

Form

Name of organization

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite Telephone number

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

Name and address of principal officer:

Is this a group return for subordinates? --

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

If "No," attach a list. See instructions Group exemption number |

Form of organization: Corporation Trust Association Other

Year of formation: State of legal domicile:

Briefly describe the organization's mission or most significant activities:

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

Number of voting members of the governing body (Part VI, line 1a) ~~~~~

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

Total number of individuals employed in calendar year 2020 (Part V, line 2a) ~~~~~

Total number of volunteers (estimate if necessary) ~~~~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Revenue less expenses. Subtract line 18 from line 12 } } } } } } } } } } }

Total assets (Part X, line 16)

~~~~~

Net Assets or Fund Balances

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 knowledge.

Signature of officer

Date

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

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

1 Briefly describe the organization's mission:

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\_\_\_\_\_
\_\_\_\_\_

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~~~~~ Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for ea ia

4a Code: \_\_\_\_\_ Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

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4b Code: \_\_\_\_\_ Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

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4c Code: \_\_\_\_\_ Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

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4d Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

4e

A vertical table structure on the right side of the page. It consists of three vertical lines defining two columns and a header section. The header section is divided into three horizontal rows. A grey rectangular block is positioned at the bottom of the first column, overlapping the bottom row of the header section.





(continued)

|     |                                                                                                                                                                                                                                                                                       | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                      | 22  |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                           | 23  |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                     | 24b |    |
| c   | Did the organization maintain an escrow account other than                                                                                                                                                                                                                            | 24c |    |
| d   |                                                                                                                                                                                                                                                                                       | 24d |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. <i>If "Yes," complete Schedule L, Part I</i>                                                                                                                                                                              | 25a |    |
| b   | <i>If "Yes," complete Schedule L, Part I</i>                                                                                                                                                                                                                                          | 25b |    |
| 26  | <i>If "Yes," complete Schedule L, Part II</i>                                                                                                                                                                                                                                         | 26  |    |
| 27  | <i>If "Yes," complete Schedule L, Part III</i>                                                                                                                                                                                                                                        | 27  |    |
| 28  |                                                                                                                                                                                                                                                                                       |     |    |
| a   | <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                                                         | 28a |    |
| b   | <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                                                         | 28b |    |
| c   | <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                                                         | 28c |    |
| 29  | <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                                                                  | 29  |    |
| 30  | <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                                                                  | 30  |    |
| 31  | <i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                                                                                                          | 31  |    |
| 32  | <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                                                                                                                         | 32  |    |
| 33  | <i>If "Yes," complete Schedule R, Part I</i>                                                                                                                                                                                                                                          | 33  |    |
| 34  | <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>                                                                                                                                                                                                         | 34  |    |
| 35a |                                                                                                                                                                                                                                                                                       | 35a |    |
| b   | <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                                                                                                                  | 35b |    |
| 36  | Section 501(c)(3) organizations. <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                                                                                 | 36  |    |
| 37  | <i>If "Yes," complete Schedule R, Part VI</i>                                                                                                                                                                                                                                         | 37  |    |
| 38  |                                                                                                                                                                                                                                                                                       | 38  |    |

Note:

|    |    | Yes | No |
|----|----|-----|----|
| 1a |    |     |    |
| b  |    |     |    |
| c  |    |     |    |
|    | 1c |     |    |

(continued)

