

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



| AF | or the | 2021 calendar year, or tax year beginning and and a | enaing | | |
|-----------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|-----------------------------|
| B c a | heck if pplicable | C Name of organization | | D Employer identific | cation number |
| | Addres change | s FILOLI CENTER | | | |
| | Name change | Doing business as FILOLI | | 95-2996648 | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final return/ | 86 CANADA ROAD | | 650-364-8300 | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 14,210,783. |
| | Amend | WOODSIDE, CA 94002 | | H(a) Is this a group re | turn |
| | Applica tion pending | F Name and address of principal officer: MARK INSWFORT | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| | | mpt status: $X 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1) c | or 527 | lf "No," attach a | list. See instructions |
| | | e: WWW.FILOLI.ORG | | H(c) Group exemption | |
| | | organization: 🗶 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨 | L Year | of formation: 1976 N | State of legal domicile: CA |
| Pa | | Summary | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: A HISTO | | TE, GARDEN, AND | |
| anc | 1 | NATURE PRESERVE DEDICATED TO SHARING STORIES OF CALIFORNIA H | | | |
| Governance | 2 (| Check this box 🕨 🛄 if the organization discontinued its operations or dispos | | | |
| Š | 3 1 | | | | 24 |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 23 |
| ies | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 93 |
| Activities & | | Total number of volunteers (estimate if necessary) | | | |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. 0. |
| | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | |
| | | | | Prior Year 1,370,018. | Current Year 1,661,298. |
| an | | Contributions and grants (Part VIII, line 1h) | | 4,043,283. | 7,813,266. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 306,664. | 1,975,054. |
| Be | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 824,618. | 1,356,311. |
| | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,544,583. | 12,805,929. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| | 45 0 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 4,063,102. | 5,287,503. |
| Expenses | 16a I | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ben | b | Fotal fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 740, S | 945. | | |
| Ă | 17 0 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,818,978. | 4,092,250. |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,882,080. | 9,379,753. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -337,497. | 3,426,176. |
| or | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _, | | ginning of Current Year | End of Year |
| Net Assets (Fund Balanc | 20 | Fotal assets (Part X, line 16) | | 22,042,956. | 25,536,430. |
| Ass 1 Ba | 21 | Fotal liabilities (Part X, line 26) | | 1,161,587. | 1,753,295. |
| Net- | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 20,881,369. | 23,783,135. |
| D2 | ort II | Signature Block | | · · · | |

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

| Sign | Signature of officer | | Date |
|------------|-----------------------------------------------------|----------------------|-------------------------------|
| Here | KARA NEWPORT, CHIEF EXECUTIVE OFF | ICER | |
| | Type or print name and title | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN |
| Paid | MAGA E. KISRIEV | Maji Korar | 08/18/2022 |
| Preparer | Firm's name 🕞 HOOD & STRONG LLP | ţe. | Firm's EIN 9 4-1254756 |
| Use Only | Firm's address 🖕 275 BATTERY STREET, STE | 900 | |
| | SAN FRANCISCO, CA 94111 | | Phone no.415.781.0793 |
| May the IF | RS discuss this return with the preparer shown abov | /e? See instructions | X Yes No |
| | | | - 000 (ass () |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

