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ARMANINO LLP

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 4169814 | Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

		the Treasury Je Service	information.		Inspection						
			ır, or tax year beginning	JUL 1, 2022	and	l ending	JUN 30, 2023		•		
	heck if pplicable	C Name of organ	nization				D Employer ider	tificat	tion number		
	Addres	GLIDE MEMOR	RIAL CHURCH								
	Name change	Doing busines	s as				83-12006	17			
	Initial return	Number and s	treet (or P.O. box if mail is	not delivered to street a	lddress)	Room/suit	e E Telephone nun	nber			
	Final Final	330 ELLIS S	415-674-60	000							
	termin- ated	City or town, s	G Gross receipts \$	433,809							
	Amendo return	SAN FRANCIS	SCO, CA 94102 dress of principal officer:				H(a) Is this a grou	-			
	Applica tion pending			Yes X No							
		SAME AS C AB					H(b) Are all subordinat				
		mpt status: X 50	01(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	- ''		t. See instructions		
	Vebsite	GLIDE.ORG	prporation Trust	Association	Other		H(c) Group exemptions 2018				
		Summary				L Yea	ar of formation: 2018	M S	tate of legal domicile: CA		
			organization's mission or	r moot cignificant acti	vition: TO PRO	VIDE SE	AVICES TO THE				
e			MICALLY DISADVANTA								
nan	-	, Check this box		discontinued its oper			re than 25% of its net	assete			
Governance			3								
			lent voting members of t					4	9		
Š			viduals employed in cale					5	0		
/itie			unteers (estimate if neces					6	912		
Activities &			ness revenue from Part V					7a	0.		
_	b١	Net unrelated busine	ess taxable income from	Form 990-T, Part I, lir	ne 11	· · · · · · · · · · · · · · · · · · ·		7b	0.		
						_	Prior Year		Current Year		
e		Contributions and g	8.	433,809.							
evenue		•						0.	0.		
Rev			(Part VIII, column (A), line					0.	0.		
_			VIII, column (A), lines 5, 6				71 00		0.		
			lines 8 through 11 (must				71,23	0.	433,809.		
			mounts paid (Part IX, col					0.	0.		
			or members (Part IX, colu pensation, employee ben		(A) lines 5-10)			0.	0.		
Expenses			sing fees (Part IX, column					0.	0.		
ben			penses (Part IX, column (101.					
Ĕ		• •	rt IX, column (A), lines 11				78	5.	1,066.		
			l lines 13-17 (must equal				78	5.	1,066.		
			ses. Subtract line 18 fror				70,45	3.	432,743.		
or ces			ar	End of Year							
Net Assets or -und Balances	20 1	otal assets (Part X,	line 16)			L	205,06		640,245.		
t As	21 7	otal liabilities (Part	X, line 26)			L	5,00	5,000.			
			alances. Subtract line 21	1 from line 20			200,06	4.	635,245.		
	irt II	Signature Blo									
			e that I have examined this					r my kn	owledge and belief, it is		
true,	correct	, and complete. Declar	ration of preparer (other that	ii oilicer) is based on all	information of W	nich prepare	er nas any knowledge.				

Sign	Signature of office	cer			Date					
Here	REGINALD JOH	INSON, BOARD CHAIR								
	Type or print nar	me and title								
	Print/Type prepa	irer's name	Preparer's signature	Date	Check	PTIN				
Paid	KATY BROWN		KATY BROWN	05/15/24	if self-empl	oyed P00650274				
Preparer	Firm's name	ARMANINO LLP			Firm's EIN	94-6214841				
Use Only	nly Firm's address 2700 CAMINO RAMON, STE. 350									
	SAN RAMON, CA 94583-5004 Phone no.925-790-2600									
May the IF	RS discuss this i	return with the preparer shown abo	ve? See instructions			X Yes	No			
							-			