|                                                                                 |               | Yes | No |
|---------------------------------------------------------------------------------|---------------|-----|----|
| 2a                                                                              | 2a            |     |    |
| b                                                                               |               | 2b  |    |
| Note:                                                                           | <i>e-file</i> |     |    |
| 3a                                                                              |               | 3a  |    |
| b                                                                               |               | 3b  |    |
| 4a                                                                              |               | 4a  |    |
| b                                                                               |               |     |    |
| 5a                                                                              |               | 5a  |    |
| b                                                                               |               | 5b  |    |
| c                                                                               |               | 5c  |    |
| 6a                                                                              |               | 6a  |    |
| b                                                                               |               | 6b  |    |
| 7 Organizations that may receive deductible contributions under section 170(c). |               |     |    |
| a                                                                               |               | 7a  |    |
| b                                                                               |               | 7b  |    |
| c                                                                               |               | 7c  |    |
| d                                                                               | 7d            |     |    |
| e                                                                               |               | 7e  |    |
| f                                                                               |               | 7f  |    |
| g                                                                               |               | 7g  |    |
| h                                                                               |               | 7h  |    |
| 8 Sponsoring organizations maintaining donor advised funds.                     |               | 8   |    |
| 9 Sponsoring organizations maintaining donor advised funds.                     |               |     |    |
| a                                                                               |               | 9a  |    |
| b                                                                               |               | 9b  |    |
| 10 Section 501(c)(7) organizations.                                             |               |     |    |
| a                                                                               | 10a           |     |    |
| b                                                                               | 10b           |     |    |
| 11 Section 501(c)(12) organizations.                                            |               |     |    |
| a                                                                               | 11a           |     |    |
| b                                                                               | 11b           |     |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts.                            |               | 12a |    |
| b                                                                               | 12b           |     |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.             |               |     |    |
| a                                                                               |               | 13a |    |
| Note:                                                                           |               |     |    |
| b                                                                               |               |     |    |
|                                                                                 | 13b           |     |    |
| c                                                                               | 13c           |     |    |
| 14a                                                                             |               | 14a |    |
| b                                                                               |               | 14b |    |
| 15                                                                              |               | 15  |    |
| 16                                                                              |               | 16  |    |

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.

|    |                                                                                                                                                                                                                   | Yes | No |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | 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  |                                                                                                                                                                                                                   |     |    |
| 2  |                                                                                                                                                                                                                   |     |    |
| 3  |                                                                                                                                                                                                                   |     |    |
| 4  |                                                                                                                                                                                                                   |     |    |
| 5  |                                                                                                                                                                                                                   |     |    |
| 6  |                                                                                                                                                                                                                   |     |    |
| 7a |                                                                                                                                                                                                                   |     |    |
| b  |                                                                                                                                                                                                                   |     |    |
| 8  |                                                                                                                                                                                                                   |     |    |
| a  |                                                                                                                                                                                                                   |     |    |
| b  |                                                                                                                                                                                                                   |     |    |
| 9  |                                                                                                                                                                                                                   |     |    |