| Type or | Name of exempt organization or other filer, see instru- | ctions. | | Taxpayer | identificatio | on number (TIN) | |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| print | FILOLI CENTER | | | | 95-299 | 96648 | |
| File by the due date for filing your | | ee instruct | ions. | | | | |
| return. See instructions | City, town or post office, state, and ZIP code. For a for WOODSIDE, CA 94062 | oreign addi | ress, see instructions. | | | | |
| Enter the | Return Code for the return that this application is for (file | e a separat | te application for each return) | | | 0 1 | L |
| Applicat | ion | Return | Application | | | Retur | rn |
| Is For | | Code | Is For | | | Cod | е |
| Form 99 | 0 or Form 990-EZ | 01 | Form 1041-A | | | 08 | |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 99 |)-PF | 04 | Form 5227 | | | 10 | |
| Form 99 | D-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form 99 | D-T (trust other than above) | 06 | Form 8870 | | | 12 | |
| Form 99 | D-T (corporation) | 07 | | | | | |
| Telep If the If this box 1 Ire the 2 If th | equest an automatic 6-month extension of time until e organization named above. The extension is for the orga \boxed{X} calendar year2021_ or | in the Uni Group Exe and atta <u>NOVEMBE</u> anization's , an heck reaso | Fax No. ► (650)366-7836 ited States, check this box | f this is fo all membe | r the whole ers the exte npt organiza | group, check th nsion is for. | is |
| | y nonrefundable credits. See instructions. | , 51101 110 | | 3a | \$ | | 0 1 Return Code 08 09 10 11 12 0 0, check this is for. 0 eturn for 0. 0. 0. 0. 0. 0. 0. 0. 0. |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | 10 11 12 Dele group, check this xtension is for. nization return for 0. 0. 0. 0. | |
| | timated tax payments made. Include any prior year overp | | | Зb | \$ | | 0. |
| | lance due. Subtract line 3b from line 3a. Include your pa | | | | | | |
| us | ing EFTPS (Electronic Federal Tax Payment System). See | instructio | ns. | 3c | \$ | | Ο. |
| instructio | If you are going to make an electronic funds withdrawal ons. For Privacy Act and Paperwork Reduction Act Notice, | | | 453-TE and | | | |

123841 01-12-22

| Form | 990 (2021) FILOLI CENTER | 95-2996648 | Page 2 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|
| | t III Statement of Program Service Accomplishments | | 9 |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | FILOLI IS DEDICATED TO CONNECT OUR RICH HISTORY WITH A VIBRANT FUTURE | | |
| | THROUGH BEAUTY, NATURE AND SHARED STORIES. WE ENVISION A TIME WHEN ALL | | |
| | PEOPLE HONOR NATURE, VALUE UNIQUE EXPERIENCES, AND APPRECIATE BEAUTY | | |
| | IN EVERYDAY LIFE. | | |
| 2 | Did the organization undertake any significant program services during the year which were not list | | v |
| | prior Form 990 or 990-EZ? | | Yes 🗴 No |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any progra | m convicos? | Yes 🗴 No |
| 3 | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program | services as measured by expen | ses |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca | | |
| | revenue, if any, for each program service reported. | | io, and |
| 4a | (Code:) (Expenses \$ 1,726,760. including grants of \$ | 0.) (Revenue \$ | 0.) |
| | PRESERVATION/GARDENS: PRESERVATION WORK ENCOMPASSES THE 54,000 SQ. FT. | | |
| | MODIFIED GEORGIAN ESTATE HOUSE, 16 ACRES OF FORMAL GARDENS, HISTORIC | | |
| | FULLY FUNCTIONAL GREENHOUSES, AND A NUMBER OF OUTBUILDINGS AND | | |
| | STRUCTURES. | | |
| | | | |
| | FILOLI IS OPERATED TODAY AS A PUBLIC GARDEN, CULTURAL CENTER, AND | | |
| | MUSEUM. SIXTEEN ACRES OF FORMAL GARDENS ARE DIVIDED INTO A NUMBER OF | | |
| | SEPARATE GARDEN ROOMS CONTAINING ANNUAL BEDS, LAWNS, HEDGES, AND | | |
| | SPECIMEN TREES AND SHRUBS. ANNUALS ARE GROWN IN FILOLI'S HISTORIC | | |
| | GREENHOUSES AND PLANTED IN THE GARDENS EACH YEAR. IRISH YEW, OLIVES AND OLD COAST LIVE OAKS ARE THE DOMINANT TREES. FOURTEEN HORTICULTURISTS | | |
| | MAINTAIN THE GARDENS. | | |
| 4b | (Code:) (Expenses \$ 1,081,192. including grants of \$ | 0.) (Revenue \$ 4 | 817 595.) |
| 40 | VISITOR SERVICES/PUBLIC ENGAGEMENT: FILOLI WELCOMES OVER 380,000 |) (Revenue \$ | <u>,,,,,,,,,</u>) |
| | VISITORS ANNUALLY AND HAS OVER 19,000 MEMBERS. VISITORS CAN EXPLORE ON | | |
| | A SELF-GUIDED TOUR OF THE ESTATE NATURAL AREAS, AND GARDENS AND LEARN | | |
| | THROUGH INTERPRETIVE INFORMATION ABOUT HOW FILOLI REPRESENTS MANY | | |
| | IMPORTANT ASPECTS OF CALIFORNIA HISTORY. FILOLI STRIVES TO BE INCLUSIVE | | |
| | AND WELCOMING TO A DIVERSE AUDIENCE FROM THE BAY AREA AND | | |
| | INTERNATIONALLY. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. | (Code:) (Expenses \$ 508,074. including grants of \$ | 0) (= + | 5,100.) |
| 4c | PUBLIC PROGRAMS: FILOLI PRESENTS A VARIETY OF PUBLIC PROGRAMS TO ENGAGE | 0.) (Revenue \$ | <u> </u> |
| | DIVERSE AUDIENCES AND PROVIDE OPPORTUNITIES FOR LEARNING AND | | |
| | ENGAGEMENT. IN 2021 FILOLI OFFERED PUBLIC PROGRAMS THROUGHOUT THE YEAR | | |
| | INCLUDING LUNAR NEW YEAR CELEBRATIONS, SUMMER NIGHTS, ART WALK, ORCHARD | | |
| | DAYS AND HOLIDAYS AT FILOLI. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | 1 220 021 | |
| 4.0 | (Expenses \$ 3,675,484. including grants of \$ 0.) (Revenue \$ Total program service expenses ► 6,991,510. | 4,270,834.) | |
| <u>4e</u> | Total program service expenses 6,991,510. | En | rm 990 (2021) |
| 132003 | 12-09-21 | FU | |
| | 3 | | |