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) GLIDE MEMORIAL CHURCH t III Statement of Program Service Accomp	lishments		83-1	200617	Page 2
	Check if Schedule O contains a response or note to	any line in this Part III	<u></u>		<u></u>	<u></u>
	Briefly describe the organization's mission: TO PROVIDE SERVICES TO THE SOCIALLY, ECONO	MICALLY DISADVANTAGE				
	MARGINALIZED IN THE SAN FRANCISCO AND BROA					
	Did the organization undertake any significant program se	arvices during the year whic		on the		
	prior Form 990 or 990-EZ?				Ye	s X No
	If "Yes," describe these new services on Schedule O.					
	Did the organization cease conducting, or make significant	nt changes in how it conduc	cts, any program	services?	Ye	es 🗴 No
	If "Yes," describe these changes on Schedule O.					_
	Describe the organization's program service accomplishin					
	Section 501(c)(3) and 501(c)(4) organizations are required	to report the amount of gra	ants and allocation	ns to others, the tot	ai expenses,	and
_	revenue, if any, for each program service reported.					,
а	(Code:) (Expenses \$148. GLIDE MEMORIAL CHURCH ORGANIZED RELIGIOUS,	including grants of \$) (Revenue \$		
	ACTIVITIES WHILE GROWING ITS CONGREGATION					
	FAITH AND JUSTICE-ROOTED SPIRITUAL MOVEMEN					
L						
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$		·
С	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
d	Other program services (Describe on Schedule O.)					
	(Expenses \$ including grants of \$) (Revenue \$)	
e	Total program service expenses	148.	, (10101100 ¥		,	
-					Form	990 (2022
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	-	2				
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GLIDE MEMORIAL CHURCH

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Form 990 (2022) 232003 12-13-22

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GLIDE MEMORIAL CHURCH

Pa	t IV Checklist of Required Schedules (continued)			ugo -
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
~~		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, ' complete</i>			
32		20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33		000		x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L
232004	12-13-22	Form	990	(2022)
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Form	990 (2022) GLIDE MEMORIAL CHURCH	83-120061	.7	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
3a			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
Ua			6-		x
Ŀ.	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against]		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
2	organization is licensed to issue qualified health plans	13b			
~		13c			
C 14a	Enter the amount of reserves on hand	•	140		x
14a h			14a 14b		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		x
	excess parachute payment(s) during the year?		15		
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
_	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		-
	If "Yes," complete Form 6069.			0000	
232005	12-13-22		Form	9 90	(2022)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	check in Schedule C contains a response of hote to any line in this Part Vi	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
0	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	x	
a L			X	
b	, , , , , , , , , , , , , , , , , , , ,	<mark>8b</mark>	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Ser	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		1 11
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	···· ··· ··· ··· ··· · · · · · · · · ·			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?			
14	Did the organization have a written document retention and destruction policy?	1	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization	·		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filedCA			
17	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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,(=)= =,)	ar ana	
17 18	X Own website Another's website X Upon request Other (explain on Schedule O		cial	
18	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy.	and finan		
18	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	orar	
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.	and finan		
18	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	and finan		
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.	and finan		

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Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
Er	nployees, and Independent Contractors		
Ch	eck if Schedule O contains a response or note to any line in this Part VII		
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	his table for all persons required to be listed. Report compensation for the calendar year endin the organization's current officers, directors, trustees (whether individuals or organizations), r	5	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one					ane	Reportable	Reportable	Estimated		
	hours per	box, unless p officer and a			rson i	s both	n an	compensation	compensation	amount of		
	week		cer ar I	nd a d I	lirecto	r/trus	tee)	from	from related	other		
	(list any	rector								the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	trust		96	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tr	tional		vold	t con	_	1099-NEC)		and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) REGINALD JOHNSON	2.00				-							
CHAIR		х		x				0.	0.	0.		
(2) LAURA THOMPSON	1.00											
SECRETARY		х		x				0.	0.	0.		
(3) MARTIN SOTO	1.00											
TREASURER		х		х				0.	0.	0.		
(4) GEORGE BRIDGES	0.50											
DIRECTOR		Х						0.	0.	0.		
(5) PAULA FARMER	0.50											
DIRECTOR		Х						٥.	0.	0.		
(6) MARY GLIDE	0.50											
DIRECTOR		Х						0.	0.	0.		
(7) ANDREA HENSON	0.50											
DIRECTOR		Х						0.	0.	0.		
(8) LINDA MANTEL	0.50											
DIRECTOR		Х						0.	0.	0.		
(9) PAMELA NOLI	0.50											
DIRECTOR		Х						0.	0.	0.		
			-	-		-						
		1										
		1										
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Form 990 (2022)

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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)				
(A) (B) Name and title Average hours per week (list any			not c	Pos heck	more rson i	than o s both pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations	I	an	(F) stimate nount other pensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	C/	org an	om th anizat d relat anizati	ion ed
		-											
1b Subtotal					L			0.		٥.			٥.
c Total from continuation sheets to Part								0.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 							0 ro	0.	000 of reportable	0.			٥.
compensation from the organization		1036	iiste	u at	000	<i>,</i> , , , , , , , , , , , , , , , , , ,		ceived more than \$100,				Yes	0 No
3 Did the organization list any former offic											0		x
line 1a? <i>If</i> "Yes," <i>complete Schedule J fc</i> 4 For any individual listed on line 1a, is the	sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		
and related organizations greater than \$ 5 Did any person listed on line 1a receive of	or accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		4		X
rendered to the organization? <i>If</i> "Yes." <i>c</i> Section B. Independent Contractors	omplete Schedul	e J f	or si	ıch i	bers	on .				<u></u>	5		X
1 Complete this table for your five highest the organization. Report compensation f	-	-								ensat	ion fro	om	
(A) Name and busine		NO		<u>ig n</u>				(B) Description of s		С	(C ompe	C) nsatio	n
2 Total number of independent contractor \$100,000 of compensation from the orga		ot lir	niteo	d to		se lis 0	ted	above) who received mo	ore than				
wroo,ooo or compensation nom the orga												000	

