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Form 990

Return of Organization Exempt From Income Tax

2021

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

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.

For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

C Name of organization

D Employer identification number

GLIDE FOUNDATION

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

94-1156481

Telephone number

415-674-6000

Room/suite

42, 825, 989

City or town, state or province, country, and ZIP or foreign postal code

SAN FRANCISCO, CA 94102

F Name and address of principal officer: KAYE FOSTER

SAME AS C ABOVE

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

Website: WWW.GLIDE.ORG

Form of organization: X Corporation Association Other

Year of formation: 1929 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES TO THE SOCIALLY, ECONOMICALLY DISADVANTAGED AND (CONTINUED ON SCHEDULE O)

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer

ROSALIA AQUINO, CFO

Type or print name and title

Print/type preparer's name

KATY BROWN

Firm's name

ARMANINO LLP

Firm's address

2700 CAMINO RAMON, STE. 350

SAN RAMON, CA 94583-5004

Signature of preparer

KATY BROWN

Date

08/07/23

Preparer's signature

KATY BROWN

Date

08/07/23

Check if self-employed

PTIN

P00650274

Firm's EIN

94-6214841

Phone no.

925-790-2600

Yes No

X Yes No

May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

132001 12-09-21

Form 990 (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
 TO PROVIDE SERVICES TO THE SOCIALLY, ECONOMICALLY DISADVANTAGED AND MARGINALIZED IN THE SAN FRANCISCO AND BROWER BAY AREA COMMUNITIES.

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. Yes No

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. Yes No

4 Describe the organization's program services 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.

(Code:) (Expenses \$ 5,506,203. including grants of \$) (Revenue \$ 2,382,404.)

4a FREE MEALS PROGRAM - SERVES THREE NUTRITIOUS FREE MEALS EVERY DAY OF THE YEAR EXCEPT JANUARY 1ST. THE FREE MEALS PROGRAM UTILIZES ONE COMMERCIAL GRADE KITCHEN, TWO DINING ROOMS, AND THOUSANDS OF VOLUNTEERS. SPECIAL BREAKFAST SERVICE IS RESERVED FOR SENIORS, FAMILIES, AND ADULTS WITH DISABILITIES EACH MORNING FROM 7:30 TO 8:30AM. THERE HAS NO ELIGIBILITY REQUIREMENTS AND CLIENTS ARE NOT REQUIRED TO COMPLETE AN INTAKE FORM PRIOR TO RECEIVING A MEAL. EVERYONE IS WELCOME. HOLIDAY MEALS BRING CRITICALLY NEEDED SERVICES THAT BUILD COMMUNITY AND SPREAD JOY. SPECIAL MEALS ARE SERVED. IN 2022, 533,298 MEALS WERE SERVED AND 7,904 GROCERY BAGS WERE DISTRIBUTED TO UNHOUSED AND LOW-INCOME COMMUNITY MEMBERS ACROSS SAN FRANCISCO.

(Code:) (Expenses \$ 2,052,503. including grants of \$) (Revenue \$ 1,517,937.)

4b HARM REDUCTION - PROVIDES CULTURALLY COMPETENT HIV AND HEP C PREVENTION INTERVENTIONS USING A HARM REDUCTION SYRINGE ACCESS SERVICES MODEL. DROP-IN HIV AND HEP C TESTING IS PROVIDED ONSITE AND AT COMMUNITY-BASED VENUES AROUND THE CITY. OUTREACH IS CONDUCTED IN THE TENDERLOIN NEIGHBORHOOD, PROVIDING HARM REDUCTION AND OVERDOSE PREVENTION TRAINING AND SUPPLIES, INCLUDING SAFER INJECTION KITS, SAFER SEX KITS, AND SAFER CRACK SMOKING KITS. THROUGH CONVERSATIONS WITH CLIENTS DURING OUTREACH, CLIENT NEEDS ARE ASSESSED AND LINKED TO HIV AND HEP C TREATMENT, CASE MANAGEMENT, SUBSTANCE USE TREATMENT, AND MEDICAL AND DENTAL CARE.

(Code:) (Expenses \$ 1,728,180. including grants of \$) (Revenue \$ 1,157,382.)

4c FAMILY YOUTH AND CHILDCARE CENTER - THE JANICE MIRKIPANI FAMILY, YOUTH AND CHILDCARE CENTER [FYCC] WAS ESTABLISHED IN 1999 TO ADDRESS THE CHALLENGES FACED BY CHILDREN OF LOW-INCOME HOUSEHOLDS. THE CENTER PROVIDES CHILDREN AND THEIR FAMILIES WITH CULTURALLY COMPETENT, MULTILINGUAL LICENSED CHILDCARE (TODDLER AND PRESCHOOL AGE) AND K5 AFTERSCHOOL PROGRAMS INCLUDING TUTORING, LITERACY ENHANCEMENT, CREATIVE ARTS, ADVOCACY, CASE MANAGEMENT, AND NUTRITION EDUCATION. IN ADDITION, PARENTING CLASSES AND OTHER FAMILY SUPPORT ACTIVITIES ARE OFFERED THROUGH THE FAMILY RESOURCE CENTER. THERE WERE 176 CHILDREN ENROLLED PLUS 206 FAMILIES AND CHILDREN RECEIVED THE MUCH NEEDED CHILD CARE SERVICES.

