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ARMANINO ^{LLP}

2700 Camino Ramon., Suite 350
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ph 925.790.2600
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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

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable:	C Name of organization GLIDE FOUNDATION	D Employer identification number 94-1156481
Address change	Doing business as	E Telephone number 415-674-6000
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 ELLIS STREET	
Initial return	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102	G Gross receipts \$ 24,608,806.
Final return/terminated	F Name and address of principal officer: DR. GINA FROMER SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return		H(b) Are all subordinates included? Yes No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	J Website: WWW.GLIDE.ORG	H(c) Group exemption number
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 1929
		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES TO THE SOCIALLY, ECONOMICALLY DISADVANTAGED AND (CONTINUED ON SCHEDULE O)		
2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	271
6	Total number of volunteers (estimate if necessary)	6	2875
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	34,864,831.	10,833,465.
	9 Program service revenue (Part VIII, line 2g)	6,768,961.	9,495,513.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	423,550.	-881,420.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-248,920.	-686,457.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,808,422.	18,761,101.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	98,042.	296,123.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,949,492.	17,320,968.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	342,440.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,682,188.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,870,518.	13,083,651.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,260,492.	30,700,742.
19 Revenue less expenses. Subtract line 18 from line 12	14,547,930.	-11,939,641.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 67,220,082.	End of Year 59,416,030.
	21 Total liabilities (Part X, line 26)	4,852,992.	7,695,541.
	22 Net assets or fund balances. Subtract line 21 from line 20	62,367,090.	51,720,489.

Part II Signature Block

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

Sign Here	Signature of officer ROSALIA AQUINO, CFO	Date 2024.03.May
Paid Preparer Use Only	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Firm's name ARMANINO LLP	Date 05/03/24
	Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004	Check if self-employed <input type="checkbox"/> PTIN P00650274
		Firm's EIN 94-6214841
		Phone no. 925-790-2600

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,689,564. including grants of \$ 18,000.) (Revenue \$ 3,785,110.) PROGRAM #1: DAILY FREE MEALS PROVIDING FOOD SECURITY AND WELCOMING, SUPPORTIVE COMMUNITY. IN FYE 2023, THE DAILY FREE MEALS PROGRAM STRENGTHENED COLLABORATIONS WITH OTHER GLIDE PROGRAMS, EMBODYING THE FULLY INTEGRATION SERVICE APPROACH, MAKING THE PERSON WHOLE. THE INTEGRATION OF SERVICES MAKE IT EASIER FOR DINERS TO CONNECT WITH RANGE OF GLIDE SERVICES AND SUPPORT COMMUNITY THAT CAN HELP STABILIZE THEIR LIVES. 611,605 MEALS WERE SERVED ON SITE, 10,306 MEALS WERE DELIVERED THROUGH GLIDE ON THE GO AND 5,500 GROCERY BAGS DELIVERED AS PART OF GROCERY GIVEAWAY.

4b (Code:) (Expenses \$ 1,304,937. including grants of \$ 0.) (Revenue \$ 299,949.) PROGRAM #2: HEALTH SERVICES A PATH TO WELLNESS FOR PEOPLE STRUGGLING WITH SUBSTANCE USE, GLIDE SEEKS TO CREATE A WORLD WHERE EVERYONE HAS A CHANCE TO THRIVE. STAFF ON OUR HARM REDUCTION TEAM, CONDUCT STREET OUTREACH TO GIVE DRUG USERS A PATH TOWARD WELLNESS. THEY DISTRIBUTE NARCAN, A MEDICINE THAT SAVES PEOPLE FROM OPIOID OVERDOSES, AS WELL AS SUPPLIES LIKE CLEAN SYRINGES PROVEN TO PROTECT HEALTH. THEY BUILD RELATIONSHIPS WITH CLIENTS AND CONNECT THEM TO OTHER LIFE-STABILIZING SERVICES. 585,427 SUPPLY KITS, 1,446 NARCAN KITS AND 1,815 COVID TEST KITS WERE DISTRIBUTED DURING THE FISCAL YEAR 2023.