232008 12-13-22

Form	<u>1 990</u>		E MEMORIAL C	HURCH			83-120061	.7 Page 9
Ра	rt VI							
		Check if Schedule O c	ontains a respor	nse or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded
ts ts	1 a	Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	b	•• • •• •	1b					
S, G	с							
àifts ar ∕	d							
s, C Imil	е	Government grants (contril	butions) 1e					
tion r Si	f	All other contributions, gifts, g	grants, and					
ibut the		similar amounts not included a	above 1f	433,8	09.			
d O	g	Noncash contributions included in li	nes 1a-1f 1g \$					
an Co	h	Total. Add lines 1a-1f						
				Business Co	ode			
e	2 a	l						
ervi	b							
n Se	С							
ran Sevi	d	l						
Program Service Revenue	е							
Ā	f	1 5						
	g							
	3	Investment income (includi	•					
		other similar amounts)						
	4	Income from investment of						
	5	Royalties	(i) Real	(ii) Person				
	.	Overe verte						
			6a		_			
	b		6b		_			
	C	· · · · · · · · · · · · · · · · · · ·	6c					
	d 7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
	1 a	assets other than inventory	7a		-			
	h	Less: cost or other basis	10		_			
e		and sales expenses	7b					
Revenue			7c		_			
Sev		Net gain or (loss)	10					
Other F		Gross income from fundraising						
0		contributions reported on I						
		Part IV, line 18	,	8a				
	b	Less: direct expenses		8b	_			
		Net income or (loss) from fi						
		Gross income from gaming						
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from g						
	10 a	Gross sales of inventory, le	ess returns					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	с	Net income or (loss) from s	ales of inventor	y				
s				Business Co	ode			
e sou	11 a	l						
evenue	b			_				ļ
cell leve								ļ
Miscellaneous Revenue		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instruction	ns		433,809.	0.	0.	0.
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9 2022.05090 GLIDE MEMORIAL CHURCH

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GLIDE MEMORIAL CHURCH

83-1200617 Page 10

Do not	Check if Schedule O contains a respons include amounts reported on lines 6b,	<u>e or note to any line in t</u> (A) Total expenses	his Part IX (B) Program service	(C) Management and	(D) Fundraising
7b, 8b,	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1 Gr	ants and other assistance to domestic organizations				
an	d domestic governments. See Part IV, line 21 🛛 🗋				
2 Gr	rants and other assistance to domestic				
ind	dividuals. See Part IV, line 22				
3 Gr	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
4 Be	enefits paid to or for members				
	ompensation of current officers, directors,				
tru	ustees, and key employees				
6 Co	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B)				
7 Ot	her salaries and wages				
	nsion plan accruals and contributions (include				
se	ction 401(k) and 403(b) employer contributions)				
9 Ot	her employee benefits				
	ayroll taxes				
	ees for services (nonemployees):				
a Ma	anagement				
b Le	gal				
c Ac	counting				
d Lo	bbying				
e Pr	ofessional fundraising services. See Part IV, line 17				
f Inv	vestment management fees				
g Ot	her. (If line 11g amount exceeds 10% of line 25,				
CO	lumn (A), amount, list line 11g expenses on Sch O.)				
1 2 Ac	dvertising and promotion				
3 Of	fice expenses	51.	2.	6.	43
4 Inf	formation technology	1,015.	146.	811.	58
1 5 Ro	oyalties				
6 Oc	ccupancy				
1 7 Tra	avel				
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
	ayments to affiliates				
	epreciation, depletion, and amortization				
ab lin	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
a					
b					
c _					
d					
e All	l other expenses				
5 To	tal functional expenses. Add lines 1 through 24e	1,066.	148.	817.	101
6 Jo	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
ed	ucational campaign and fundraising solicitation.				
Ch	eck here if following SOP 98-2 (ASC 958-720)				

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10 2022.05090 GLIDE MEMORIAL CHURCH

Form 990 (2022)