4d Other program services (Describe on Schedule O).
 (Expenses \$ 10,411,280. including grants of \$) (Revenue \$ 98,042.) (Revenue \$ 1,711,238.)

4e Total program service expenses **19,698,166.** (Revenue \$ 1,909,674.)

Part IV Checklist of Required Schedules

Table with 21 rows and 2 columns (Yes/No). Contains questions 1 through 21 regarding organizational activities, fundraising, and financial reporting. Includes sub-questions a-f for items 10, 11, 12a, 14a, 15, 16, 17, 18, and 19.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Rows include questions 22 through 38 regarding organizational reporting, compensation, and IRS filings.

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

Table for Part V with questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules. Includes a sub-table for line 1a.

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

Table with 2 columns: Question (2a-17) and Yes/No checkboxes. Questions cover topics like employee reporting, tax shelter transactions, charitable contributions, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: 20. 1b: 20. 2: X. 3: X. 4: X. 5: X. 6: X. 7a: X. 7b: X. 8a: X. 8b: X. 9: X.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. 10a: X. 10b: X. 11a: X. 12a: X. 12b: X. 12c: X. 13: X. 14: X. 15a: X. 15b: X. 16a: X. 16b: X.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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.
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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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			
(1) KAREN HANRAHAN PRESIDENT & CEO	40.00			X		439,664.	0.	26,000.
(2) A CECIL WILLIAMS FOUNDER	30.00			X		88,667.	0.	229,370.
(3) BERNADETTE ROBERTSON CHIEF PEOPLE OFFICER	40.00				X	226,578.	0.	33,814.
(4) CHRISTOPHER PADULA CHIEF DEVELOPMENT OFFICER	40.00				X	212,251.	0.	33,453.
(5) JEAN COOPER CHIEF IMPACT & STRATEGY OFFICER	40.00				X	199,261.	0.	36,151.
(6) ERBY FOSTER CFOO	40.00			X		198,968.	0.	14,186.
(7) MICHAEL LEZAK CENTER FOR SOCIAL JUSTICE DIRECTOR	40.00				X	190,882.	0.	9,912.
(8) MIGUEL BUSTOS CHIEF OF GLOBAL INITIATIVES/SR. DIRE	40.00				X	177,739.	0.	11,106.
(9) LILLIAN MARK SENIOR DIRECTOR OF PROGRAMS	40.00				X	149,687.	0.	37,200.
(10) GEORGE GUNDRY DAILY FREE MEALS PROGRAM DIRECTOR	40.00				X	164,200.	0.	18,315.
(11) MICHAEL MCALPIN SENIOR DIRECTOR OF COMMUNICATIONS	40.00				X	157,582.	0.	24,488.
(12) KENNETH KIM SENIOR DIRECTOR STRATEGIC INITIATIVE	40.00				X	158,530.	0.	18,069.
(13) JANICE MIRIKITANI FOUNDING PRESIDENT (LEFT 7/2021)	30.00			X		63,231.	0.	19,602.
(14) KAYE FOSTER BOARD CHAIR	1.00	X		X		0.	0.	0.
(15) MARY GLIDE BOARD VICE CHAIR	1.00	X		X		0.	0.	0.
(16) MICHAEL WARREN TREASURER/SECRETARY (LEFT 6/2022)	1.00	X		X		0.	0.	0.
(17) IME ARCHIBONG BOARD MEMBER	1.00	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	Key employee	Highest compensated employee	Former	Officer			
(18) EMILY COHEN BOARD MEMBER	1.00	X					0.	0.	0.
(19) PAULA COLLINS BOARD MEMBER	1.00	X					0.	0.	0.
(20) CHERYL FLICK BOARD MEMBER	1.00	X					0.	0.	0.
(21) ERICA LAWSON BOARD MEMBER	1.00	X					0.	0.	0.
(22) TRACY LAYNEY BOARD MEMBER	1.00	X					0.	0.	0.
(23) ALLISON MAGEE BOARD MEMBER	1.00	X					0.	0.	0.
(24) HYDRA MENDOZA BOARD MEMBER	1.00	X					0.	0.	0.
(25) MARK RYLE BOARD MEMBER	1.00	X					0.	0.	0.
(26) GIL SIMON BOARD MEMBER	1.00	X					0.	0.	0.
1b Subtotal							2,427,240.	0.	511,666.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							2,427,240.	0.	511,666.