If "Yes," provide the names and addresses on Schedule O

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

|     |                                                    | Yes | No |
|-----|----------------------------------------------------|-----|----|
| 10a |                                                    |     |    |
| b   |                                                    |     |    |
| 11a |                                                    |     |    |
| b   |                                                    |     |    |
| 12a | If "No," go to line 13                             |     |    |
| b   |                                                    |     |    |
| c   | If "Yes," describe in Schedule O how this was done |     |    |
| 13  |                                                    |     |    |
| 14  |                                                    |     |    |
| 15  |                                                    |     |    |
| a   |                                                    |     |    |
| b   |                                                    |     |    |
| 16a |                                                    |     |    |
| b   |                                                    |     |    |

17 \_\_\_\_\_  
 18 \_\_\_\_\_  
 19 \_\_\_\_\_  
 20 \_\_\_\_\_

(explain on Schedule O)



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows 1b, 1c, 1d.

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

Table with 3 columns: Question (3, 4, 5), Yes, No. Contains questions regarding Schedule J completion for individuals and persons.

Section B. Independent Contractors

Table for Section B with columns (A), (B), and (C). Row 1 is mostly empty. Row 2 is shaded gray.



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

| (A)<br>Name and title                                                 | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) PATRICIA SILVER TRUSTEE                                          | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (28) SLASH TRUSTEE                                                    | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (29) JAY SONBOLIAN TRUSTEE                                            | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (30) ERIKA ARONSON STERN TRUSTEE                                      | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (31) MADELINE JOYCE TAFT TRUSTEE                                      | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (32) FRANCO TERANGO TRUSTEE                                           | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (33) ELLIA THOMPSON TRUSTEE                                           | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (34) MICHAEL WANDELL TRUSTEE                                          | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (35) LAURA Z. WASSERMAN TRUSTEE                                       | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (36) JENNIFER THORNTON WIELAND TRUSTEE                                | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (37) MATT WILSON TRUSTEE                                              | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (38) ANGELA YIM-SULLIVAN TRUSTEE (TO 06/2021)                         | 3.00                                                                                | X                                      |                       |         |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (39) ELISABETH HUNT PRICE CHAIR & TRUSTEE                             | 3.00                                                                                | X                                      |                       | X       |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (40) BRIAN DIAMOND VICE-CHAIR & TRUSTEE                               | 3.00                                                                                | X                                      |                       | X       |              |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (41) GREGORY D. FUSS TREASURER & TRUSTEE                              | 3.00                                                                                |                                        | X                     |         | X            |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (42) PHYLLIS KUPFERSTEIN SECRETARY & TRUSTEE                          | 3.00                                                                                |                                        | X                     |         | X            |                              |          | 0.                                                                   | 0.                                                                        | 0.                                                                                            |  |
| (43) THOMAS JACOBSON PRESIDENT                                        | 37.50                                                                               |                                        |                       | X       |              |                              | 257,219. | 0.                                                                   | 61,244.                                                                   |                                                                                               |  |
| (44) GRETCHEN HUMBERT SAHUMB8.,(((44) GRETCHEN HUMB.)                 | 37.50<br>65S9                                                                       |                                        |                       | OT      |              |                              |          |                                                                      |                                                                           |                                                                                               |  |
| Total to Part VII, Section A, line 1c } } } } } } } } } } } } } } } } |                                                                                     |                                        |                       |         |              |                              |          |                                                                      |                                                                           |                                                                                               |  |

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

| (A)<br>Name and title                 | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable from the organization (W-2/1099-MISC) | (E)<br>Reportable from related organizations (W-2/1099-MISC) | Estimated amount of other organization and related organizations |
|---------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|
|                                       |                                                                                     | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
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|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
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|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
|                                       |                                                                                     |                                        |                       |         |              |                              |        |                                                         |                                                              |                                                                  |
