	45-2637950	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHARING WHEELS 2531 BROADWAY EVERETT, WA 98201	47-0905216	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
SHEJUMPS 4760 S HIGHLAND DR. SUITE 209 SALT LAKE CITY, UT 84117	68-0662227	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SIERRA FOOTHILL CONSERVANCY PO BOX 529 PRATHER, CA 93651	93-6301478	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SISKIYOU MOUNTAIN CLUB PO BOX 61 ASHLAND, OR 97520	27-3418419	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SKATE LIKE A GIRL 305 HARRISON ST. SEATTLE, WA 98275	26-2500555	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 400 AVIATION BLVD., SUITE 100 - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	15,000.	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
SOURLAND CONSERVANCY PO BOX 197 SKILLMAN, NJ 08558	22-3707157	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTH RIVER WATERSHED ALLIANCE PO BOX 1341 DECATUR, GA 30031	45-1836903	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHEASTERN CLIMBERS COALITION INC - PO BOX 3324 - CHATTANOOGA, TN 37403	62-1548337	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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
SOUTHERN ARIZONA ADAPTIVE SPORTS 2610 E CROYDEN ST TUCSON, AZ 85716	82-1289116	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHERN OFF ROAD BICYCLE ASSOCIATION (DBA ROSWELL ALPHARETTA MTN BIKE ORG INC). - PO BOX 768012 - ROSWELL, GA 30076	20-5809383	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SPORTSABILITY ALLIANCE 3035 ELIZA ROAD TALLAHASSEE, FL 32308	59-3051552	501(C)(3)	20,000.	0.			GENERAL SUPPORT
STRIDE ADAPTIVE SPORTS 4482 NY HIGHWAY 150 WEST SAND LAKE, NY 12196	14-1732830	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	95-3941826	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SUSTAINABILITY MATTERS INC 577 KERN SPRINGS ROAD WOODSTOCK, VA 22664	84-2664760	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TEAM RIVER RUNNER 5007 STONE ROAD ROCKVILLE, MD 20853	20-3838651	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TEANECK CREEK CONSERVANCY 20 PUFFIN WAY TEANECK, NJ 07666	22-3818003	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TEN STRANDS 455 MARKET ST STE 1940, PMB 334614 SAN FRANCISCO, CA 94105-2448	27-4118171	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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
TEXAS CHILDREN IN NATURE NETWORK PO BOX 492 MANCHACA, TX 78652	83-4697594	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE ACCESS FUND PO BOX 17010 BOULDER, CO 80308	94-3131165	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE BAY PARK CONSERVANCY 701 N. TAMIAMI TR. SARASOTA, FL 34236	81-4653473	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE BIKE GANGS OF FORT WORTH 4283 CAVE COVE COURT FORT WORTH, TX 76244	84-4847272	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE COLORADO TRAIL FOUNDATION 122 HALLEYS AVE PONCHA SPRINGS, CO 81242	84-1057336	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE COMMON WHEEL 324 N QUEEN STREET LANCASTER, PA 17603	46-4763532	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE CONSERVATION ALLIANCE 1540 MAIN ST, STE 218, PMB 310 WINDSOR, CO 80550	94-3100867	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE FINGER LAKES LAND TRUST, INC. 202 EAST COURT ST ITHACA, NY 14850	22-2983688	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE FRIENDS OF JOSHUA TREE PO BOX 739 JOSHUA TREE, CA 92252	33-0447380	501(C)(3)	20,000.	0.			GENERAL SUPPORT

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 FRIENDS OF THE ANSONIA NATURE CENTER, INC. - 10 DEERFIELD LANE - ANSONIA, CT 06401	06-1339876	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE GREAT BASIN INSTITUTE 16750 MOUNT ROSE HWY, SUITE 101 RENO, NV 89511	88-0431016	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE GREENING OF DETROIT 13000 W. MCNICHOLS ROAD DETROIT, MI 48235	31-0036036	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE GREENWAY FOUNDATION 1820 PLATTE ST. DENVER, CO 80202	51-0193575	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE HUMMINGBIRD PROJECT PO BOX 12067 MARINA DEL REY, CA 90295	88-2866660	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE LAND TRUST OF NORTH ALABAMA 2707 ARTIE STREET SW, SUITE 6 HUNTSVILLE, AL 35805	63-0974278	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE OUT OUR FRONT DOOR ORGANIZATION - 3430 WEST 115 PLACE - CHICAGO, IL 60655-0000	83-2649009	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE REDFORD CENTER PO BOX 29144 SAN FRANCISCO, CA 94129	46-4549706	501(C)(3)	385,000.	0.			GENERAL SUPPORT
THE SEMILLA PROJECT PO BOX 37197 ALBUQUERQUE, NM 87176	86-3311049	501(C)(3)	100,000.	0.			GENERAL SUPPORT