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 **20**

- 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 **3**
- 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 **4**
- 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 **5**

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
ACCOUNTING PRINCIPALS, ONE MARKET STREET, 36TH FLOOR, SAN FRANCISCO, CA 94105	STAFFING	546,643.
ESCHERICK HOMSEY DODGE & DAVIS, PIER 1 THE EMBARCADERO, BAY 2, SAN FRANCISCO, CA	ARCHITECTURAL	470,428.
NAVISTAR DIRECT MARKETING, LLC 4612 NAVISTAR DR, FREDERICK, MD 21703	MARKETING	325,275.
FRESH EYES DIGITAL 2821 N. SPaulding Avenue, CHICAGO, IL 60618	STRATEGIC FUNDRAISING & MARKETING	314,100.
SIDLEY AUSTIN LLP, 500 CALIFORNIA STREET, SUITE 2000, SAN FRANCISCO, CA 94104	LEGAL SERVICES	290,474.
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 17		

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2021)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(27) TARA NICOLLE NELSON BOARD MEMBER (LEFT 6/2022)	1.00	X					0.	0.	0.
(28) SHARON OSBERG BOARD MEMBER	1.00	X					0.	0.	0.
(29) VIRGINIA WALKER BOARD MEMBER	1.00	X					0.	0.	0.
(30) MALCOLM WALTER BOARD MEMBER	1.00	X					0.	0.	0.
(31) ROSS WEINER BOARD MEMBER	1.00	X					0.	0.	0.
(32) LIN-HUA WU BOARD MEMBER	1.00	X					0.	0.	0.
(33) PHILLIP ZACKLER BOARD MEMBER (LEFT 6/2022)	1.00	X					0.	0.	0.
Total to Part VII, Section A, line 1c									

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	1 a Federated campaigns	50,250.				
	1 b Membership dues	19,931,643.				
	1 c Fundraising events	2,691,256.				
	1 d Related organizations	12,191,682.				
	1 e Government grants (contributions)	1,586,938.				
	1 f All other contributions, gifts, grants, and similar amounts not included above					
	1 g Noncash contributions included in lines 1a-1f					
	1 h Total. Add lines 1a-1f	34,864,831.				
	2 a CONTRACT REVENUE	Business Code 624200	6,768,961.	6,768,961.		
	2 b					
	2 c					
	2 d					
2 e						
2 f All other program service revenue						
2 g Total. Add lines 2a-2f		6,768,961.				
3 Investment income (including dividends, interest, and other similar amounts)		391,562.			391,562.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Program Service Revenue	6 a Gross rents	(i) Real	(ii) Personal			
	6 b Less: rental expenses	6a	6b			
	6 c Rental income or (loss)	6c				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7 b Less: cost or other basis and sales expenses	7a 550,831.	7b 25,001.			
	7 c Gain or (loss)	7c 543,844.	7d 0.			
	7 d Net gain or (loss)	7e 6,987.	7f 25,001.			
	8 a Gross income from fundraising events (not including \$ 19,931,643. of contributions reported on line 1c). See Part IV, line 18		31,988.			31,988.
	8 b Less: direct expenses	8a 76,391.	8b 469,227.			
	8 c Net income or (loss) from fundraising events					-392,836.
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
	9 b Less: direct expenses	9b				
9 c Net income or (loss) from gaming activities						
Other Revenue	10 a Gross sales of inventory, less returns and allowances	10a 7,404.				
	10 b Less: cost of goods sold	10b 4,496.				
	10 c Net income or (loss) from sales of inventory					2,908.
	10 d Total. Add lines 10a-10c	Business Code 900099	141,008.	141,008.		141,008.
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME					
	11 b					
	11 c					
	11 d All other revenue					
11 e Total. Add lines 11a-11d		141,008.			141,008.	
12 Total revenue. See instructions		41,808,422.	6,768,961.	0.	174,630.	

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 <input type="checkbox"/>				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	98,042.	98,042.		
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	2,358,895.	871,589.	626,291.	861,015.
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	10,079,933.	8,835,283.	1,244,650.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,861.	80,861.		
9 Other employee benefits	2,438,268.	1,974,883.	412,882.	50,503.
10 Payroll taxes	991,535.	783,054.	147,800.	60,681.
11 Fees for services (nonemployees):				
a Management				
b Legal	27,559.		27,559.	
c Accounting	262,029.		262,029.	
d Lobbying	15,000.			15,000.
e Professional fundraising services. See Part IV, line 17	342,440.			342,440.
f Investment management fees	44,697.		44,697.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,701,862.	1,499,376.	917,133.	285,353.
12 Advertising and promotion	75,364.	29,202.	12,009.	34,153.
13 Office expenses	692,123.	366,317.	124,053.	201,753.
14 Information technology	770,994.	423,293.	279,621.	68,080.
15 Royalties				
16 Occupancy	840,685.	574,317.	178,748.	87,620.
17 Travel	226,370.	88,660.	121,105.	16,605.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	196,113.	94,987.	77,790.	23,336.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,255,910.	737,026.	359,322.	159,562.
23 Insurance	279,409.	181,756.	66,104.	31,549.
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 FOOD, SUPPLIES & EQUIPMENT	2,601,607.	2,461,988.	115,840.	23,779.
b OTHER EXPENSES	390,106.	256,647.	79,722.	53,737.
c PRODUCTION & EVENTS	387,342.	268,953.	118,389.	
d RENTALS	103,348.	71,932.	30,321.	1,095.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	27,260,492.	19,698,166.	5,246,065.	2,316,261.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