| Total to Part VII, Section A, line 1c | }}}                                                                                 | }}}                                    | }}}                   | }}}     | }}}          | }}}                          |        |                                                         |                                                              |                                                                  |

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

|                                                                                                                                                | (A) | (B) | (C) | (D) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                         |     |     |     |     |
| 2                                                                                                                                              |     |     |     |     |
| 3                                                                                                                                              |     |     |     |     |
| 4                                                                                                                                              |     |     |     |     |
| 5                                                                                                                                              |     |     |     |     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |     |     |     |     |
| 7                                                                                                                                              |     |     |     |     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                           |     |     |     |     |
| 9                                                                                                                                              |     |     |     |     |
| 10                                                                                                                                             |     |     |     |     |
| 11                                                                                                                                             |     |     |     |     |
| a                                                                                                                                              |     |     |     |     |
| b                                                                                                                                              |     |     |     |     |
| c                                                                                                                                              |     |     |     |     |
| d                                                                                                                                              |     |     |     |     |
| e                                                                                                                                              |     |     |     |     |
| f                                                                                                                                              |     |     |     |     |
| g                                                                                                                                              |     |     |     |     |
| 12                                                                                                                                             |     |     |     |     |
| 13                                                                                                                                             |     |     |     |     |
| 14                                                                                                                                             |     |     |     |     |
| 15                                                                                                                                             |     |     |     |     |
| 16                                                                                                                                             |     |     |     |     |
| 17                                                                                                                                             |     |     |     |     |
| 18                                                                                                                                             |     |     |     |     |
| 19                                                                                                                                             |     |     |     |     |
| 20                                                                                                                                             |     |     |     |     |
| 21                                                                                                                                             |     |     |     |     |
| 22                                                                                                                                             |     |     |     |     |
| 23                                                                                                                                             |     |     |     |     |
| 24                                                                                                                                             |     |     |     |     |
| a _____                                                                                                                                        |     |     |     |     |
| b _____                                                                                                                                        |     |     |     |     |
| c _____                                                                                                                                        |     |     |     |     |
| d _____                                                                                                                                        |     |     |     |     |
| e _____                                                                                                                                        |     |     |     |     |
| 25 Total functional expenses.                                                                                                                  |     |     |     |     |
| 26 Joint costs.                                                                                                                                |     |     |     |     |

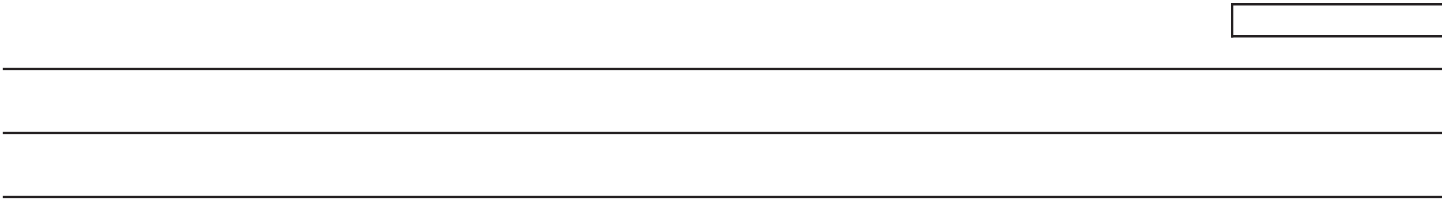
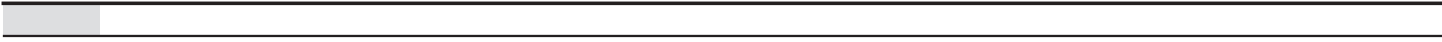
Check here if following SOP 98-2 (ASC 958-720)

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

|                                                                    |                                                                                                                                                                                                                         | (A)<br>Beginning of year | (B)<br>End of year |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| Assets                                                             | 1 Cash - non-interest-bearing ~~~~~                                                                                                                                                                                     |                          | 1                  |
|                                                                    | 2 Savings and temporary cash investments ~~~~~                                                                                                                                                                          |                          | 2                  |
