

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

**RECEIVED**  
Attorney General's Office

MAY 15 2024

Registry of Charities and Fundraisers

Check if:  
 Change of address  
 Amended report

GLIDE FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

330 ELLIS STREET

Address (Number and Street)

SAN FRANCISCO, CA 94102

City or Town, State, and ZIP Code

415-674-6000

Telephone Number

RAQUINO@GLIDE.ORG

E-mail Address

State Charity Registration Number **CT** 0276293

Corporation or Organization No. 0136653

Federal Employer ID No. 94-1156481

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2022 ending 06/30/2023 ) list:

Total Revenue (including noncash contributions) \$ 18,761,101 Noncash Contributions \$ 946,566 Total Assets \$ 59,416,030  
Program Expenses \$ 20,654,944 Total Expenses \$ 30,700,742

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? <span style="float: right;">SEE STATEMENT 5</span>	X	
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;">SEE STATEMENT 6</span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

Signature of Authorized Agent

ROSALIA AQUINO  
Printed Name

CFO  
Title

05.06.2024  
Date

1057127 \$400

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CA RRF-1

INFORMATION REGARDING COMMERCIAL  
FUNDRAISING SERVICES  
PART B, LINE 4

STATEMENT 5

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NAVISTAR DIRECT MARKETING, LLC  
4612 NAVISTAR DRIVE  
FREDERICK, MD 21703

WINSLOW & ASSOCIATES  
746 HAYES STREET  
SAN FRANCISCO, CA 94101

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 6

CALIFORNIA DEPT OF EDUCATION  
1430 N STREET, SACRAMENTO, CA 95814

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, DEPT OF HEALTH AND  
HUMAN SERVICES  
5600 FISHERS LANE, ROCKVILLE, MD 20857

FEDERAL EMERGENCY MANAGEMENT AGENCY  
500 C STREET SW, WASHINGTON, DC 20472

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
3650 SCHRIEVER AVE, MATHER, CA 95655

CENTERS FOR DISEASE CONTROL AND PREVENTION  
1600 CLIFTON RD NE, ATLANTA, GA 30333

SAN FRANCISCO DEPT OF PUBLIC HEALTH  
101 GROVE ST., SAN FRANCISCO, CA 94102

ADULT PROBATION DEPARTMENT - BATTERS INTERVENTION PROGRAM  
945 BRYANT STREET, SAN FRANCISCO, CA 94103

FIRST 5 SAN FRANCISCO  
1390 MARKET STREET #1100, SAN FRANCISCO, CA 94102

SF DEPT OF CHILDREN YOUTH AND THEIR FAMILIES  
1390 MARKET STREET #900, SAN FRANCISCO, CA 94102

SF DEPARTMENT ON THE STATUS OF WOMEN  
25 VAN NESS AVE, SAN FRANCISCO, CA 94103

SAN FRANCISCO HUMAN SERVICES AGENCY  
1650 MISSION STREET, SAN FRANCISCO, CA 94103

OFFICE OF EARLY CARE & EDUCATION (OECE)  
1430 N STREET, SACRAMENTO, CA 95814

SAN FRANCISCO AIDS FOUNDATION  
1035 MARKET STREET, 4TH FL, SAN FRANCISCO, CA 94103

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, SACRAMENTO, CA 95814

EXTENDED TO MAY 15, 2024

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)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 E Telephone number: 415-674-6000 F Name and address of principal officer: DR. GINA FROMER SAME AS C ABOVE G Gross receipts \$: 24,608,806 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) J Website: WWW.GLIDE.ORG K Form of organization: X Corporation L Year of formation: 1929 M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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: 05.06.2024. Paid: Print/Type preparer's name KATY BROWN Preparer's signature KATY BROWN Date 05/03/24 Check if self-employed PTIN P00650274. Preparer Use Only: Firm's name ARMANINO LLP Firm's EIN 94-6214841 Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004 Phone no. 925-790-2600

May the IRS discuss this return with the preparer shown above? See instructions [X] 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 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 LEARNING 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 schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS 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, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax compliance, and organizational activities.