| Form | 990 (2021) FILOLI CENTER 95-29966 | 48 | Р | age 3 | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------|------------|-----|--------------|--|
| Pa | rt IV Checklist of Required Schedules | | | | |
| | | | Yes | No | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | | |
| | If "Yes," complete Schedule A | 1 | Х | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | | |
| | Schedule D, Part III | 8 | Х | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | 77 | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | | |
| | as applicable. | | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | v | | |
| | Part VI | 11a | Х | | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | v | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | v | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | 44.1 | | x | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | А | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 10- | х | | |
| h. | Schedule D, Parts XI and XII | 12a | А | | |
| a | Was the organization included in consolidated, independent audited financial statements for the tax year? | 104 | | x | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b 13 | | X | |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | | |
| b | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000 | | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | | |
| 15 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | <u> </u> | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | — " | | | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | | |
| | complete Schedule G, Part III | 19 | | х | |
| 20a | | 20a | | x | |
| 20a b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | <u> </u> | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | х | |
| 132003 | 3 12-09-21 | | 990 | (2021) | |

| | | 96648 | P | age 4 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|--------------|
| Pa | rt IV Checklist of Required Schedules (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? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | | 1 | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24 b |) | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 240 | | — |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ── |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | 1 | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25 b |) | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 1 | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle | | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 004 | | x |
| h | "Yes," complete Schedule L, Part IV | <u>28a</u> 28b | | X |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | |) | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 280 | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | ····· | x | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 23 | | <u> </u> |
| 00 | contributions? If "Yes," complete Schedule M | 30 | х | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | <u> </u> |
| 02 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | \vdash |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | ····· | | |
| | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 1 | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | <u> </u> |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizatio | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | _ | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a | 44 | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | | X | |
| 132004 | 4 12-09-21 | For | n 990 | (2021) |

| Form Par | 990 (2021) FILOLI CENTER t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 95-299664 | 8 | P | Page 5 |
|-------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------|------|------|----------|
| I ai | Statements negaring other ins r lings and rax compliance (continued) | | | Yes | No |
| 29 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | res | |
| 20 | filed for the calendar year ending with or within the year covered by this return | 2a 93 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | x | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions | | | | |
| 3a | | | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | x |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | 5b | | х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | any contributions that were not tax deductible as charitable contributions? | - | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | |
| - | were not tax deductible? | U U | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the pavor? | 7a | х | |
| | | | 7b | х | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | | | |
| - | to file Form 8282? | • | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | · · · · · | 7e | | x |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 7f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | |
| | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| 14a | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | <u> </u> |
| | If "Yes," complete Form 6069. | | | 0.00 | |
| 132005 | 12-09-21 6 | | Form | 1990 | (2021) |