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 VENTURE OUT PROJECT 221 PINE STREET, SUITE 358 FLORENCE, MA 01062	47-1999271	501(C)(3)	100,000.	0.			GENERAL SUPPORT
THE WOMEN'S WILDERNESS INSTITUTE 1206 EUCLID AVENUE, SUITE 1 BOULDER, CO 80302	84-1439821	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE WOODS PROJECT 2700 SOUTHWEST FREEWAY HOUSTON, TX 77098	26-2959996	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THREE RIVERS PARK DISTRICT FOUNDATION INC - 3000 XENIUM LANE N - PLYMOUTH, MN 55441	41-1579104	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TIMUCUAN PARKS FOUNDATION 9953 HECKSCHER DRIVE JACKSONVILLE, FL 32226	59-3614354	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TOGETHER WE CAN 1231 JOURNEY WAY NORTH LAS VEGAS, NV 89031	27-1727391	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TONGVA TARAXAT PAXAAVXA CONSERVANCY - PO BOX 608 - CLAREMONT, CA 91711	87-1422866	501(C)(3)	40,000.	0.			GENERAL SUPPORT
TOTAL NM 590 BARNETT RD BOSQUE FARMS, NM 87068-8145	93-3513078	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRAIL ACCESS PROJECT 8844 CORTILE DRIVE LAS VEGAS, NV 89134	81-2198398	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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 BROS CORP. 6355 DESOTO AVE #A320 WOODLAND HILLS, CA 91367	85-1996527	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRAIL MIXED COLLECTIVE (COMMUNITY INITIATIVES) - 13530 SE 37TH ST. - BELLEVUE, WA 98006	94-3255070	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TRAILS HAVE OUR RESPECT (THOR) 12725 PONCA ROAD OMAHA, NE 68112	41-2161420	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TREEPEOPLE 12601 MULHOLLAND DR. BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TREES MATTER 734 W POLK STREET PHOENIX, AZ 85007	81-0597674	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRIANGLE LAND CONSERVANCY PO BOX 1848 DURHAM, NC 27702	58-1514406	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TRIPS FOR KIDS METRO NEW YORK 315 W 106TH ST, APT 5C NEW YORK, NY 10025-3474	11-3618012	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRIUMPH FOUNDATION 27811 AVENUE HOPKINS UNIT FIVE VALENCIA, CA 91355	26-3295161	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRUST FOR PUBLIC LAND IN SUPPORT OF PARK PERFORMANCE FRAMEWORK - PO BOX 889336 - LOS ANGELES, CA 90088-9336	23-7222333	501(C)(3)	200,000.	0.			GENERAL SUPPORT

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
TULEYOME 622 MAIN STREET, SUITE 200 WOODLAND, CA 95695	68-0522325	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UN MAR DE COLORES PO BOX 232461 ENCINITAS, CA 92023	85-2947340	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED ROCKS UNITY WITH COMMUNITY 1905 BRIACREEK LN PLANO, TX 75074	92-1084014	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNLIKELY RIDERS INC ONE MAIN STREET SUITE 204 BURLINGTON, VT 05401	86-2371433	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UP ENDING PARKINSON'S 10119 CONDE RD MARSHALL, VA 20115	88-2167648	501(C)(3)	10,000.	0.			GENERAL SUPPORT
URBAN BIKE PROJECT 1500 N. WALNUT STREET WILMINGTON, DE 19801	20-5837287	501(C)(3)	10,000.	0.			GENERAL SUPPORT
URBAN BIRD COLLECTIVE 122 W WINIFRED ST. PAUL, MN 55105	84-3935254	501(C)(3)	10,000.	0.			GENERAL SUPPORT
URBAN ECOLOGY CENTER 1500 E PARK PLACE MILWAUKEE, WI 53211	39-1712663	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UTAH DEAF CAMPERS 2773 N 1175 E NORTH OGDEN, UT 84414	99-1057276	501(C)(3)	20,000.	0.			GENERAL SUPPORT