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

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

**Section A. Governing Body and Management**

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

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

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

**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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 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.
<b>1b Subtotal</b> .....								2,618,564.	0.	122,713.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								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
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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					
	1 b	Membership dues					
	1 c	Fundraising events	575,829.				
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	10,257,636.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 946,566.				
	1 h	<b>Total.</b> Add lines 1a-1f		10,833,465.			
	Program Service Revenue	2 a	CONTRACT REVENUE	Business Code 624200	9,495,513.	9,495,513.	
2 b							
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		<b>Total.</b> 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	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				2,830,150.			
	7 b	Less: cost or other basis and sales expenses	2,872,048.	1,651,651.			
	7 c	Gain or (loss)	-41,898.	-1,651,651.			
7 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						
		8 a	581,581.				
		8 b	1,291,282.				
8 c	Net income or (loss) from fundraising events		-709,701.		-709,701.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
		9 b					
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a	18,862.				
		10 b	32,724.				
10 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.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	<b>Total.</b> Add lines 11a-11d		37,106.			
12	<b>Total revenue.</b> 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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,282,178.	<b>1</b>	542,579.
	<b>2</b> Savings and temporary cash investments .....	6,812,306.	<b>2</b>	4,090,264.
	<b>3</b> Pledges and grants receivable, net .....	1,301,667.	<b>3</b>	1,177,635.
	<b>4</b> Accounts receivable, net .....	1,536,176.	<b>4</b>	2,789,026.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	18,052.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	402,373.	<b>9</b>	425,535.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 44,660,670.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,575,988.	<b>10c</b>	30,084,682.
	<b>11</b> Investments - publicly traded securities .....	23,068,971.	<b>11</b>	20,306,309.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	9,645.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	67,220,082.	<b>16</b>	59,416,030.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,159,428.	<b>17</b>	3,059,646.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	4,500,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	10,118.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,683,446.	<b>25</b>	135,895.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,852,992.	<b>26</b>	7,695,541.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	59,866,653.	<b>27</b>	49,932,260.
	<b>28</b> Net assets with donor restrictions .....	2,500,437.	<b>28</b>	1,788,229.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>32</b> Total net assets or fund balances .....	62,367,090.	<b>32</b>	51,720,489.	
<b>33</b> Total liabilities and net assets/fund balances .....	67,220,082.	<b>33</b>	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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <p style="text-align: center;">GLIDE FOUNDATION</p>	Employer identification number <p style="text-align: center;">94-1156481</p>
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**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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> 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.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	20,672,764.	21,593,836.	24,985,518.	41,633,792.	20,328,978.	129,214,888.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,602,242.
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4	20,672,764.	21,593,836.	24,985,518.	41,633,792.	20,328,978.	129,214,888.
<b>8</b> 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.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				0.	0.	
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						131,646,133.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	66,099.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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 - explain in Part VI). 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	<b>Total</b> 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> 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.)

Lined area for supplemental information.



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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 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
1c	
1d	
1e	
1f	

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

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:

- (i) Unrelated organizations
- (ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(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.
<b>Total.</b> 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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	135,895.

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 descriptions.

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 descriptions.

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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NAVISTAR DIRECT MARKETING LLC - 4612 NAVISTAR DRIVE,	MARKETING		X	0.	357,561.	0.
FRESH EYES DIGITAL - 2821 N SPAULDING AVE, CHICAGO, IL	STRATEGIC FUNDRAISING & MARKETING CONSULTANT		X	0.	309,896.	0.
<b>Total</b>					667,457.	

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))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: 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



**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) 2022

**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. LANLORD, 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.

**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](http://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.	(ii) 198,400.	(iii) 198,814.	12,200.	0.	816,931.	0.
(2) CECIL WILLIAMS FOUNDER	(i) 72,000.	(ii) 0.	(iii) 211,535.	9,864.	0.	293,399.	185,991.
(3) BERNADETTE ROBERTSON CHIEF PEOPLE OFFICER	(i) 238,843.	(ii) 0.	(iii) 1,188.	9,186.	10,642.	259,859.	0.
(4) JEAN COOPER CHIEF IMPACT & STRATEGY OFFICER	(i) 215,750.	(ii) 0.	(iii) 774.	7,925.	10,642.	235,091.	0.
(5) MIGUEL BUSTOS CHIEF OF GLOBAL INITIATIVES & SENIOR	(i) 193,606.	(ii) 0.	(iii) 414.	7,748.	900.	202,668.	0.
(6) MICHAEL J. LEZAK DIRECTOR CENTER FOR SOCIAL JUSTICE	(i) 189,582.	(ii) 0.	(iii) 414.	7,634.	450.	198,080.	0.
(7) LEIGH HANSON SENIOR DIRECTOR, INSTITUTIONAL PARTN	(i) 189,452.	(ii) 0.	(iii) 169.	7,595.	750.	197,966.	0.
(8) GEORGE A. GUNDRY DIRECTOR OF FREE MEALS	(i) 177,167.	(ii) 0.	(iii) 1,188.	7,090.	900.	186,345.	0.
(9) ERBY FOSTER CHIEF FINANCIAL AND OPERATIONS OFFIC	(i) 166,334.	(ii) 0.	(iii) 1,524.	6,777.	7,086.	181,721.	0.
(10) MARVIN K. WHITE MINISTER OF CELEBRATION	(i) 153,119.	(ii) 0.	(iii) 774.	4,682.	10,642.	169,217.	0.

**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

Department of the Treasury  
Internal Revenue Service

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

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

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](http://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

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 TOOTH PASTE, 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
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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

Name of the organization

GLIDE FOUNDATION

Employer identification number  
94-1156481

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**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 CONDUCT REAL ESTATE CONTRACTING AND DEVELOPMENT ACTIVITIES	CALIFORNIA	0.	10,830,611.	GLIDE FOUNDATION
330 ELLIS DEVELOPMENT LLC - 87-3295644 330 ELLIS STREET SAN FRANCISCO, CA 94102		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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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)				





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  GLIDE FOUNDATION	Taxpayer identification number (TIN)  94-1156481
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 330 ELLIS STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

IVY SILLA

- The books are in the care of ▶ 330 ELLIS STREET - SAN FRANCISCO, CA 94102
- Telephone No. ▶ 415-674-6000 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.