4c (Code:) (Expenses \$ 1,448,445. including grants of \$ 0.) (Revenue \$ 536,299.) PROGRAM #3: THE JANICE MIRIKITANI FAMILY, YOUTH AND CHILDCARE CENTER [FYCC]. FYCC IS A CRITICAL COMPONENT OF GLIDE'S INTEGRATED SERVICE DELIVERY MODEL AND OUR MISSION TO BREAK CYCLES OF POVERTY AND MARGINALIZATION. FYCC OFFERS FREE, LOW-COST SUBSIDIZE CHILD CARE THAT SUPPORTS EARLY CHILD DEVELOPMENT AND REDUCE EDUCATIONAL DISPARITIES WHILE ENABLING PARENTS TO GAIN AND MAINTAIN EMPLOYMENT. THE CENTER IS FULLY LICENSED AND STAFFED BY CREDENTIALLED AND LICENSED LEADING ADVOCATES AND PROFESSIONALS. PROGRAMS INCLUDE EARLY EDUCATION AND CHILD LEARNING, AFTER-SCHOOL CARE, AND AN-ALL DAY SUMMER CHILDCARE [JULY-SEPTEMBER]. FYCC, IN ADDITION, OFFERS CULTURALLY SENSITIVE FAMILY RESOURCE SERVICES, PARENTING WORKSHOPS, SUPPORT GROUPS, FAMILY EVENTS AND (CONTINUE ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 10,211,998. including grants of \$ 278,123.) (Revenue \$ 4,874,155.)

4e Total program service expenses 20,654,944.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included on line 1a... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
IVY SILLA - 415-674-6000
330 ELLIS STREET, SAN FRANCISCO, CA 94102

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN J. HANRAHAN PRESIDENT/CEO (THRU 2/23)	40.00			X				804,731.	0.	12,200.
(2) CECIL WILLIAMS FOUNDER	30.00			X				283,535.	0.	9,864.
(3) BERNADETTE ROBERTSON CHIEF PEOPLE OFFICER	40.00				X			240,031.	0.	19,828.
(4) JEAN COOPER CHIEF IMPACT & STRATEGY OFFICER	40.00				X			216,524.	0.	18,567.
(5) MIGUEL BUSTOS CHIEF OF GLOBAL INITIATIVES & SENIOR	40.00					X		194,020.	0.	8,648.
(6) MICHAEL J. LEZAK DIRECTOR CENTER FOR SOCIAL JUSTICE	40.00					X		189,996.	0.	8,084.
(7) LEIGH HANSON SENIOR DIRECTOR, INSTITUTIONAL PARTN	40.00					X		189,621.	0.	8,345.
(8) GEORGE A. GUNDRY DIRECTOR OF FREE MEALS	40.00					X		178,355.	0.	7,990.
(9) ERBY FOSTER CHIEF FINANCIAL AND OPERATIONS OFFIC	40.00			X				167,858.	0.	13,863.
(10) MARVIN K. WHITE MINISTER OF CELEBRATION	40.00					X		153,893.	0.	15,324.
(11) ROSALIA AQUINO MCMILLEN CFOO (AS OF 4/2023)	40.00			X				0.	0.	0.
(12) KAYE FOSTER BOARD CHAIR	1.00	X		X				0.	0.	0.
(13) MARY GLIDE BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(14) CHERYL FLICK TREASURER/SECRETARY	1.00	X		X				0.	0.	0.
(15) IME ARCHIBONG BOARD MEMBER	1.00	X						0.	0.	0.
(16) EMILY COHEN BOARD MEMBER	1.00	X						0.	0.	0.
(17) PAULA COLLINS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERICA LAWSON BOARD MEMBER	1.00	X						0.	0.	0.
(19) TRACY LAYNEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) ALLISON MAGEE BOARD MEMBER	1.00	X						0.	0.	0.
(21) HYDRA MENDOZA BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARK RYLE BOARD MEMBER	1.00	X						0.	0.	0.
(23) GIL SIMON BOARD MEMBER (THRU 09/2022)	1.00	X						0.	0.	0.
(24) SHARON OSBERG BOARD MEMBER	1.00	X						0.	0.	0.
(25) VIRGINIA WALKER BOARD MEMBER	1.00	X						0.	0.	0.
(26) MALCOLM WALTER BOARD MEMBER (THRU 01/2023)	1.00	X						0.	0.	0.
1b Subtotal								2,618,564.	0.	122,713.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,618,564.	0.	122,713.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 25