Form 990 (
Part X	Balance	Sheet

GLIDE MEMORIAL CHURCH

		Check if Schedule O contains a response or note to any line in th	nis Part X			
				(A) Beginning of year		(B) End of year
· ·	1	Cash - non-interest-bearing		205,064.	1	622,098
2	2	Savings and temporary cash investments			2	
:	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, d	irector,			
		trustee, key employee, creator or founder, substantial contributo	r, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as	defined			
		under section 4958(f)(1)), and persons described in section 4958	(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
∛ 9	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
1	1	Investments - publicly traded securities		Ο.	11	18,14
12		Investments - other securities. See Part IV, line 11			12	
1:		Investments - program-related. See Part IV, line 11			13	
14	4	Intangible assets			14	
1	5	Other assets. See Part IV, line 11			15	
16	6	Total assets. Add lines 1 through 15 (must equal line 33)		205,064.	16	640,24
17	7	Accounts payable and accrued expenses		5,000.	17	5,00
18	8	Grants payable			18	
19	9	Deferred revenue			19	
20	0	Tax-exempt bond liabilities			20	
2	1	Escrow or custodial account liability. Complete Part IV of Schedu			21	
n 22	2	Loans and other payables to any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributo	r, or 35%			
		controlled entity or family member of any of these persons			22	
<u>2</u> ا ت	3	Secured mortgages and notes payable to unrelated third parties			23	
24		Unsecured notes and loans payable to unrelated third parties			24	
2	5	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Complete				
		of Schedule D			25	
26	6	Total liabilities. Add lines 17 through 25		5,000.	26	5,00
		Organizations that follow FASB ASC 958, check here				
se		and complete lines 27, 28, 32, and 33.				
27	7	Net assets without donor restrictions		200,064.	27	635,24
		Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here				
2		and complete lines 29 through 33.				
29	9	Capital stock or trust principal, or current funds			29	
30	-	Paid-in or capital surplus, or land, building, or equipment fund			30	
ASS 3.		Retained earnings, endowment, accumulated income, or other fu			31	
Net Assets or Fund Balances		Total net assets or fund balances		200,064.	32	635,24
2 3		Total liabilities and net assets/fund balances		205,064.	33	640,245
	-			1	1	, Form 990 (20)

Form **990** (2022)