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

	(A) Beginning of year	(B) End of year
1 Cash - non-interest-bearing	1,315,143.	1,282,178.
2 Savings and temporary cash investments	7,196,456.	6,812,306.
3 Pledges and grants receivable, net	1,559,473.	1,301,667.
4 Accounts receivable, net	1,082,415.	1,536,176.
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		
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)		
7 Notes and loans receivable, net	19,836.	18,052.
8 Inventories for sale or use	443,289.	402,373.
9 Prepaid expenses and deferred charges		
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
	10a 46,190,858.	
	10b 13,402,144.	
11 Less: accumulated depreciation		
12 Investments - publicly traded securities	31,883,870.	32,788,714.
13 Investments - other securities. See Part IV, line 11	13,663,478.	23,068,971.
14 Investments - program-related. See Part IV, line 11	9,645.	9,645.
15 Intangible assets		
16 Other assets. See Part IV, line 11		
17 Total assets. Add lines 1 through 15 (must equal line 33)	57,173,605.	67,220,082.
18 Accounts payable and accrued expenses	2,745,120.	3,159,428.
19 Grants payable		
20 Deferred revenue		
21 Tax-exempt bond liabilities		
22 Escrow or custodial account liability. Complete Part IV of Schedule D		
23 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		
24 Secured mortgages and notes payable to unrelated third parties	2,642,273.	0.
25 Unsecured notes and loans payable to unrelated third parties	26,793.	10,118.
26 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		
27 Total liabilities. Add lines 17 through 25	2,070,017.	1,683,446.
28 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	7,484,203.	4,852,992.
29 Net assets without donor restrictions		
30 Net assets with donor restrictions	47,542,276.	59,866,653.
31 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	2,147,126.	2,500,437.
32 Capital stock or trust principal, or current funds		
33 Paid-in or capital surplus, or land, building, or equipment fund		
34 Retained earnings, endowment, accumulated income, or other funds		
35 Total net assets or fund balances	49,689,402.	62,367,090.
36 Total liabilities and net assets/fund balances	57,173,605.	67,220,082.

Form 990 (2021)

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)	41,808,422.
2	Total expenses (must equal Part IX, column (A), line 25)	27,260,492.
3	Revenue less expenses. Subtract line 2 from line 1	14,547,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	49,689,402.
5	Net unrealized gains (losses) on investments	-1,870,242.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	62,367,090.

Part XIII Financial Statements and Reporting

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

- 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
- 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
- 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 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

	Yes	No
2a		x
2b	x	
2c	x	
3a		x
3b		

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
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 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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Amount of monetary support, (v) Amount of monetary support, (vi) Amount of other support.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,821,223.	20,672,764.	21,593,836.	24,985,518.	34,864,831.	123,938,172.
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	21,821,223.	20,672,764.	21,593,836.	24,985,518.	34,864,831.	123,938,172.
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)						
6 Public support. Subtract line 5 from line 4.						24,518,918.
						99,419,254.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	21,821,223.	20,672,764.	21,593,836.	24,985,518.	34,864,831.	123,938,172.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	624,602.	407,298.	427,072.	60,058.	391,562.	1,910,592.
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.)				155,699.	224,803.	380,502.
11 Total support. Add lines 7 through 10				155,699.	224,803.	380,502.
12 Gross receipts from related activities, etc. (see instructions)						126,229,266.
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						6,973,604.

Section C. Computation of Public Support Percentage

Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	78.76	%
Public support percentage from 2020 Schedule A, Part II, line 14	15	90.86	%
16a 33 1/3% support test - 2021. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. 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			<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2021. 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		<input type="checkbox"/>
b 33 1/3% support tests - 2020. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.

Section A. All Supporting Organizations

Table with 2 columns: Question, Yes, No. Contains questions 1 through 10b regarding supported organizations, including questions about governance, status, support, and control.

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?		
b A family member of a person described on line 11a above?		
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.		

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

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

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		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		
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		(A) Prior Year	(B) Current Year (optional)
1	Adjusted net income for prior year (from Section A, line 8, column A)		
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		1	2	3	4	5	6	7	8	9	10
		Current Year									
1	Amounts paid to supported organizations to accomplish exempt purposes										
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purposes of supported organizations										
4	Amounts paid to acquire exempt-use assets										
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)										
6	Other distributions (describe in Part VI). See instructions.										
7	Total annual distributions. Add lines 1 through 6.										
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.										
9	Distributable amount for 2021 from Section C, line 6										
10	Line 8 amount divided by line 9 amount										

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI **Supplemental information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

[Blank area for supplemental information]

Schedule A Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
		24,518,918.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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

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)(7)(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).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

GLIDE FOUNDATION

94-1156481

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		\$ 19,000,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 840,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 2,685,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Name of organization

Employer identification number

GLIDE FOUNDATION

94-1156481

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
3	FOOD ITEMS	\$ 840,000.	06/30/22

Name of organization

Employer identification number

GLIDE FOUNDATION

94-1156461

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

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

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then
Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: GLIDE FOUNDATION
Employer identification number: 94-1156481
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is:		
	20% of the amount on line 1e.		
	\$100,000 plus 15% of the excess over \$500,000.		
	\$175,000 plus 10% of the excess over \$1,000,000.		
	\$225,000 plus 5% of the excess over \$1,500,000.		
	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b) Amount
	Yes	No	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		15,000.
j Total. Add lines 1c through 1i			15,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		3

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

MEMORANDUM OF UNDERSTANDING BETWEEN SAN FRANCISCO AIDS FOUNDATION AND

GLIDE FOUNDATION FOR LEGISLATIVE ADVOCACY AND CONSULTING.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) above satisfy the requirements of section 170(b)(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 \$