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| Form | 990 (2021) FILOLI CENTER 95 | -299664 | 8 | Р | age 6 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|-------------|--------------|
| | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, | and for a ' | "No" r | respon | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | X |
| Sec | tion A. Governing Body and Management | <u></u> | | | |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 24 | | | 110 |
| 14 | 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 0. | | | | |
| h | | 23 | | | |
| - | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | • | | x |
| • | officer, director, trustee, or key employee? | | 2 | | ~ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | • | | v |
| | of officers, directors, trustees, or key employees to a management company or other person? | E E | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | |
| | more members of the governing body? | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | |
| | persons other than the governing body? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | |
| | | , | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | form? | 11a | | х |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | |
| | on Schedule O how this was done | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | х | |
| | Other officers or key employees of the organization | | 15b | Х | |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | |
| | taxable entity during the year? | | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | .54 | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | |
| | exempt status with respect to such arrangements? | | 16b | | |
| Sec | tion C. Disclosure | <u></u> | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA | | | | |
| | | 501(c)(3)c | | availal | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section for public inspection, Indiante how you made these qualitable. Check all that apply | 501(0)(3)5 | orny) | avallal | JIE |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | | | |
| 10 | | - | £ | -:-! | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p | olicy, and | nnano | Jai | |
| | statements available to the public during the tax year. | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | ▶ | | | |
| | AYAKO FUKUDOME - (650)364-8300 | | | | |
| | 86 CANADA ROAD, WOODSIDE, CA 94062 | | - | 000 | (000 // |
| 132006 | 7 12-09-21 7 | | Form | 9 90 | (2021) |
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| Form 990 (| 2021) FILOLI CENTER | 95-2996648 | Page 7 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest | Compensated | |
| | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Comple | ete this table for all persons required to be listed. Report compensation for the calendar year endir | ng with or within the organization | ı's tax year. |
| | Ill of the organization's current officers, directors, trustees (whether individuals or organizations), columns (D), (E), and (F) if no compensation was paid. | regardless of amount of compen | sation. |

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

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

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

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

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

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

| (A) | (B) | | | (| C) | | | (D) | (E) | (F) |
|------------------------------------|------------------------|--------------------------------|---------------------------|-------------|--------------|---------------------------------|--------|-----------------|-----------------|------------------------------|
| Name and title | Average | (do | | Pos | itior |) than o | | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer ar I | nd a d I | lirecto | or/trus T | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | truste | | e | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | ual tr | tional | | n ploye | t com | | 1099-NEC) | | and related organizations |
| | line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) KARA NEWPORT | 40.00 | | | | | | | | | |
| CEO & EXECUTIVE DIRECTOR | | х | | х | | | | 268,942. | 0. | 40,377. |
| (2) AYAKO FUKUDOME | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | | | | | х | | | 193,783. | 0. | 8,469. |
| (3) ALEXANDER FERNANDEZ | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | | | X | | 117,152. | ٥. | 80,422. |
| (4) RYAN PASCO | 40.00 | | | | | | | | | |
| CHIEF DEV. OFFICER (THRU 10/13/21) | | | | | | x | | 125,349. | 0. | 17,516. |
| (5) SUSAN O'SULLIVAN | 40.00 | | | | | | | | | |
| CHIEF EXTERNAL RELATIONS OFFICER | | | | | | x | | 132,258. | 0. | 5,276. |
| (6) PRIYA YADAV | 40.00 | | | | | | | | | |
| DIRECTOR OF HUMAN RESOURCES | | | | | | х | | 123,637. | 0. | 5,671. |
| (7) ERIKA FRANK | 40.00 | | | | | | | | | |
| DIRECTOR OF LEARNING & ENGAGEMENT | | | | | | X | | 121,292. | 0. | 5,023. |
| (8) DAIVD WOLLENBERG | 2.00 | | | | | | | | | |
| PRESIDENT | | Х | | X | | | | 0. | 0. | 0. |
| (9) CAROL MORAN | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (10) CAROLYN DALEY | 2.00 | | | | | | | | | |
| PAST PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (11) MARY WHITE | 2.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (12) RON PEYTON | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (13) ALAN ZAFRAN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | ٥. | 0. | 0. |
| (14) ANA ROTH | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) BARBARA SEIPP | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) BOB NIBBI | 1.00 | | | | | | | | | |
| DIRECTOR | ļ | Х | | | | | | 0. | 0. | 0. |
| (17) DAVID WESSEL | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 132007 12-00-21 | | | | | | | | | | Form 990 (2021) |

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Form **990** (2021)