232011 12-13-22

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) 2 Total expenses (must equal Part X, column (A), line 25) 3 4122,743. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 2,438. 6 Onter changes in net assets or fund balances (explain on Schedule O) 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 4 200, 064. 7 Investment expenses 7 7 7 8 Prior period adjustments 6 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Accounting method used to prepare the Form 990: Cash IX Accrual Other 7 11 Yes No 1 Yes No 1 Accounting method used to prepare the Form 990: Cash IX Accrual Other	Form	1990 (2022) GLIDE MEMORIAL CHURCH	83-120061	7	Pa	_{ae} 12
1 Total evenue (must equal Part VII, column (A), line 12) 1 433,809. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,065. 3 Revenue less expenses. Subtract line 2 from line 1 3 432,743. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 200,064. 5 2,438. 6 - - 7 - 6 - - 7 - 8 - 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 0 - 8 - 9 0. -<	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,066. 3 Revenue less expenses. Subtract line 2 from line 1 3 432,743. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 200,064. 5 2,438. 6 7 7 6 7 7 6 7 7 7 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 635,245. Part XII Financial Statements and Reporting 7 7 Check if Schedule 0 contains a response or note to any line in this Part XII 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule 0. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule 0. 2a Ver No 1 2a X 11 Mecounting method used to prepare the Form 9		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,066. 3 Revenue less expenses. Subtract line 2 from line 1 3 432,743. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 200,064. 5 2,438. 6 7 7 6 7 7 6 7 7 7 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 635,245. Part XII Financial Statements and Reporting 7 7 Check if Schedule 0 contains a response or note to any line in this Part XII 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule 0. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule 0. 2a Ver No 1 2a X 11 Mecounting method used to prepare the Form 9						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,066. 3 Revenue less expenses. Subtract line 2 from line 1 3 432,743. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 200,064. 5 2,438. 6 - - 6 0.0ated services and use of facilities 6 - 7 Investment expenses 6 - - 8 Prior period adjustments 8 - 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 635, 245. - Part XII Financial Statements and Reporting - - - - Check if Schedule 0 contains a response or note to any line in this Part XII -	1	Total revenue (must equal Part VIII, column (A), line 12)	1		433,	809.
3 Revenue less expenses. Subtract line 2 from line 1 3 432,743. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 200,064. 5 2,438. 5 2,438. 6 7 7 7 7 8 7 7 8 9 0. 9 0. 10 Ket assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 635, 245. Part XII Financial Statements and Reporting 10 635, 245. Check if Schedule O contains a response or note to any line in this Part XII 10 635, 245. 9 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 1 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Mere the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X 11 Mere the organization's financial statements audited by an independent accountant? 2b X X	2		2		1,	066.
5 Net unrealized gains (losses) on investments 6 2,438. 6 7 1 Investment expenses 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Kassets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 635, 245. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X If "Yees," 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 b Were the organization is financial statements audited by an independent accountant? If "Yees," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yees," 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 b Were the organization changed ither 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 audit or audits? If the organization	3		3		432,	743.
5 Net unrealized gains (losses) on investments 5 2, 438. 6 6 6 7 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 635, 245. Part XII Financial Statements and Reporting 10 635, 245. Check if Schedule O contains a response or note to any line in this Part XII 1 Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, " explain on Schedule O. 2a Wree the organization sfinancial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis 2b X 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: 2b X 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:	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		200,	064.
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) 9 0. 10 635,245. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in the Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other If 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 and selection of 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 (Consolidated basis) Both consolidated and separate basis b Were the organization changed its method of a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization required audit or audits? If the organization of an of the financial statements and selection procees during	5		5		2,	438.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 Check if Schedule O contains a response or note to any line in this Part XII 10 Check if Schedule O contains a response or note to any line in this Part XII 10 Check if Schedule O contains a response or note to any line in this Part XII 10 Check if Schedule O contains a response or note to any line in this Part XII 10 Check if Schedule O contains a response or note to any line in this Part XII 10 Check if Schedule O contains a response or note to any line in this Part XII 10 I Accounting method used to prepare the Form 990: Cash Z A Wree the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b b Were the organization's financial statements audited by an independent accountant? 2b 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: 2b Separate basis Consolidated basis Both consolidated and separate basis	6		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 635, 245. Part XII Financial Statements and Reporting 635, 245. Part XII Financial Statements and Reporting 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis 2b X 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: 2b <td>7</td> <td></td> <td>7</td> <td></td> <td></td> <td></td>	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 635 , 245 . Part XIII Financial Statements and Reporting 635 , 245 . Check if Schedule O contains a response or note to any line in this Part XII Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X Image: Consolidated basis 2b X 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: 2b X Image: Consolidated basis 2b X Image: Consolidated basis 2b X Image:	8		8			
column (B) 10 635,245. Part XII Financial Statements and Reporting	9		9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis Dot consolidated basis, or both: 2b X 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: 2b X 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: 2b X 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 or audited and separate basis 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a X <td>10</td> <td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,</td> <td></td> <td></td> <td></td> <td></td>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				1

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public

Inspection

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Nan	ne or i	ine organization	NEWODIAL GUUDGU					Employer	
Da	nrt I	Reason for Public (MEMORIAL CHURCH		omplata th	via nant \ C	aa inatrustian	_	83-1200617
							ee instruction	5.	
	organ	ization is not a private found							
1		A church, convention of chu				n 170(b)(*	I)(A)(I).		
2		A school described in section							
3		A hospital or a cooperative					•		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	hit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	•				.,		
7	X	An organization that norma		ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma	•				-	•	•
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a	-	•	•				
12		An organization organized a		•				-	
		more publicly supported or	•						Dineck the box on
_		lines 12a through 12d that	• •					-	
a		Type I. A supporting orga			• • • •	-			
		the supported organization			majority c	it the aired	tors or trustee	es of the su	ipporting
h		organization. You must o	-		ion with it.		derenizatio	a(a) by bay	ina
b	•	Type II. A supporting org	-				-		-
		control or management o organization(s). You mus			ame perso	ns that co	ntroi or manaç	je ine supp	Joned
с		Type III functionally inte			in connect	ion with	and functional	ly integrate	nd with
, c	·	its supported organization						iy integrate	a with,
d		Type III non-functionally		-				ted organiz	zation(s)
Ū	•	that is not functionally int						-	
		requirement (see instructi	•		•			anatonin	
е		Check this box if the orga	,	•				I. Type III	
		functionally integrated, or					51 5 51	, ,,	
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	0 0				
g	Prov	vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
_									
Tota	al								

GLIDE MEMORIAL CHURCH

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,048.	18,342.	72,616.	71,238.	433,809.	600,053.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,048.	18,342.	72,616.	71,238.	433,809.	600,053.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7,999.
6	Public support. Subtract line 5 from line 4.						592,054.
Sec	tion B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4,048.	18,342.	72,616.	71,238.	433,809.	600,053.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						600,053.
	Gross receipts from related activities,	etc. (see instructio	ns)	I		12	,
	First 5 years. If the Form 990 is for th	,	,				
	organization, check this box and sto	0		, ,			X
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	%
	Public support percentage from 2021		•			15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	-				·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			•		in the organize	
h	10% -facts-and-circumstances test		•	,	•		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
				,,,,			Form 990) 2022