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
VALLEY FORGE PARK ALLIANCE 1400 N OUTER LINE DRIVE KING OF PRUSSIA, PA 19406	23-2036005	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VAMOS OUTDOORS PROJECT 4120 MERIDIAN ST #160 BELLINGHAM, WA 98226	82-5321659	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VENTANA WILDLIFE SOCIETY 9699 BLUE LARKSPUR LANE, STE. 105 MONTEREY, CA 93940	94-2795935	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VERMONT ADAPTIVE SKI AND SPORTS 77 ALPINE DRIVE KILLINGTON, VT 05751	74-2472938	501(C)(3)	15,000.	0.			GENERAL SUPPORT
VERMONT PARKS FOREVER PO BOX 815 MONTPELIER, VT 05601	46-1475177	501(C)(3)	20,000.	0.			GENERAL SUPPORT
VESPER MEADOW EDUCATION PROGRAM 2640 E BARNETT RD MEDFORD, OR 97504	83-1051907	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VIDA VERDE 3540 LA HONDA ROAD SAN GREGORIO, CA 94074	36-4471996	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WAKAN TIPI AWANYANKAPI 332 MINNESOTA ST. SUITE W1520 SAINT PAUL, MN 55101	27-5469929	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WARRIOR SURF FOUNDATION PO BOX 585 FOLLY BEACH, SC 29439	47-4151098	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
WARRIORS TO WILDERNESS 6575 ROSE HILL RD ROSEVILLE, OH 43777	99-1905287	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WASHINGTON AREA BICYCLIST ASSOCIATION - 1110 HAMLIN ST NE - WASHINGTON, DC 20017	23-7305477	501(C)(3)	100,000.	0.			GENERAL SUPPORT
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE. SUITE 300 SEATTLE, WA 98104	91-0900134	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WASHINGTON'S NATIONAL PARK FUND PO BOX 2128 SEATTLE, WA 98111	01-0869799	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WE HIKE TO HEAL 1400 VETERANS MEMORIAL HWY; SUITE 1 MABLETON, GA 30126	88-3466491	501(C)(3)	30,000.	0.			GENERAL SUPPORT
WEKIVA WILDERNESS TRUST 1800 WEKIWA CIRCLE APOPKA, FL 32712	59-2971659	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WEST ATLANTA WATERSHED ALLIANCE, INC. - PO BOX 10883 - ATLANTA, GA 30310	20-0890449	501(C)(3)	40,000.	0.			GENERAL SUPPORT
WILD HEARTS IDAHO 512 N 13TH ST BOISE, ID 83702	82-3219734	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WILDERNESS INTEGRATION PROJECT PO BOX 816 KINGSTON, WA 98346	47-1662392	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
WILDERNESS LOUISVILLE, INC. PO BOX 456 FAIRDALE, KY 40118	46-3746914	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WILDERNESS YOUTH PROJECT 2040 ALAMEDA PADRE SERRA, SUITE 224 SANTA BARBARA, CA 93103	77-0526117	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WILDWOOD OUTDOOR EDUCATION CENTER, INC. - 7095 W 399TH ST - LACYGNE, KS 66040	43-1154205	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WINDWARD FUND 1828 L STREET NW, SUITE 300-C WASHINGTON, DC 20036	47-3522162	501(C)(3)	100,000.	0.			GENERAL SUPPORT
WINTER WILDLANDS ALLIANCE 910 MAIN STREET, SUITE 235 BOISE, ID 83702	82-0523471	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WISCONSIN ADAPTIVE CLIMBING (MADISON CENTRAL LIONS FOUNDATION) - 2523 TARGHEE ST - FITCHBURG, WI 53711	39-1838996	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WISDOM OF THE ELDERS, INC. 3917 NE SHAVER STREET PORTLAND, OR 97212-1961	93-1164114	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WOODLAND DUNES NATURE CENTER AND PRESERVE, INC - 3000 HAWTHORNE AVE - TWO RIVERS, WI 54241	39-6084264	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOONASQUATUCKET RIVER WATERSHED COUNCIL - 45 EAGLE STREET, SUITE 202 - PROVIDENCE, RI 02909	05-0519694	501(C)(3)	20,000.	0.			GENERAL SUPPORT

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
YES NATURE TO NEIGHBORHOODS 3029 MACDONALD AVE RICHMOND, CA 94804	03-0458294	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOLO BASIN FOUNDATION PO BOX 943 DAVIS, CA 95617-0943	68-0230311	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUNG WOMEN EMPOWERED (Y-WE) 5623 RAINIER AVE S SEATTLE, WA 98118	47-2230647	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUTH ENVIRONMENTAL ALLIANCE 6900 SW 21ST CT., SUITE 8 DAVIE, FL 33317	20-2577410	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUTH IN ACTION, INC. 672 BROAD ST PROVIDENCE, RI 02907	05-0495230	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

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	3	84,192.	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 ( )				

				Yes	No
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 Acknowledgment	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?	30a			X
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?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
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.				

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.

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE O (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
REI COOPERATIVE ACTION FUND

Employer identification number
85-4299419

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

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, KATIE KNIFFEN, SQUIRE SIMPSON, MICHELLE KIRKPATRICK, ROMA MCCAIG, JEREMY KELLY, NINA FREEDMAN, MATT THURSTON, AND SUSAN VISCON.

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:
THE MEMBER SHALL HAVE THE RIGHT (A) TO ADMIT NEW MEMBERS, (B) TO APPOINT AND REMOVE THE DIRECTORS OF THE FUND, (C) TO AMEND OR RESTATE THE ARTICLES OF INCORPORATION (THE "ARTICLES OF INCORPORATION") OR BYLAWS OF THE FUND (THE "BYLAWS"), (D) TO APPROVE THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE FUND, (E) TO APPROVE THE VOLUNTARY DISSOLUTION OF THE FUND AND (F) TO VOTE ON ANY OTHER MATTERS ON WHICH THE APPROVAL OR VOTE OF MEMBERS IS REQUIRED BY THESE BYLAWS OR APPLICABLE WASHINGTON LAW.

FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT AND FINANCE COMMITTEE WILL CONDUCT THE MAIN REVIEW OF THE PUBLIC DISCLOSURE COPY OF THE FORM 990 AND APPROVE PRIOR TO FILING.

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)
(Rev. January 2025)
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 for instructions and the latest information.

OMB No. 1545-0047

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

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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