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
G + G RESTAURANT CLEANING, 12605 N SAGUARO BLVD, FOUNTAIN HILLS, AZ 85268	CLEANING SERVICES	220,382.
SHANNON MCKEE 330 ELLIS STREET, SAN FRANCISCO, CA 94102	CONTRACTED RECRUITER	134,910.
VERNON BUSH 330 ELLIS STREET, SAN FRANCISCO, CA 94102	CONTRACTED MUSICIAN	129,629.
ARMANINO, 44 MONTGOMERY ST STE 900, SAN FRANCISCO, CA 94104	ACCOUNTING SERVICES	118,020.
ALL PRO KLEAN, LLC 14393 E 14TH ST #208, SAN LEANDRO, CA 94578	CLEANING SERVICES	109,005.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROSS WEINER BOARD MEMBER	1.00	X						0.	0.	0.
(28) LIN-HUA WU BOARD MEMBER	1.00	X						0.	0.	0.
(29) CRICKETTE BROWN GLAD BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	575,829.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,257,636.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 946,566.				
	h	Total. Add lines 1a-1f		10,833,465.				
Program Service Revenue	2 a	CONTRACT REVENUE	Business Code					
			624200	9,495,513.	9,495,513.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		9,495,513.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		812,129.			812,129.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					2,830,150.			
	b	Less: cost or other basis and sales expenses	7b	2,872,048.	1,651,651.			
	c	Gain or (loss)	7c	-41,898.	-1,651,651.			
	d	Net gain or (loss)		-1,693,549.			-1,693,549.	
8 a	Gross income from fundraising events (not including \$ 575,829. of contributions reported on line 1c). See Part IV, line 18	8a		581,581.				
			8b	1,291,282.				
c	Net income or (loss) from fundraising events		-709,701.			-709,701.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		18,862.				
			10b	32,724.				
c	Net income or (loss) from sales of inventory		-13,862.			-13,862.		
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	37,106.		37,106.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		37,106.				
12	Total revenue. See instructions		18,761,101.	9,495,513.	0.	-1,567,877.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	296,123.	296,123.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,370,392.	582,190.	521,968.	266,234.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,506,035.	10,420,681.	1,608,778.	476,576.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,982.	101,991.	2,991.	
9 Other employee benefits	2,233,438.	1,770,957.	345,278.	117,203.
10 Payroll taxes	1,106,121.	879,248.	168,439.	58,434.
11 Fees for services (nonemployees):				
a Management				
b Legal	127,847.		127,847.	
c Accounting	165,530.		165,530.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,427.		71,427.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,759,300.	1,187,087.	2,298,522.	273,691.
12 Advertising and promotion	198,655.	46,817.	121,473.	30,365.
13 Office expenses	137,065.	15,310.	68,832.	52,923.
14 Information technology	1,058,222.	151,778.	845,263.	61,181.
15 Royalties				
16 Occupancy	1,220,103.	804,385.	329,210.	86,508.
17 Travel	340,100.	205,474.	134,626.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	285,306.	3,429.	197,580.	84,297.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,173,844.	720,315.	326,807.	126,722.
23 Insurance	326,799.	67,598.	230,528.	28,673.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD, SUPPLIES & EQUIP.	3,192,234.	2,704,496.	468,357.	19,381.
b OTHER EXPENSES	444,543.	263,117.	181,426.	
c PRODUCTION & EVENTS	435,502.	398,632.	36,870.	
d RENTALS	147,174.	35,316.	111,858.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	30,700,742.	20,654,944.	8,363,610.	1,682,188.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,282,178.	1	542,579.
	2 Savings and temporary cash investments	6,812,306.	2	4,090,264.
	3 Pledges and grants receivable, net	1,301,667.	3	1,177,635.
	4 Accounts receivable, net	1,536,176.	4	2,789,026.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,052.	8	0.
	9 Prepaid expenses and deferred charges	402,373.	9	425,535.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,660,670.		
	b Less: accumulated depreciation	10b 14,575,988.		
	11 Investments - publicly traded securities	23,068,971.	11	20,306,309.
	12 Investments - other securities. See Part IV, line 11	9,645.	12	0.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,220,082.	16	59,416,030.	
Liabilities	17 Accounts payable and accrued expenses	3,159,428.	17	3,059,646.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	4,500,000.
	24 Unsecured notes and loans payable to unrelated third parties	10,118.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,683,446.	25	135,895.
	26 Total liabilities. Add lines 17 through 25	4,852,992.	26	7,695,541.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	59,866,653.	27	49,932,260.
	28 Net assets with donor restrictions	2,500,437.	28	1,788,229.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	62,367,090.	32	51,720,489.
33 Total liabilities and net assets/fund balances	67,220,082.	33	59,416,030.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,761,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,700,742.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,939,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,367,090.
5	Net unrealized gains (losses) on investments	5	1,293,040.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	51,720,489.