Schedule A (Form 990) 20

232022 12-09-22

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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.)				1		
14 First 5 years. If the Form 990 is for the	•					inization,
check this box and stop here Section C. Computation of Public	ia Support Dou	aantaaa				
· · · · ·					45	0/
15 Public support percentage for 2022 (15 16	<u>%</u>
16 Public support percentage from 2021 Section D. Computation of Invest						%
17 Investment income percentage for 20		•	line 13 column (f))		17	%
18 Investment income percentage for 2						%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the	-					/3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
232023 12-09-22					Sche	dule A (Form 990) 2022
		1 5	5			

2022.05090 GLIDE MEMORIAL CHURCH

2

3a

Yes No

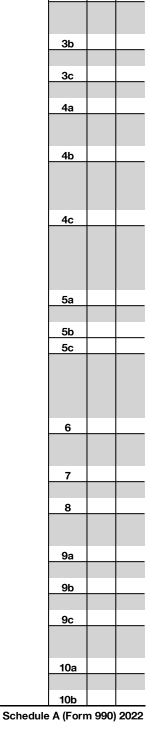
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV	Supporting Or	ganizations	(continued)
	(Form 990) 2022		MEMORIAL	

Yes

2

No

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

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supervised.		
	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. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity.	Describe in Part VI how	vou supported a governmental ent	ity (see instruction <u>s).</u>
-----	---	-------------------------	----------------------------------	---------------------------------

- 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.
- 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.
- 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.**

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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

 Schedule A (Form 990) 2022

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	ule A (Form 990) 2022 GLIDE MEMORIAL CHURCH			83-1200617 Pa
art				
	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ectic	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
С	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		
ectic	n C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	ncome tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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Sch	edule A (Form 990) 2022 GLIDE MEMORIAL CHUR	СН		8	3-1200617 Pac
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contin		
Sect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - D	rovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
Sect	tion E - Distribution Allocations (see instructions)		Underdistributio	ns	Distributable
			Underdistributio	ns	Distributable
1	Distributable amount for 2022 from Section C, line 6		Underdistributio	ns	Distributable
1	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-		Underdistributio	ns	Distributable
1 2 3	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions.		Underdistributio	ns	Distributable
1 2 3 a	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2022		Underdistributio	ns	Distributable
1 2 3 a b	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017		Underdistributio	ns	Distributable
1 2 3 a b c	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018		Underdistributio	ns	Distributable
1 2 3 a b c d	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019		Underdistributio	ns	Distributable
1 2 3 a b c d	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020		Underdistributio	ns	Distributable
1 2 3 a b c d e f	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021		Underdistributio	ns	Distributable
1 2 3 	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e		Underdistributio	ns	Distributable

	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D,		
	line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
<u>a</u>	Excess from 2018		
b	Excess from 2019		
C	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Page 7

Schedule A	(Form 990) 2022	GLIDE MEMORIAL		83-1200617	Page
Part VI	Part IV, Section A, line 1: Part IV. Sect	lines 1, 2, 3b, 3c, 4b, 4c, 5a tion D. lines 2 and 3: Part IV	ne explanations required by Part II, line 10; Part II, line a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, ⁷ , Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; in E, lines 2, 5, and 6. Also complete this part for any a	Ines 1 and 2; Part IV, Section Part V. Section B. line 1e: Pa	n C, art V,
				Cohodulo A /Forma	000) 01
232028 12-09-2		00000012	20 2022 05000 GLIDE MEMOD	Schedule A (Form S	
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Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Schedule of Contributors

** PUBLIC DISCLOSURE COPY **

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

83-1200617

GLIDE	MEMORIAL	CHURCH

Section:
X 501(c)(³) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

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) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization	Em	oloyer identification number
GLIDE ME	MORIAL CHURCH		83-1200617
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		\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$19,709	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$19,200	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$12,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	-22	\$11,368	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

Schedule B (Form 990) (2022)

23 2022.05090 GLIDE MEMORIAL CHURCH CUS00002

	3 (Form 990) (2022)		Page 2
Name of or	rganization	Empl	oyer identification number
GLIDE ME	MORIAL CHURCH	8	33-1200617
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$11,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
9	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12</u> 223452 11-15		\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

2022.05090 GLIDE MEMORIAL CHURCH CUS00002

Schedule B (Form 990) (2022)