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

Schedule D (Form 990) 2021

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.
 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 on Part XIII Yes No

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	1,722.	5,963,828.	5,893,849.	16,380,114.	15,934,845.
b Contributions					
c Net investment earnings, gains, and losses		-12,622.	247,272.	-191,221.	1,052,333.
d Grants or scholarships					
e Other expenditures for facilities and programs		5,949,484.	177,293.	10,295,044.	607,064.
f Administrative expenses					
g End of year balance	1,722.	1,722.	5,963,828.	5,893,849.	16,380,114.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 a Board designated or quasi-endowment 100 %
 b Permanent endowment .0000 %
 c Term endowment .0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
 (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?
 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	(c) Book value
1a Land		12,533,102.		12,533,102.
b Buildings		24,741,856.	8,058,634.	16,683,222.
c Leasehold improvements				
d Equipment		6,452,187.	5,211,318.	1,240,869.
e Other		2,463,713.	132,192.	2,331,521.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				32,788,714.

Schedule D (Form 990) 2021

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, col. (B) line 12.)		

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, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(1) DEFERRED COMPENSATION LIABILITY	1,668,677.
(3) CDE RESERVE LIABILITY	14,769.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,683,446.

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. X

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
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, AS WELL AS THE USE OF DONOR-RESTRICTED ENDOWMENTS ESTABLISHED FOR A VARIETY OF PURPOSES.

PART X, LINE 2:

GLIDE AND THE CHURCH ARE EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER THE PROVISIONS OF SECTIONS 501(C)(3) OF THE INTERNAL REVENUE CODE- AND 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE G
(Form 990)**

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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

GLIDE FOUNDATION

Employer identification number
94-1156481

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have other contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NAVISTAR DIRECT MARKETING LLC - 4612 NAVISTAR DRIVE, FRESH EYES DIGITAL - 2821 N SPAULDING AVE, CHICAGO, IL	MARKETING STRATEGIC FUNDRAISING & MARKETING CONSULTANT		X	0.	342,440.	-342,440.
			X	0.	283,150.	-283,150.
Total			▲		625,590.	-625,590.

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.

CA, AL, AK, AZ, AR, CO, DE, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WA, VA, WY, 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	ANNUAL GALA (event type)	1 (total number)	1 (total number)	1 (total number)	1 (total number)	
1 Gross receipts	19,000,100.	993,871.	14,063.	14,063.	20,008,034.		
2 Less: Contributions	19,000,100.	917,480.	14,063.	14,063.	19,931,643.		
3 Gross income (line 1 minus line 2)		76,391.			76,391.		
4 Cash prizes							
5 Noncash prizes							
6 Rent/facility costs		127,185.	495.	495.	127,680.		
7 Food and beverages	1,550.	81,500.			83,050.		
8 Entertainment	2,875.	111,252.	500.	500.	114,627.		
9 Other direct expenses	15,297.	124,198.	4,375.	4,375.	143,870.		
10 Direct expense summary. Add lines 4 through 9 in column (d)					469,227.		
11 Net income summary. Subtract line 10 from line 3, column (d)					-392,836.		

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))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/> %	
6 Volunteer labor				
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 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: NAVISTAR DIRECT MARKETING LLC

(I) ADDRESS OF FUNDRAISER: 4612 NAVISTAR DRIVE, FREDERICK, MD 21703

(I) NAME OF FUNDRAISER: FRESH EYES DIGITAL

(I) ADDRESS OF FUNDRAISER: 2821 N SPAULDING AVE, CHICAGO, IL 60618

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

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
RENTAL ASSISTANCE	33	98,042.	0.		

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:

GLIDE'S FUNDS ARE DISBURSED USING AN APPLICATION PROCESS THAT USES A
CASE-BY-CASE BASIS THAT PRIORITIZES PARTICIPANTS WHO HAVE A PLAN IN PLACE
TO PAY THEIR HOUSING COSTS ON AN ONGOING BASIS GIVEN THAT THESE FUNDS ARE
LIMITED. GLIDE RENTAL ASSISTANCE IS PRIMARILY A RENTAL ASSISTANCE PROGRAM
BUT CAN ALSO PROVIDE ELIGIBLE FOLKS FUNDING FOR CRITICAL NEEDS, SUCH AS
UNPAID UTILITIES BILLS (MINIMUM OF \$250.00). GLIDE WILL TAKE THE INITIATIVE
TO MAKE A 12-MONTH CHECK-IN TO SEE IF THE CLIENT NEEDS ANY SERVICES OR
SUPPLIES. THE FUNDS ARE PAID DIRECTLY TO THE SUPPLIER OF SERVICES, SUCH AS