Part XII 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: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization GLIDE FOUNDATION	Employer identification number 94-1156481
-----------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	20,672,764.	21,593,836.	24,985,518.	41,633,792.	20,328,978.	129,214,888.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,672,764.	21,593,836.	24,985,518.	41,633,792.	20,328,978.	129,214,888.
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)						21,602,242.
6 Public support. Subtract line 5 from line 4.						107,612,646.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	20,672,764.	21,593,836.	24,985,518.	41,633,792.	20,328,978.	129,214,888.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	407,298.	427,072.	60,058.	391,562.	812,129.	2,098,119.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0.	0.	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			155,012.	141,008.	37,106.	333,126.
11 Total support. Add lines 7 through 10						131,646,133.
12 Gross receipts from related activities, etc. (see instructions)					12	66,099.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	81.74 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	78.76 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i 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: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

(This area contains horizontal lines for providing supplemental information.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 419,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 277,405.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>264,702.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	--------------------------------------------------

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD _____ _____ _____	\$ 277,405.	06/30/23
7	FOOD _____ _____ _____	\$ 264,702.	06/30/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	--------------------------------------------------

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: GLIDE FOUNDATION; Employer identification number: 94-1156481

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,722.	1,722.	5,963,828.	5,893,849.	16,380,114.
b Contributions	9,830,772.				
c Net investment earnings, gains, and losses			-12,622.	247,272.	-191,221.
d Grants or scholarships					
e Other expenditures for facilities and programs			5,949,484.	177,293.	10,295,044.
f Administrative expenses					
g End of year balance	9,832,494.	1,722.	1,722.	5,963,828.	5,893,849.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,533,102.		12,533,102.
b Buildings		24,741,856.	8,798,283.	15,943,573.
c Leasehold improvements				
d Equipment		6,577,758.	5,609,647.	968,111.
e Other		807,954.	168,058.	639,896.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,084,682.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	121,126.
(3) CDE RESERVE LIABILITY	14,769.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

THE FOUNDATION 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.

Multiple horizontal lines for supplemental information.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

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

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

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

2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for NAVISTAR DIRECT MARKETING LLC and FRESH EYES DIGITAL.

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

CA, AL, AK, AZ, AR, CO, DE, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WA, VA, WV, WY, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HOLIDAY JAM (event type)	LEGACY (event type)	2 (total number)	
Revenue	1 Gross receipts	1,109,344.	48,066.		1,157,410.
	2 Less: Contributions	548,262.	27,567.		575,829.
	3 Gross income (line 1 minus line 2)	561,082.	20,499.		581,581.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	180,301.	12,752.	14,012.	207,065.
	7 Food and beverages	213,292.	12,163.	39,806.	265,261.
	8 Entertainment	328,068.	47,644.	7,773.	383,485.
	9 Other direct expenses	319,264.	86,549.	29,658.	435,471.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,291,282.
11 Net income summary. Subtract line 10 from line 3, column (d)				-709,701.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: NAVISTAR DIRECT MARKETING LLC

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

(I) NAME OF FUNDRAISER: FRESH EYES DIGITAL

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization GLIDE FOUNDATION Employer identification number 94-1156481

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE	71	0.	296,123.		FUNDS ARE PAID DIRECTLY TO THE SUPPLIER OF SERVICES (IE. LANDLORD, UTILITY COMPANY)