Name of or	ganization		Employer identification number
GLIDE ME	MORIAL CHURCH		83-1200617
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
13		\$5,	140. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
14_		\$5,	120. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
15		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
16		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
17		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
18		\$5,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of o	rganization	Employer identification number		
GLIDE ME	MORIAL CHURCH		83-1200617	
Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$5,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution	
20		\$5,0	00. Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution	
21		\$5,0	00. Person X Noncash Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

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	3 (Form 990) (2022)		Page 3
Name of or	rganization		Employer identification number
GLIDE ME	MORIAL CHURCH		83-1200617
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
223453 11-15	-22		Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)			Page 4					
Name of o	rganization			Employer identification number					
GLIDE ME	EMORIAL CHURCH			83-1200617					
	Exclusively religious, charitable, etc., contribut	ions to organizations described in	section 501(c)(7), (8), or (10) th						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	 through (e) and the following line e charitable, etc., contributions of \$1,000 c 	ntry. For organizations r less for the vear. (Enter this info. c	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) Desc	cription of how gift is held					
		(e) Transfer of g	ift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Part I									
		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
		(e) Transfer of g	ift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
		(e) Transfer of g	ift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee					

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Schedule B (Form 990) (2022)

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²⁸ 2022.05090 GLIDE MEMORIAL CHURCH

SCHEDULE D	
(Form 990)	_

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047 2022

Name	of the	organizatio
Hume	01 110	organizatio

	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and the latest informa	tion.		Open Inspe	to Public ction
	e of the organizati				Emp	loyer identificat	
		GLIDE MEMORIAL CHURCH				83-12006	
Pa		ations Maintaining Donor Advise		or Ac	count	ts. Complete in	the
	organizatio	on answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	1)	b) Func	ls and other acc	ounts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in					
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	No
6		on inform all grantees, donors, and donor a					
		poses and not for the benefit of the donor o			•		
De	impermissible priv	rate benefit?				Yes	No
Pa		ration Easements. Complete if the org		Part IV,	line 7.		
1		servation easements held by the organization					
		n of land for public use (for example, recrea	, <u> </u>		-	mportant land a	rea
		of natural habitat	Preservation of	a certif	ied hist	toric structure	
		n of open space					
2		through 2d if the organization held a qualit	ied conservation contribution in the form of	of a con ا			
	day of the tax yea					Held at the End of	the lax year
а					2a		
b	-			r	2b		
с		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a					
		listed in the National Register			2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	ation d	during the tax	
	year						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					
_		forcement of the conservation easements it					No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatior	1 easer	nents during the	year
_		<u> </u>					
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	ion eas	ements	s during the year	
~				\/ / \/=\'.			
8		vation easement reported on line 2(d) abov					
~	and section 170(h)(4)(B)(ii)?				Yes	└── No
9	-	be how the organization reports conservation	•				
		d include, if applicable, the text of the footr	note to the organization's financial stateme	ents tha	t descr	ibes the	
Pa		counting for conservation easements. ations Maintaining Collections of	Art Historical Treasures or Ot	her Si	milar	Assats	
Iu		f the organization answered "Yes" on Form			mai	A33013.	
18		elected, as permitted under FASB ASC 95					
		easures, or other similar assets held for put			Le of p	UDIIC	
		Part XIII the text of the footnote to its finar			+		
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education, or research in furth	erance	ot pub	lic service,	
		ing amounts relating to these items:			~		
		Ided on Form 990, Part VIII, line 1				S	
•		ed in Form 990, Part X			\$	S	

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	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) 2022
232051 09-01-22	

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Sche	dule D (Form 990) 2022 GLIDE MEMO							83-120		P	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	⁻ Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of the	following tha	t make sig	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, hi	storical treas	sures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	table:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						lf		_		
	Did the organization include an amount on F						y?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete							anna haali	(-) [heels
		(a) Current year	(d)	Prior year	(c) Two yea	ITS DACK	(a) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation the	at are held ar	nd administe	red for the	9		ſ	V.	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 P ar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment 1	lunds.							
T ai	Complete if the organization answere) Dart IV	/ line 112 S	See Form 990) Dart X I	ino 10				
				Í				al			
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate preciation	eu	(d) Boo	k valu	e
10	Land			54313	(30.01)						
-	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
-	Other		. ·		A 1	I					0.
Total	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part .	<u>x, colur</u>	<u>nn (В), line 1</u>	UC.)				D / C		-
								Schedule	rorn) ע	1 990)	2022