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| Form 990 (2021) FILOLI CENTER | 1 | | | | | | | | 95-2996 | 648 | | Page 8 |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|------------------------|-------------------------------------|-------------------------|---------------------------------|--------|-----------------------------------------------------|----------------------------------------------------------|-----------|------------------------------------------------|-----------------------------------|
| Part VII Section A. Officers, Directors, Trust | ees, Key Em | oloy | ees, | and | l Hig | ghes | st C | ompensated Employee | s (continued) | | | |
| (A) Name and title | (B) Average hours per week | box | not c , unle: | Posi heck r ss per id a di | ition more rson i | than o s both | n an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estima amour oth | ated nt of |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key em ployee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | | ompen from organiz and re organiza | isation the zation lated |
| (18) DONALD DEFEVER DIRECTOR | 1.00 | x | | | | | | 0. | |). | | 0. |
| (19) JALEH DAIE | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | <u> </u> | | 0. | |). | | ٥. |
| (20) JEFF YODER | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | |). | | ٥. |
| (21) JOYCE HAMMEL | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | |). | | ٥. |
| (22) LAURA SIMONDS | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | |). | | ٥. |
| (23) LESLIE WITT | 1.00 | | | | | | | | | | | 0 |
| DIRECTOR | 1 00 | х | | | | | | 0. | |). | | ٥. |
| (24) MARGARET LONDON | 1.00 | | | | | | | | | | | 0 |
| DIRECTOR (25) MICHAEL SMITH | 1.00 | х | | | | | | 0. | |). | | ٥. |
| DIRECTOR | 1.00 | x | | | | | | 0. | | | | Ο. |
| (26) NANCY YOUNG | 1.00 | Δ | | | | | | 0. | | <u>'-</u> | | ۰. |
| DIRECTOR | 1.00 | x | | | | | | 0. | | | | ٥. |
| | | | | | | | | 1,082,413. | |). | 16 | 2,754. |
| 1b Subtotal c Total from continuation sheets to Part VI | | | | | | | | 0. | | 5. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | 5 | 1,082,413. | | 5. | 16 | 2,754. |
| 2 Total number of individuals (including but no | | | | | | | lo re | ; ; | 000 of reportable | <u> </u> | | / |
| compensation from the organization | | | | | | , | | | | | | 9 |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | Ye | s No |
| 3 Did the organization list any former officer, | - | | | • | - | | | | • | 3 | | X |
| line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su | | | | | | | | | | | , | |
| and related organizations greater than \$150 | | | | | | | | | | 4 | ı x | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | , | |
| rendered to the organization? If "Yes." com | | | | | | | | | | 5 | 5 | x |
| Section B. Independent Contractors | | 2 J 10 | JISL | | Jers | 011 | | | | | <u> </u> | |
| 1 Complete this table for your five highest cor | - | - | | | | | | | | sation | from | |
| the organization. Report compensation for t | he calendar y | ear e | endir | ng w | ith c | or wi | thin | n the organization's tax y | ear. | | | |
| (A) | addraaa | | | | | | | (B) | omiono | Com | (C) | tion |
| Name and business | address | | | | | | | Description of s | ervices | Com | ipensat | lion |
| ROYAL CLEANING AGENCY | . 1 1 | | | | | | | TANTMODIAL GEDUTCE | a | | 10 | 0 0 6 2 |
| 2449 CENTENNIAL LANE, HAYWARD, CA 945 | | | | | | | _ | JANITORIAL SERVICE | 5 | | 19 | 8,962. |
| S.P. MCCLENAHAN CO., 1 ARASTRADERO RO | JAD, | | | | | | | | | | 1 5 | 0 21 2 |
| PORTOLA VALLEY, CA 94028 | | | | | | | | TREE SERVICES | | | 15 | 0,313. |
| BAYSIDE BUSINESS FORMS, 430 N. CANAL STREET, UNIT 9, SOUTH SAN FRANCISCO, | CA | | | | | | | PRINTING SERVICES | | | 11 | 2 548 |
| SAN FRANCISCO HOLIDAY LIGHTING, INC | CA | | | | | | - | INIMIING SERVICES | | | 11 | 2,548. |
| 526 ROBIN DRIVE, CORTE MADERA, CA 949 | 25 | | | | | | | LIGHT INSTALLATION | | | 14 | 0,221. |
| CHEN DESIGN ASSOCIATES INC | | | | | | | | | | | | ,• |
| 1759 BROADWAY, OAKLAND, CA 94612 | | | | | | | | BRANDING | | | 11 | 1,750. |
| 2 Total number of independent contractors (ir | ncludina but n | ot lin | nited | to t | thos | e lis | | | ore than | | | , . |
| \$100,000 of compensation from the organiz | • | | | | | 5 | | , | | | | |
| SEE PART VII, SECTION A CONTINU | | TS | | | | | | | | For | rm 990 |) (2021) |