|                                                                    | 3 Pledges and grants receivable, net ~~~~~                                                                                                                                                                              |                          | 3                  |
|                                                                    | 4 Accounts receivable, net ~~~~~                                                                                                                                                                                        |                          | 4                  |
|                                                                    | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~~~~~ | 16150321                 | 701224 3240        |
|                                                                    | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~~~                                                                 |                          | 5                  |
|                                                                    | 7 Notes and loans receivable, net ~~~~~                                                                                                                                                                                 |                          | 6                  |
|                                                                    | 8 Inventories for sale or use ~~~~~                                                                                                                                                                                     |                          | 7                  |
|                                                                    | 9 Prepaid expenses and deferred charges ~~~~~                                                                                                                                                                           |                          | 8                  |
|                                                                    | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~                                                                                                                             | 10a                      |                    |
|                                                                    | b Less: accumulated depreciation ~~~~~                                                                                                                                                                                  | 10b                      | 10c                |
|                                                                    | 11 Investments - publicly traded securities ~~~~~                                                                                                                                                                       |                          | 9                  |
|                                                                    | 12 Investments - other securities. See Part IV, line 11 ~~~~~                                                                                                                                                           |                          | 11                 |
|                                                                    | 13 Investments - program-related. See Part IV, line 11 ~~~~~                                                                                                                                                            |                          | 12                 |
|                                                                    | 14 Intangible assets ~~~~~                                                                                                                                                                                              |                          | 13                 |
|                                                                    | 15 Other assets. See Part IV, line 11 ~~~~~                                                                                                                                                                             |                          | 14                 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) ~~~~~ |                                                                                                                                                                                                                         | 15                       |                    |
| Liabilities                                                        | 17 Accounts payable and accrued expenses Add lines 17 through 25 ~~~~~                                                                                                                                                  |                          | 16                 |
|                                                                    | 18 Grants payable                                                                                                                                                                                                       |                          | 17                 |
|                                                                    | 19 Deferred revenue                                                                                                                                                                                                     |                          | 18                 |
|                                                                    | 20 Net assets without donor restrictions                                                                                                                                                                                |                          | 19                 |
|                                                                    | 21 Net assets with donor restrictions                                                                                                                                                                                   |                          | 20                 |
|                                                                    | 22                                                                                                                                                                                                                      |                          | 21                 |
|                                                                    | 23                                                                                                                                                                                                                      |                          | 22                 |
|                                                                    | 24                                                                                                                                                                                                                      |                          | 23                 |
|                                                                    | 25                                                                                                                                                                                                                      |                          | 24                 |