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

RECIPIENTS ARE ONLY ELIGIBLE TO RECEIVE ASSISTANCE ONCE, NO MATTER THE

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

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

GLIDE'S FUND PROGRAM COORDINATOR.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KAREN J. HANRAHAN PRESIDENT/CEO (THRU 2/23)	(i)	407,517.	198,400.	198,814.	12,200.	0.	816,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CECIL WILLIAMS FOUNDER	(i)	72,000.	0.	211,535.	9,864.	0.	293,399.	185,991.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BERNADETTE ROBERTSON CHIEF PEOPLE OFFICER	(i)	238,843.	0.	1,188.	9,186.	10,642.	259,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEAN COOPER CHIEF IMPACT & STRATEGY OFFICER	(i)	215,750.	0.	774.	7,925.	10,642.	235,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MIGUEL BUSTOS CHIEF OF GLOBAL INITIATIVES & SENIOR	(i)	193,606.	0.	414.	7,748.	900.	202,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL J. LEZAK DIRECTOR CENTER FOR SOCIAL JUSTICE	(i)	189,582.	0.	414.	7,634.	450.	198,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LEIGH HANSON SENIOR DIRECTOR, INSTITUTIONAL PARTN	(i)	189,452.	0.	169.	7,595.	750.	197,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GEORGE A. GUNDRY DIRECTOR OF FREE MEALS	(i)	177,167.	0.	1,188.	7,090.	900.	186,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERBY FOSTER CHIEF FINANCIAL AND OPERATIONS OFFIC	(i)	166,334.	0.	1,524.	6,777.	7,086.	181,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARVIN K. WHITE MINISTER OF CELEBRATION	(i)	153,119.	0.	774.	4,682.	10,642.	169,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

A. CECIL WILLIAMS, FOUNDER OF GLIDE FOUNDATION RECEIVED A TAXABLE HOUSING

ALLOWANCE OF \$25,544 DURING THE 2022 CALENDAR YEAR.

PART I, LINE 4B:

A. CECIL WILLIAMS IS AN EMPLOYEE OF GLIDE FOUNDATION, AND AS PART OF THIS

EMPLOYEE'S COMPENSATION PACKAGE, A. CECIL WILLIAMS IS ENTITLED TO A

SUPPLEMENTAL 457(F) NON-QUALIFIED RETIREMENT BENEFIT. DURING THE 2022

CALENDAR YEAR, GLIDE FOUNDATION PAID \$185,991.28 AS A 457(F) PLAN PAYOUT.

THIS WAS INCLUDED IN TAXABLE WAGES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **GLIDE FOUNDATION**
Employer identification number: **94-1156481**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		96,701. FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	16	771,865. FMV	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SOFTWARE/LICENS)	X	19	78,000. FMV	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 38

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

GLIDE FOUNDATION

Employer identification number

94-1156481

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

MARGINALIZED IN THE SAN FRANCISCO AND BROADER BAY AREA COMMUNITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

A FEDERAL FUNDED MEALS FOR CHILDREN, 3 TIMES A DAY. 303 FAMILIES WITH

CHILDREN WERE SERVED FROM JULY 1, 2022 TO JUNE 30, 2023, AND 209

CHILDREN RECEIVED DIRECT SERVICES. 51% OF THE FAMILIES HAVE BEEN USING

THE SERVICES FOR 2 OR MORE YEARS.