Part IV Supplemental Information

A PROPERTY OWNER LANDLORD/PROPERTY MANAGER, OR UTILITY COMPANY, GLIDE

RENTAL ASSISTANCE IS PRIMARILY A RENTAL ASSISTANCE PROGRAM BUT CAN ALSO

PROVIDE ELIGIBLE FOLKS FUNDING FOR CRITICAL NEEDS, SUCH AS UNPAID UTILITIES

BILLS (MINIMUM OF \$250.00). GLIDE WILL TAKE THE INITIATIVE TO MAKE A

12-MONTH CHECK-IN TO SEE IF THE CLIENT NEEDS ANY SERVICES OR SUPPLIES. THE

FUNDS ARE PAID DIRECTLY TO THE SUPPLIER OF SERVICES, SUCH AS A PROPERTY

OWNER, LANDLORD/PROPERTY MANAGER, OR UTILITY COMPANY. CURRENTLY, RECIPIENTS

ARE ONLY ELIGIBLE TO RECEIVE ASSISTANCE ONCE, NO MATTER THE AMOUNT. THE

MAXIMUM AMOUNT OF ASSISTANCE IS ONE MONTH'S RENT, THOUGH IN EXCEPTIONAL

CASES ASSISTANCE UP TO \$5,000 MAY BE AWARDED WITH APPROVAL FROM GLIDE

FUND'S PROGRAM COORDINATOR.

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
 Internal Revenue Service

Name of the organization

GLIDE FOUNDATION

Employer identification number
 94-1156481

OMB No. 1545-0047

2021
 Open to Public Inspection

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
 First-class or charter travel
 Housing allowance or residence for personal use
 Travel for companions
 Payments for business use of personal residence
 Tax indemnification and gross-up payments
 Health or social club dues or initiation fees
 Discretionary spending account
 Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
 Compensation committee
 Written employment contract
 Independent compensation consultant
 Compensation survey or study
 Form 990 of other organizations
 Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
a The organization?
b Any related organization?
 If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
a The organization?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KAREN HANRAHAN PRESIDENT & CEO	(i)	369,664.	70,000.	0.	26,000.	0.	465,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) A CECIL WILLIAMS FOUNDER	(i)	72,000.	0.	16,667.	229,370.	0.	318,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BERNADETTE ROBERTSON CHIEF PEOPLE OFFICER	(i)	226,578.	0.	0.	23,663.	10,151.	260,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER PADULA CHIEF DEVELOPMENT OFFICER	(i)	212,251.	0.	0.	23,302.	10,151.	245,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEAN COOPER CHIEF IMPACT & STRATEGY OFFICER	(i)	199,261.	0.	0.	26,000.	10,151.	235,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERBY FOSTER CFOO	(i)	198,968.	0.	0.	4,035.	10,151.	213,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL LEZAK CENTER FOR SOCIAL JUSTICE DIRECTOR	(i)	190,831.	0.	51.	9,912.	0.	200,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MIGUEL BUSTOS CHIEF OF GLOBAL INITIATIVES/SR. DIR	(i)	177,739.	0.	0.	10,649.	457.	188,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LILLIAN MARK SENIOR DIRECTOR OF PROGRAMS	(i)	139,687.	10,000.	0.	17,149.	20,051.	186,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GEORGE GUNDRY DAILY FREE MEALS PROGRAM DIRECTOR	(i)	164,149.	0.	51.	8,164.	10,151.	182,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL MCALPIN SENIOR DIRECTOR OF COMMUNICATIONS	(i)	157,582.	0.	0.	18,410.	6,078.	182,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KENNETH KIM SENIOR DIRECTOR STRATEGIC INITIATIVE	(i)	158,530.	0.	0.	7,918.	10,151.	176,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

A. CECIL WILLIAMS, FOUNDER OF GLIDE FOUNDATION RECEIVED A TAXABLE HOUSING ALLOWANCE OF \$16,667 DURING THE 2021 CALENDAR YEAR.

PART I, LINE 4B:

A. CECIL WILLIAMS IS AN EMPLOYEE OF GLIDE FOUNDATION, AND AS PART OF THIS EMPLOYEE'S COMPENSATION PACKAGE, A. CECIL WILLIAMS IS ENTITLED TO A SUPPLEMENTAL 457(F) NON-QUALIFIED RETIREMENT BENEFIT. DURING THE 2021 CALENDAR YEAR, GLIDE FOUNDATION CONTRIBUTED \$203,370.

PART I, LINE 7:

LILIAN MARK, SENIOR DIRECTOR OF PROGRAMS, RECEIVED A DISCRETIONARY BONUS OF \$10,000 AS PART OF A PROMOTION AND PERFORMANCE EVALUATION. THE AMOUNT WAS APPROVED BY THE CHIEF PEOPLE OFFICER AND CHIEF FINANCIAL OFFICER.

KAREN HANRAHAN, PRESIDENT AND CEO OF GLIDE FOUNDATION, RECEIVED A BONUS BASED ON AGREED PERFORMANCE GOALS AS DETERMINED BY THE BOARD. DURING THE 2021 CALENDAR YEAR, KAREN RECEIVED A BONUS OF \$70,000.

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):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF

ITEMS CONTRIBUTED.

Table with 20 empty rows for supplemental information.

Supplemental Information to Form 990 or 990-EZ

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

2021
Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

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

MARGINALIZED IN THE SAN FRANCISCO AND BROADER BAY AREA COMMUNITIES.