Part VII Investments - Other Securitie Complete if the organization answered		11b See Form 990 Part X line 12
(a) Description of security or category (including name of s		(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)		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line Part VIII Investments - Program Relat	ted.	
Complete if the organization answered (a) Description of investment	(b) Book value	Inc. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
		(c) moniou of valuation. Cost of ond of year market value
(1)		
<u>(2)</u> (3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line	13.)	
Part IX Other Assets.		
Complete if the organization answered	d "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	<u>I. (B) line 15.)</u>	
Part X Other Liabilities.		11. or 116 Cas Farms 000, Dart V, line 05
(-) Descriptions of Robility		11e or 11f. See Form 990, Part X, line 25. (b) Book value
	<u>у</u>	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(7)		
(7)		
(9)		
	(P) line 25	
Fotal. (Column (b) must equal Form 990, Part X, col 2 Liability for uncertain tax positions. In Part XIII	., ,	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

Schedule D (Form 990) 2022

X

232053 09-01-22

Sche	dule D (Form 990) 2022 GLIDE MEMORIAL CHURCH		83-1200617 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	<u>8.)</u>	
Pa	rt XIII Supplemental Information.		
Drow	de the descriptions required for Dart II, lines 2, 5, and 0; Dart III, lines 1, and	1. Dort IV lines the and Ob.	Devit V line 4. Devit V line 0. Devit VI

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 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.

THE CHURCH HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT

AS OF JUNE 30, 2023 AND 2022, GLIDE AND THE CHURCH DO NOT HAVE ANY

MATERIAL UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

232054 09-01-22

Schedule D (Form 990) 2022

Pag				
		(continued)	Supplemental Information	art XIII I
		(continued)		
_				
i 990) 2	Schedule D (Form			
			22	5 09-01-20
			-	
99(Schedule D (Form			55 09-01-22

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33 2022.05090 GLIDE MEMORIAL CHURCH CUS00002 SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number 83-1200617

GLIDE MEMORIAL CHURCH

FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION:

MARGINALIZED IN THE SAN FRANCISCO AND BROADER BAY AREA COMMUNITIES

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

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

THEY REVIEW THE FORM 990 WITH GMC BOARD CHAIR. THE FORM 990 IS THEN .

SIGNED BY THE BOARD CHAIR AND ELECTRONICALLY SUBMITTED TO IRS.

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

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

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Name of the organization	Employer identification number
GLIDE MEMORIAL CHURCH	83-1200617
INDIVIDUAL DIRECTORS AND COMMITTEE MEMBERS- RESPONSIBLE FOR REPORTING	
(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	
JSED 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.

232212 10-28-22

Schedule O (Form 990) 2022	Page
Name of the organization GLIDE MEMORIAL CHURCH	Employer identification number 83-1200617
NTERIM REVIEW - IN ADDITION TO THE NEW DIRECTOR OR COMMITTEE MEMBER AND	
NNUAL DISCLOSURE PROCESSES, THE DIRECTORS AND THE COMMITTEE MEMBERS ARE	
, RESPONSIBLE FOR DISCLOSURE AND REVIEW OF POTENTIAL CONFLICTS OF INTEREST AT	
ACH 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 CHURCH DOES NOT HAVE ANY PAID EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
GLIDE MEMORIAL CHURCH MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON	
REQUEST.	

Page **2**

Schedule O (Form 990) 2022

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.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

GLIDE MEMORIAL CHURCH

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

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

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

(a) Name, address, and EIN of related organization	(b)(c)Primary activityLegal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GLIDE FOUNDATION - 94-1156481							
330 ELLIS STREET							
SAN FRANCISCO, CA 94102	CHARITABLE	CALIFORNIA	501(C)(3)	LINE 7	NONE		х
	-						
	-						

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

2022 Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

83-1200617

OMB No. 1545-0047

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

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	(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 Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		01 11 00 0				Yes	No
]								
	1								
								'	

_

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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
	Gift, grant, or capital contribution to related organization(s)	1b		х
	Gift, grant, or capital contribution from related organization(s)	1c		х
d	Loans or loan guarantees to or for related organization(s)	1d		х
	Loans or loan guarantees by related organization(s)	1e		х
f	Dividends from related organization(s)	1f		x
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
	Performance of services or membership or fundraising solicitations for related organization(s)	11		х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х	
	Sharing of paid employees with related organization(s)	10	X	
	Deimburgement peid to related evenigation(a) for evenence	10		x
	Reimbursement paid to related organization(s) for expenses	1p		x
q	Reimbursement paid by related organization(s) for expenses	<u>1q</u>		Δ
r	Other transfer of cash or property to related organization(s)	1r		х
	Other transfer of cash or property from related organization(s)	1s		х
2	If the answer to any of the above is "Yes," see the instructions for information on who must 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
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 GLIDE MEMORIAL CHURCH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22