|                                                                    | 26 Total liabilities                                                                                                                                                                                                    |                          | 25                 |
| Net Assets or Fund Balances                                        | 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.                                                                                                                            |                          | 26                 |
|                                                                    | 28                                                                                                                                                                                                                      |                          | 27                 |
|                                                                    | 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.                                                                                                                          |                          | 28                 |
|                                                                    | 30                                                                                                                                                                                                                      |                          | 29                 |
|                                                                    | 31                                                                                                                                                                                                                      |                          | 30                 |
|                                                                    | 32                                                                                                                                                                                                                      |                          | 31                 |
|                                                                    | 33                                                                                                                                                                                                                      |                          | 32                 |

2020.0





| Calendar year (or fiscal year beginning in)    | (a) | (b) | (c) | (d) | (e) | (f) |
|------------------------------------------------|-----|-----|-----|-----|-----|-----|
| 1                                              |     |     |     |     |     |     |
| 2                                              |     |     |     |     |     |     |
| 3                                              |     |     |     |     |     |     |
| 4 Total.                                       |     |     |     |     |     |     |
| 5                                              |     |     |     |     |     |     |
| 6 Public support. Subtract line 5 from line 4. |     |     |     |     |     |     |

| Calendar year (or fiscal year beginning in) | (a) | (b) | (c) | (d) | (e) | (f) |
|---------------------------------------------|-----|-----|-----|-----|-----|-----|
| 7                                           |     |     |     |     |     |     |
| 8                                           |     |     |     |     |     |     |
| 9                                           |     |     |     |     |     |     |
| 10                                          |     |     |     |     |     |     |
| 11 Total support. Add lines 7 through 10    |     |     |     |     |     |     |
| 12                                          |     |     |     |     | 12  |     |
| 13 First 5 years.                           |     |     |     |     |     |     |

stop here

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| 14 | 14 |  |
| 15 | 15 |  |

16a 33 1/3% support test - 2020.  
stop here.

b 33 1/3% support test - 2019.  
stop here.

17a 10% -facts-and-circumstances test - 2020.

stop here.

b 10% -facts-and-circumstances test - 2019.

stop here.

18 Private foundation.





**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



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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 I V, 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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2016 AMOUNT: \$ 54,785.

2017 AMOUNT: \$ 43,649.

2018 AMOUNT: \$ 41,093.

2019 AMOUNT: \$ 47,363.

2020 AMOUNT: \$ 183,729.

(Form 990 or 990-EZ)

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

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

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

- ✘ Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- ✘ Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- ✘ Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ✘ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- ✘ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- ✘ Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|                      |                                |

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

|                                               |        |
|-----------------------------------------------|--------|
| 1 Enter the amount of any excise tax incurred | _____  |
| 2                                             | _____  |
| 3                                             | Yes No |
| 4a                                            | Yes No |
| b                                             | _____  |

|                 |        |
|-----------------|--------|
| 1               | _____  |
| 2               | _____  |
| 3               | _____  |
| 4 Form 1120-POL | Yes No |
| 5               | _____  |

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

- A Check J Y if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check J Y if the filing organization checked box A and "limited control" provisions apply.

Table with columns: Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.), (a) Filing organization's totals, and (b) Affiliated group totals. Rows include: 1a Total lobbying expenditures to influence public opinion, 1b Total lobbying expenditures to influence a legislative body, 1c Total lobbying expenditures, 1d Other exempt purpose expenditures, 1e Total exempt purpose expenditures, 1f Lobbying nontaxable amount table, 1g Grassroots nontaxable amount, 1h Subtract line 1g from line 1a, 1i Subtract line 1f from line 1c, 1j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Table with columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, and (e) Total. Rows include: 2a Lobbying nontaxable amount, 2b Lobbying ceiling amount (150% of line 2a, column(e)), 2c Total lobbying expenditures, 2d Grassroots nontaxable amount, 2e Grassroots ceiling amount (150% of line 2d, column (e)), 2f Grassroots lobbying expenditures.





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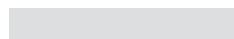
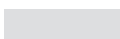
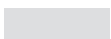
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





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

|   |                                                    |    |
|---|----------------------------------------------------|----|
| 1 |                                                    | 1  |
| 2 |                                                    |    |
| a | 2a                                                 |    |
| b | 2b                                                 |    |
| c | 2c                                                 |    |
| d | 2d                                                 |    |
| e | 2a 2d                                              | 2e |
| 3 | 2e 1                                               | 3  |