FORM 990, PAGE 1, BOX B, INITIAL RETURN:

FORM 990 IS THE TAX FORM THE INTERNAL REVENUE SERVICE (IRS) REQUIRES

501(C)(3) TAX-EXEMPT CHARITABLE AND NONPROFIT ORGANIZATIONS TO FILE

ANNUALLY. IN 2022, GLIDE FOUNDATION (GLIDE), WHICH ORGANIZES AND

PROVIDES DAILY FREE MEALS AND OTHER SOCIAL SERVICES AND SOCIAL JUSTICE

PROGRAMS AT 330 ELLIS STREET, ESTABLISHED A NEW STRUCTURE AND UPDATED

ITS NON-PROFIT LEGAL STATUS TO A 501(C)(3) PUBLIC BENEFIT CORPORATION.

GLIDE MEMORIAL CHURCH, THE SPIRITUAL COMMUNITY AND CHURCH AT 330 ELLIS

STREET, IS A NOW A NON-PROFIT RELIGIOUS CORPORATION WITH A SUBSIDIARY

RELATIONSHIP TO GLIDE FOUNDATION AND ITS OWN CONTROLLING BOARD OF

DIRECTORS. MORE INFORMATION ABOUT GLIDE'S GOVERNANCE STRUCTURE CAN BE

FOUND AT GLIDE.ORG/GLIDE-MEMORIAL-CHURCH-GOVERNANCE-FAQ/.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GLIDE'S MISSION TO CREATE A RADICALLY INCLUSIVE, JUST, LOVING COMMUNITY

MOBILIZED TO ALLEVIATE SUFFERING AND BREAK CYCLES OF POVERTY,

MARGINALIZATION AND RESTORE DIGNITY TO ONESELF. ONE THOUSAND PERSONS

WERE ENGAGED BY THE CENTER FOR SOCIAL JUSTICE, 23,000 PEOPLE

PARTICIPATED AND JOINED IN SUNDAY CELEBRATIONS AT GLIDE MEMORIAL

CHURCH. ABOUT 4,000 PEOPLE WERE REACHED WITH VITAL SERVICES, ESSENTIAL

GOODS, VIOLENCE INTERVENTION AND SUPPORT FOR FAMILIES AND CHILDREN.

EXPENSES \$ 10,411,280. INCL GRANTS OF \$ 98,042. REVENUE \$ 1,711,238.

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

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT IS INITIALLY REVIEWED BY THE CFO AND DIRECTOR OF FINANCE. THE CFO

THEN REVIEWS THE FORM 990 WITH THE TREASURER AND FINANCE COMMITTEE. ONCE

APPROVED, A FINAL DRAFT IS THEN POSTED TO THE BOARD PORTAL FOR THE

REMAINING BOARD MEMBERS TO REVIEW. THE BOARD MEMBERS WILL HAVE 48-72 HOURS

TO COMMENT AND PROVIDE FEEDBACK. AFTER, THE CFO WILL THEN APPROVE THE

ELECTRONIC FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND COMMITTEE MEMBERS WILL FULLY AND REGULARLY DISCLOSE ALL

MATERIAL FACTS RELATED TO ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

WHEN A CONFLICT OF INTEREST ARISES, THE BOARD WILL THEN DETERMINE WHETHER

OR NOT THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THIS MEETING

WILL BE DOCUMENTED AND THE INTERESTED PARTY WILL BE ABSENT FOR THE VOTE AND

FINAL DELIBERATIONS. THE INTERESTED PARTY MAY BE PRESENT AT THE TIME OF

INITIAL PRESENTATION OF A PROSPECTIVE ARRANGEMENT. THE ARRANGEMENT WILL

NEED TO HAVE A MAJORITY OF THE DISINTERESTED DIRECTORS' VOTE.

THE FOLLOWING IS THE LIST OF RESPONSIBILITIES OF DIFFERENT BODIES WITHIN

GLIDE IN THE DISCLOSURE PROCESS, AND STEPS FOR TRACKING AND MONITORING

POTENTIAL CONFLICT OF INTEREST SITUATIONS. THIS PROCESS AFFIRMS GLIDE'S

COMMITMENT TO INTEGRITY AND FAIRNESS IN THE CONDUCT OF ALL ITS ACTIVITIES.

BOARD - RESPONSIBLE FOR REVIEWING AND RATIFYING THE ANNUAL REPORT OF

DIRECTOR AND COMMITTEE MEMBER AFFILIATIONS.

INDIVIDUAL DIRECTORS AND COMMITTEE MEMBERS- RESPONSIBLE FOR REPORTING

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

(ANNUALLY AND AS CHANGES REQUIRE) ALL RELATIONSHIPS WHICH MAY RESULT IN

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WITH GLIDE ACTIVITIES.

STAFF - RESPONSIBLE FOR MANAGING THE CONFLICT OF INTEREST PROGRAM,

INCLUDING COLLECTING THE ANNUAL DIRECTOR AND COMMITTEE MEMBER DISCLOSURE

STATEMENTS AND MAINTAINING A DOCUMENTATION PROCESS FOR TRACKING DIRECTORS'

AND COMMITTEE MEMBERS' RELATIONSHIPS.