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

ALL OTHER PROGRAMS: IN THE PAST YEAR, THE CENTER FOR SOCIAL JUSTICE

(CSJ) ADVOCATED ALONGSIDE COALITION PARTNERS FOR STATE AND LOCAL

LEGISLATION ALLOCATING MILLIONS OF DOLLARS TO ADDRESS SOCIAL EQUITY

ISSUES SUCH AS FOOD INSECURITY. THESE FUNDING VICTORIES REPRESENT THE

OUTCOMES OF AN INTENSIVE PROCESS OF GRASSROOTS ORGANIZING, EDUCATION,

THOUGHT LEADERSHIP, POLICY DEVELOPMENT AND LEGAL ACTION IN FISCAL YEAR

2023, MORE THAN 200 PEOPLE ATTENDED EIGHT ONLINE EVENTS FEATURING PANEL

CONVERSATIONS ON ISSUES SUCH AS THE TRANS STRUGGLE FOR JUSTICE,

ANTI-ASIAN HATE, RACISM AND SEX TRAFFICKING. CSJ BRINGS IN EXPERTS,

LEADERS AND COMMUNITY MEMBERS WHO ARE ENGAGED IN EFFORTS TO TRANSFORM

INDIVIDUALS AND CHANGE UNJUST SYSTEMS. EACH CONVERSATION AMPLIFIES

FIRST-HAND ACCOUNTS OF SPEAKERS' LIVED EXPERIENCES AND EXPLORES HOW TO

BE AN ALLY. PARTICIPANTS LEARN ABOUT GLIDE, HOW TO BECOME JUSTICE

WARRIORS AND HOW TO TAKE ACTION. AS DEEPENING INEQUITY IN SAN FRANCISCO

LEADS TO RISING DEMAND FOR GLIDE'S SERVICES, WE RELY ON STRONG

VOLUNTEER PARTICIPATION TO SUPPORT MORE PEOPLE IN NEED. THROUGH

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	----------------------------------------------

VOLUNTEERS WHO SHARE GLIDE'S VALUES ROOTED IN EMPOWERMENT, RECOVERY

AND PERSONAL TRANSFORMATION WE ARE INCREASING EMPATHY FOR MARGINALIZED

GROUPS AND MOBILIZING A MOVEMENT FOR SOCIAL JUSTICE. 2,875 PEOPLE

VOLUNTEERED IN 2023. THE VIOLENCE PREVENTION AND INTERVENTION [VIP],

THE WOMEN AND WALK-IN CENTERS ARE REFUGE FOR THOSE WHO MAY NEED A AS

SIMPLE AS BASIC NECESSITIES SUCH AS TOOTHPASTE, ASPIRING OR EVEN WATER

AT GLIDE.

EXPENSES \$ 10,211,998. INCL GRANTS OF \$ 278,123. REVENUE \$ 4,874,155.

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

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

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

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

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

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

ELECTRONIC FILING OF THE FORM 990.

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

DIRECTORS AND COMMITTEE MEMBERS WILL FULLY AND REGULARLY DISCLOSE ALL

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

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

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

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

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

INITIAL PRESENTATION OF A PROSPECTIVE ARRANGEMENT. THE ARRANGEMENT WILL

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

THE FOLLOWING IS THE LIST OF RESPONSIBILITIES OF DIFFERENT BODIES WITHIN

Name of the organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	----------------------------------------------

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

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

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

BOARD - RESPONSIBLE FOR REVIEWING AND RATIFYING THE ANNUAL REPORT OF

DIRECTOR AND COMMITTEE MEMBER AFFILIATIONS.

INDIVIDUAL DIRECTORS AND COMMITTEE MEMBERS- RESPONSIBLE FOR REPORTING

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

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WITH GLIDE ACTIVITIES.

STAFF - RESPONSIBLE FOR MANAGING THE CONFLICT OF INTEREST PROGRAM,

INCLUDING COLLECTING THE ANNUAL DIRECTOR AND COMMITTEE MEMBER DISCLOSURE

STATEMENTS AND MAINTAINING A DOCUMENTATION PROCESS FOR TRACKING DIRECTORS'

AND COMMITTEE MEMBERS' RELATIONSHIPS.

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

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

AFFILIATIONS OF EACH DIRECTOR OR COMMITTEE MEMBER. DISCLOSURE FORMS ARE

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

DOCUMENT AFFILIATIONS, BUSINESS RELATIONSHIPS, AND OTHER AREAS OF POTENTIAL

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

MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE ACTUAL OR

POTENTIAL CONFLICT OF INTEREST AND THE RELATIONSHIP OF ANY INTERESTED

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

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

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

THE BOARD MEETING CONSIDERING THE AUTHORIZATION OR APPROVAL OF THE AFFECTED

Name of the organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	----------------------------------------------

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.