| 4 |                                                    |    |
| a | 4a                                                 |    |
| b | 4b                                                 |    |
| c | 4a 4b                                              | 4c |
| 5 | 3 4c. (This must equal Form 990, Part I, line 12.) | 5  |

|   |                                                    |    |
|---|----------------------------------------------------|----|
| 1 |                                                    | 1  |
| 2 |                                                    |    |
| a | 2a                                                 |    |
| b | 2b                                                 |    |
| c | 2c                                                 |    |
| d | 2d                                                 |    |
| e | 2a 2d                                              | 2e |
| 3 | 2e 1                                               | 3  |
| 4 |                                                    |    |
| a | 4a                                                 |    |
| b | 4b                                                 |    |
| c | 4a 4b                                              | 4c |
| 5 | 3 4c. (This must equal Form 990, Part I, line 18.) | 5  |

Part XIII Supplemental Information (continued)

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "UNCERTAINTY IN INCOME TAXES" ("ASC 740"), GLAZA RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, GLAZA HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.

GLAZA RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED JUNE 30, 2021, GLAZA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

THE FEDERAL AND STATE OF CALIFORNIA INCOME TAX RETURNS FOR GLAZA STILL OPEN AND SUBJECT TO IRS OR STATE OF CALIFORNIA EXAMINATION ARE AS FOLLOWS: FEDERAL (2017-2020) AND STATE (2016-2020).

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS -25,513.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Open to Public  
Inspection

Name of the organization

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~ ~ Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as counseling, technical assistance, etc.) | (e) Total amount of grants and other assistance (in dollars) | (f) Total number of grantees (including subgrantees) |
|------------|-------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|
|            |                                     |                                                                            |                                                                                                   |                                                              |                                                      |
|            |                                     |                                                                            |                                                                                                   |                                                              |                                                      |
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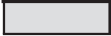
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
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Blank lined area for writing notes.

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<br>(add col. (a) through col. (c)) |
|-----------------|------------------------------------------------------------------|-------------------------------------------------------------------|--------------|------------------|-----------------------------------------------------|
|                 |                                                                  | (event type)                                                      | (event type) | (total number)   |                                                     |
| Revenue         | 1                                                                | Gross receipts ~~~~~                                              |              |                  |                                                     |
|                 | 2                                                                | Less: Contributions ~~~~~                                         |              |                  |                                                     |
|                 | 3                                                                | Gross income (line 1 minus line 2) } }                            |              |                  |                                                     |
| Direct Expenses | 4                                                                | Cash prizes ~~~~~                                                 |              |                  |                                                     |
|                 | 5                                                                | Noncash prizes ~~~~~                                              |              |                  |                                                     |
|                 | 6                                                                | Rent/facility costs ~~~~~                                         |              |                  |                                                     |
|                 | 7                                                                | Food and beverages ~~~~~                                          |              |                  |                                                     |
|                 | 8                                                                | Entertainment ~~~~~                                               |              |                  |                                                     |
|                 | 9                                                                | Other direct expenses ~~~~~                                       |              |                  |                                                     |
|                 | 10                                                               | Direct expense summary. Add lines 4 through 9 in column (d) ~~~~~ |              |                  |                                                     |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) } } |                                                                   |              |                  |                                                     |

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

|                 |                                                                        | (a) Bingo                 | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|------------------------------------------------------------------------|---------------------------|-----------------------------------------------|-------------------|--------------------------------------------------|
|                 |                                                                        | 1                         | Gross revenue } }                             |                   |                                                  |
| Direct Expenses | 2                                                                      | Cash prizes ~~~~~         |                                               |                   |                                                  |
|                 | 3                                                                      | Noncash prizes ~~~~~      |                                               |                   |                                                  |
|                 | 4                                                                      | Rent/facility costs ~~~~~ |                                               |                   |                                                  |