AT THE BEGINNING OF EACH DIRECTOR'S TERM OR COMMITTEE MEMBER'S SERVICE AND

ANNUALLY THEREAFTER, GLIDE WILL CONDUCT A REVIEW OF THE RELATIONSHIPS AND

AFFILIATIONS OF EACH DIRECTOR OR COMMITTEE MEMBER. DISCLOSURE FORMS ARE

USED TO COLLECT THE INFORMATION USED FOR SUCH REVIEW. DISCLOSURE FORMS WILL

DOCUMENT AFFILIATIONS, BUSINESS RELATIONSHIPS, AND OTHER AREAS OF POTENTIAL

CONFLICTS OF INTEREST FOR GLIDE'S DIRECTORS AND COMMITTEE MEMBERS. ALL

MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE ACTUAL OR

POTENTIAL CONFLICT OF INTEREST AND THE RELATIONSHIP OF ANY INTERESTED

DIRECTOR, COMMITTEE MEMBER OR STAFF MEMBER TO THE ACTUAL OR POTENTIAL

CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE CHAIR OF THE AUDIT COMMITTEE

AND TO COUNSEL FOR GLIDE. SUCH FACTS SHALL BE RECORDED IN THE MINUTES OF

THE BOARD MEETING CONSIDERING THE AUTHORIZATION OR APPROVAL OF THE AFFECTED

ARRANGEMENT, AND WHERE APPLICABLE IN ANY PROPOSAL, SUMMARY OR

RECOMMENDATIONS PRESENTED TO COMMITTEES AND/OR THE BOARD FOR DECISION. THE

DISCLOSURE PROCESS IS AS FOLLOWS:

ANNUALLY - EACH YEAR, PRIOR TO THE ANNUAL BOARD MEETING, A DISCLOSURE FORM

WILL BE FORWARDED TO EACH DIRECTOR OR COMMITTEE MEMBER. THE FORM IS TO BE

COMPLETED AND RETURNED BEFORE THE ANNUAL MEETING.

Name of the organization

Employer identification number

GLIDE FOUNDATION

94-1156481

INTERIM REVIEW - IN ADDITION TO THE NEW DIRECTOR OR COMMITTEE MEMBER AND

ANNUAL DISCLOSURE PROCESSES, THE DIRECTORS AND THE COMMITTEE MEMBERS ARE

RESPONSIBLE FOR DISCLOSURE AND REVIEW OF POTENTIAL CONFLICTS OF INTEREST AT

EACH BOARD OR COMMITTEE MEETING AS THESE ISSUES ARISE. EACH DIRECTOR AND

COMMITTEE MEMBER IS RESPONSIBLE FOR REPORTING POTENTIAL CONFLICTS OF

INTEREST IN CONNECTION WITH ANY INDIVIDUAL BOARD OR COMMITTEE AGENDA ITEM

PRIOR TO DELIBERATION ON THE ITEM.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD, THROUGH THE HUMAN RESOURCES COMMITTEE, SOLICITED THE ASSISTANCE

OF A THIRD-PARTY, SMITH PILOT TO PERFORM AN INDEPENDENT REVIEW AND ANALYSIS

OF COMPENSATION. THE BOARD COMMITTEE REVIEWS ALL COMPENSATION PACKAGES

(INCLUDING ALL BENEFITS) OF THE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER

AND THE TREASURER OR CHIEF FINANCIAL OFFICER, REGARDLESS OF JOB TITLE, AND

SHALL APPROVE SUCH COMPENSATION ONLY AFTER DETERMINING THAT THE

COMPENSATION IS JUST AND REASONABLE. THIS REVIEW AND APPROVAL SHALL OCCUR

WHEN SUCH OFFICER IS HIRED, WHEN THE TERM OF EMPLOYMENT OF SUCH OFFICER IS

RENEWED OR EXTENDED, AND WHEN THE COMPENSATION OF SUCH OFFICER IS MODIFIED,

UNLESS THE MODIFICATION APPLIES TO SUBSTANTIALLY ALL THE EMPLOYEES OF THIS

ORGANIZATION. THE BOARD COMMITTEE VOTES ON THE COMPENSATION FOR THE CEO IN

CLOSED SESSION.

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

GLIDE ONLY PUBLISHED ITS IMPACT ANNUAL REPORT ON ITS WEBSITE PRIOR TO ITS

SEPARATION FROM CA-NEVADA ANNUAL CONFERENCE OF THE UMC. FOR TRANSPARENCY,

THE FINANCIAL STATEMENT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE

ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE

AVAILABLE UPON REQUEST. FORM 990 WILL BE PUBLISHED ON THE ORGANIZATION'S

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

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
330 ELLIS HOLDINGS LLC - 87-3264090 330 ELLIS STREET SAN FRANCISCO, CA 94102	CONDUCT REAL ESTATE CONTRACTING AND DEVELOPMENT ACTIVITIES	CALIFORNIA	0.	0.	GLIDE FOUNDATION
330 ELLIS DEVELOPMENT LLC - 87-3295644 330 ELLIS STREET SAN FRANCISCO, CA 94102	HOLD REAL ESTATE ASSETS	CALIFORNIA	0.	0.	GLIDE FOUNDATION

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
GLIDE MEMORIAL CHURCH - 83-1200617 330 ELLIS STREET SAN FRANCISCO, CA 94102	PROVIDE SUNDAY CELEBRATION SERVICES, SELF-HELP AND GROWTH PROGRAMS	CALIFORNIA	501(C)(3)	LINE 7	GLIDE FOUNDATION	X	

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.