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

ANNUAL DISCLOSURE PROCESSES, THE DIRECTORS AND THE COMMITTEE MEMBERS ARE

RESPONSIBLE FOR DISCLOSURE AND REVIEW OF POTENTIAL CONFLICTS OF INTEREST AT

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

COMMITTEE MEMBER IS RESPONSIBLE FOR REPORTING POTENTIAL CONFLICTS OF

INTEREST IN CONNECTION WITH ANY INDIVIDUAL BOARD OR COMMITTEE AGENDA ITEM

PRIOR TO DELIBERATION ON THE ITEM.

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

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

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

OF COMPENSATION. THE BOARD COMMITTEE REVIEWS ALL COMPENSATION PACKAGES

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

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

SHALL APPROVE SUCH COMPENSATION ONLY AFTER DETERMINING THAT THE

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

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

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

UNLESS THE MODIFICATION APPLIES TO SUBSTANTIALLY ALL THE EMPLOYEES OF THIS

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

Name of the organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	----------------------------------------------

CLOSED SESSION.

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

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

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

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

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

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

WEBSITE UPON FILING.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMPORARY STAFFING:

PROGRAM SERVICE EXPENSES 255,750.

MANAGEMENT AND GENERAL EXPENSES 958,107.

FUNDRAISING EXPENSES 136,982.

TOTAL EXPENSES 1,350,839.

CONSULTANTS:

PROGRAM SERVICE EXPENSES 206,606.

MANAGEMENT AND GENERAL EXPENSES 533,900.

FUNDRAISING EXPENSES 30,345.

TOTAL EXPENSES 770,851.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES 55,551.

MANAGEMENT AND GENERAL EXPENSES 208,107.

FUNDRAISING EXPENSES 29,753.

TOTAL EXPENSES 293,411.

Name of the organization GLIDE FOUNDATION	Employer identification number 94-1156481
----------------------------------------------	----------------------------------------------

RECRUITMENT:

PROGRAM SERVICE EXPENSES	134,549.
MANAGEMENT AND GENERAL EXPENSES	504,058.
FUNDRAISING EXPENSES	72,066.
TOTAL EXPENSES	710,673.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	534,631.
MANAGEMENT AND GENERAL EXPENSES	94,350.
FUNDRAISING EXPENSES	4,545.
TOTAL EXPENSES	633,526.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,759,300.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">GLIDE FOUNDATION</p>	Employer identification number <p align="center">94-1156481</p>
--------------------------------------------------------------------	--------------------------------------------------------------------

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
330 ELLIS HOLDINGS LLC - 87-3264090 330 ELLIS STREET SAN FRANCISCO, CA 94102	HOLD REAL ESTATE ASSETS	CALIFORNIA	0.	10,830,611.	GLIDE FOUNDATION
330 ELLIS DEVELOPMENT LLC - 87-3295644 330 ELLIS STREET SAN FRANCISCO, CA 94102	CONDUCT REAL ESTATE CONTRACTING AND DEVELOPMENT ACTIVITIES	CALIFORNIA	0.	0.	GLIDE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GLIDE MEMORIAL CHURCH - 83-1200617 330 ELLIS STREET SAN FRANCISCO, CA 94102	PROVIDE SUNDAY CELEBRATION SERVICES, SELF-HELP AND GROWTH PROGRAMS	CALIFORNIA	501(C)(3)	LINE 7	GLIDE FOUNDATION	X	

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information

Product: **Exempt**
 Name: **Glide Foundation**
 FEIN: *******6481**
 Bank Info:
 Fiscal Year Begin Date: **7/1/2022**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **6/30/2023**

IRS Center: **Ogden**
 e-Postmark: **5/3/2024 3:35 PM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/03/2024	22X:101719.1:V1	Upload Started			Castillo,Susan	
05/03/2024	22X:101719.1:V1	Ready to Release by Customer				
05/03/2024	22X:101719.1:V1	Released for Transmission - Validation in Progress			Adragna, Megan	
05/03/2024	22X:101719.1:V1	Ready to transmit - Validation Complete				
05/03/2024	22X:101719.1:V1	Transmitted to FD	68613420241240367e15			
05/03/2024	22X:101719.1:V1	Transmitted to CA	68613420241240334n02			
05/03/2024	22X:101719.1:V1	Accepted by FD on 5/3/2024				
05/03/2024	22X:101719.1:V1	Accepted by CA - on 5/3/2024				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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