|                 | 5                                                                      | Other direct expenses } } |                                               |                   |                                                  |
| 6               | Volunteer labor ~~~~~                                                  | Yes _____ %<br>No         | Yes _____ %<br>No                             | Yes _____ %<br>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 ~~DA 73410-55(.)gWereeeeminn2Eppen2E(n)1~~~n2E.en2ETc -.016.t ex()10n2E?(10)Tj 1.17 6 T.5 T6swWer3411 7410 Tf 61042 1D 073No-1 ( events)~~  
 b \_\_\_\_\_



Part IV Supplemental Information (continued)

Blank lined area for supplemental information.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

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.

Open to Public  
Inspection

Name of the organization

Employer identification number

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance?  Yes  No

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| 1 (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
|-------|-----|-----|-----|-----|-----|-----|-----|
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020



**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                       |
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**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:

ON BEHALF OF THE ZOO, GLAZA FUNDS CONSERVATION PROJECTS WITHIN THE UNITED STATES AND AROUND THE WORLD. ZOO CURATORS AND OFFICIALS WHO WORK CLOSELY WITH CONSERVATION GROUPS MAKE RECOMMENDATIONS TO SENIOR ZOO STAFF FOR BUDGETING PROPOSED CONSERVATION GRANTS. ZOO CURATORS AND SENIOR STAFF HAVE DECADES OF EXPERIENCE WORKING WITH CONSERVATION GROUPS, AND THE VAST MAJORITY OF ORGANIZATIONS AND THEIR STAFFS HAVE BEEN KNOWN TO ZOO OFFICIALS OVER THE YEARS. BUDGETED ORGANIZATIONS ARE THEN INVITED TO COMPLETE A ZOO/GLAZA GRANT REQUEST FORM WHERE THEY PROVIDE INFORMATION ABOUT THEIR



For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

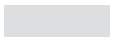
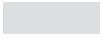
Department of the Treasury  
Internal Revenue Service



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|-----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>GREATER LOS ANGELES ZOO ASSOCIATION | Employer identification number<br>95-2369545 |
|-----------------------------------------------------------------|----------------------------------------------|

PANDEMIC. NEGOTIATIONS RESUMED IN AUGUST 2021.

CONCESSION AGREEMENT:

IN MAY 2019, GLAZA AND THE CITY EXECUTED THE 6TH AMENDMENT TO THE OPERATING AGREEMENT (THE 6TH AMENDMENT) EFFECTIVE JULY 1, 2019. THE 6TH AMENDMENT TERMINATES AND REPLACES THE CONCESSION AGREEMENT AND FUTURE CONCESSION MOUS AND BECAME PART OF THE EXISTING OPERATING AGREEMENT. THE CITY AND GLAZA INTEND TO INCORPORATE THIS 6TH AMENDMENT INTO THE NEW OPERATING AGREEMENT. THE 6TH AMENDMENT GRANTS GLAZA THE RIGHT TO ENTER INTO A CONCESSION SERVICES AGREEMENT WITH A CONCESSIONAIRE FOR A TEN-YEAR PERIOD, WITH A FIVE-YEAR OPTION TO EXTEND.

THE CONCESSION SERVICES AGREEMENT BETWEEN GLAZA AND THE NEW CONCESSIONAIRE, SSA GROUP, LLC (SSA), WAS APPROVED BY THE CITY COUNCIL IN DECEMBER 2019. AN AMENDMENT TO THE CONCESSION SERVICES AGREEMENT WAS APPROVED BY THE LOS ANGELES CITY COUNCIL IN AUGUST 2021, TO BE EFFECTIVE OCTOBER 1, 2021.

PER THE 6TH AMENDMENT, GLAZA PAYS THE ZOO A PERCENTAGE OF COMMISSIONS RECEIVED FOR SERVICES AND AMENITIES PROVIDED BY THE CONCESSIONAIRE. GLAZA RECEIVES AN ANNUAL FEE FOR MANAGING THE CONCESSION SERVICES AGREEMENT WITH SSA.

MEMBERSHIP MEMORANDUM OF UNDERSTANDING (MOU):

UNDER THIS MOU, GLAZA MANAGES THE ZOO'S MEMBERSHIP PROGRAM. FEES COLLECTED FROM MEMBERS ARE USED TO FUND DEPARTMENT EXPENSES, AS WELL AS SUPPORT EXPENSES FOR VOLUNTEER AND DOCENT PROGRAMS, PUBLICATIONS, AND WEBSITE MANAGEMENT. THE LAST MOU EXPIRED 6/30/17. DURING OPERATING

|                                                                 |                                              |
|-----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>GREATER LOS ANGELES ZOO ASSOCIATION | Employer identification number<br>95-2369545 |
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AGREEMENT NEGOTIATIONS, THE CITY AND GLAZA CONTINUE TO OPERATE UNDER THE TERMS OF THE EXPIRED MOU. PER SECTION VII OF THE OPERATING AGREEMENT, GLAZA REMITS 25% OF MEMBERSHIP FEES TO THE ZOO, PLUS THE NET SURPLUS (IF ANY) AFTER DEPARTMENT EXPENSES ARE PAID.

MARKETING & PUBLIC RELATIONS, AND SITE RENTALS & CATERED EVENTS MOU: THIS MOU SPECIFIES GLAZA WILL PROVIDE MARKETING, PUBLIC RELATIONS, AND STRATEGIC BRANDING SERVICES FOR THE ZOO. IT ALSO STIPULATES GLAZA WILL OVERSEE SITE RENTALS FOR PRIVATE EVENTS AND EXECUTION OF NIGHT-TIME TICKETED EVENTS TO GENERATE ADDITIONAL REVENUE. THE LAST MOU EXPIRED 6/30/19. DURING OPERATING AGREEMENT NEGOTIATIONS, THE CITY AND GLAZA CONTINUE TO OPERATE UNDER THE TERMS OF THE EXPIRED MOU.

UNDER THE TERMS OF THE MARKETING MOU, GLAZA MAY RECEIVE A REBATE OF ADMISSIONS REVENUE AND NIGHT-TIME TICKETED EVENT PROCEEDS IF FISCAL YEAR ADMISSIONS TARGETS ARE ACHIEVED BY THE ZOO. THIS REBATE FUNDS GLAZA'S MARKETING EFFORTS FOR THE SUBSEQUENT FISCAL YEAR. THE CITY AND THE ZOO HAVE INFORMED GLAZA THAT NO REBATE OF ADMISSIONS REVENUE WILL BE PROVIDED TO GLAZA FOR FISCAL YEARS 2021 OR 2022. FURTHER, 10% OF SITE RENTALS FEES, AND ALL NET PROCEEDS FROM TICKETED EVENTS, ARE PAID TO THE ZOO.

FINANCIAL ASSISTANCE, SPECIAL EVENTS, AND COMMUNITY AFFAIRS MOU: UNDER THIS MOU, TERMS ARE ESTABLISHED FOR RAISING UNRESTRICTED, MKf/8PRIVATE NDOWRATIN THIS FOR THE





Name of the organization

GREATER LOS ANGELES ZOO ASSOCIATION

Employer identification number

95-2369545

REMITS 25% OF MEMBERSHIP FEES RECEIVED TO THE ZOO.

GLAZA OVERSEES VISITOR AMENITIES, INCLUDING FOOD AND RETAIL

CONCESSIONS, AND SITE RENTALS. IN ACCORDANCE WITH THE CONCESSION

AGREEMENT BETWEEN GLAZA AND THE ZOO, GLAZA TRANSFERS A PORTION OF

CONCESSIONS COMMISSIONS TO THE ZOO.

PUBLICATIONS AND WEBSITE MANAGEMENT:

THE PUBLICATIONS DIVISION MANAGES THE ZOO'S WEBSITE AND CREATES AND

DISTRIBUTES THE FOLLOWING PUBLICATIONS:

- ZOO VIEW, THE AWARD-WINNING MAGAZINE FOR GLAZA MEMBERS, WHICH IS

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Employer identification number

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| Name of the organization<br>GREATER LOS ANGELES ZOO ASSOCIATION | Employer identification number<br>95-2369545 |
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- L.A. ZOO DRIVE-IN MOVIES: A SERIES OF THEMED EVENING EVENTS OFFERING SOCIAL-DISTANCED CINEMATIC FUN FOR FAMILIES AND FRIEND GROUPS, INCLUDING A HALLOWEEN WEEKEND WITH A SPOOKY DRIVE-THROUGH EXPERIENCE.

- VIRTUAL BIG BUNNY WEEKEND OFFERING VIDEOS, A VIRTUAL PHOTO BOOTH; CRAFT AND ACTIVITY DOWNLOADS, SEASONAL RECIPES, AND AN "EXTRAORDINARY EGGS" ZOOM EVENT.

- MARKETING DRIVEN FUNDRAISING EFFORTS INCLUDED: "MIRACLE CONDOR CHICK NEEDS A NAME"- A SOCIAL MEDIA-DRIVEN FUNDRAISING CAMPAIGN; WALK FOR THE WILD-A VIRTUAL WALK "AROUND THE WORLD" TO EXPLORE THE GLOBAL CONSERVATION IMPACT OF THE L.A. ZOO; VIRTUAL BEASTLY BALL 2021- GLAZA'S ANNUAL GALA.

- STAFFING FOR A FULL PROGRAM OF SPECIAL EVENTS FOR MEMBERS AND VISITORS, AND STAFF SUPPORT FOR MARKETING AND COMMUNITY EVENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
DIRECT SUPPORT OF THE ZOO INCLUDING TRANSFERS FOR CAPITAL IMPROVEMENTS, ZOO OPERATIONS, SPECIAL PROJECTS, CONSERVATION AND EDUCATION PROGRAMS. DURING THE YEAR ENDING JUNE 30, 2021, GLAZA SUPPORTED THE ZOO IN A BREADTH OF TS,01EEKEND OF.



Name of the organization

Employer identification number

Name of the organization

GREATER LOS ANGELES ZOO ASSOCIATION

Employer identification number

95-2369545

PARTY WEBSITES SUCH AS CHARITY NAVIGATOR AND GUIDESTAR.

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

GLAZA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL AUDITED FINANCIAL STATEMENTS, AND ANNUAL INFORMATION RETURNS AVAILABLE TO THE PUBLIC UPON REQUEST.