132008 12-09-21

| orm 990 FILOLI CENTE Part VII Section A. Officers, Directors, Tru | ustees, Kev Er | nplo | vee | s, ai | nd H | liah | est | Compensated Employe | ees (continued) | |
|-------------------------------------------------------------------|----------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------|-----------------|--------------|
| (A) | (B) | | Jee | | C) | ngn | | (D) | (E) | (F) |
| Name and title | Average | | | | ition | | | Reportable | Reportable | Estimated |
| Name and the | hours | (c | heck | | | | lv) | compensation | compensation | amount of |
| | per | (0) | | | | upp T | , y) | from | from related | other |
| | week | | | | | /ee | | the | organizations | compensatio |
| | (list any | ector | | | | nploy | | organization | (W-2/1099-MISC) | from the |
| | hours for | or dire | | | | ted el | | (W-2/1099-MISC) | | organizatior |
| | related | stee c | ruste | | æ | pensa | | | | and related |
| | organizations | al tru | onal t | | ploye | com | | | | organization |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest com pen sated em ployee | Former | | | |
| | line) | Ĕ | Ĕ | Of | Å | Ξ | Fo | | | |
| 27) ROBERT FOUNTAIN | 1.00 | | | | | | | | | |
| IRECTOR | | Х | | | | | | 0. | 0. | |
| 28) SAPNA MARFATIA | 1.00 | | | | | | | | | |
| IRECTOR | | х | | | | | | 0. | 0. | |
| 29) TABITHA ALMQUIST | 1.00 | | | | | | | | | |
| IRECTOR | | х | | | | | | 0. | 0. | |
| 30) WILLEM RACKE | 1.00 | | | | | | | | | |
| IRECTOR | | х | | | | | L | ٥. | 0. | |
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| ar | t VII | | | | | | | | | _ |
|---------|---------------|-------------------------------------------|-----------|------------|--------------------------------------------|---------------|--------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------------|
| | | Check if Schedule O | contains | a respor | nse or note to | any line in t | | | (2) | |
| | | | | | | Т | (A) otal revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclud from tax und sections 512 - |
| Ŋ | 1 a | Federated campaigns | | . 1a | | | | | | |
| IIII | | | | | | | | | | |
| | с | Fundraising events | | . 1c | 321, | 606. | | | | |
| | | Related organizations | | | | | | | | |
| | | Government grants (contr | | | 25, | 000. | | | | |
| 0 | f | All other contributions, gifts, | grants, a | nd | | | | | | |
| | | similar amounts not included | above . | . 1f | 1,314, | | | | | |
| מ | - | Noncash contributions included in | | | | 903. | | | | |
| 0 | h | Total. Add lines 1a-1f | | | | | 1,661,298. | | | |
| | | | | | Business | | | | | |
| | 2 a | PROGRAMS AND BENEFI | TS | | 712190 | | 5,967,945. | · · · | | |
| Ð | b | MEMBERSHIP DUES | | | 712190 | | 1,845,321. | 1,845,321. | | |
| LIA/ | c | | | | _ | | | | | |
| D C | d | | | | | | | | | |
| Revenue | e | All other program service | | | | | | | | |
| | | Total. Add lines 2a-2f | | | - | | 7,813,266. | | | |
| ╈ | <u>y</u> 3 | Investment income (includ | | | | | ,,,, _, _, , , , , , , , , , , | | | |
| | 5 | other similar amounts) | | | | | 1,684,776. | | | 1,684,7 |
| | 4 | Income from investment of | | | | | | | | . , |
| | 5 | Royalties | | • | • | | | | | |
| | | , | | (i) Real | (ii) Perse | onal | | | | |
| | 6 a | Gross rents | 6a | 120,8 | 82. | | | | | |
| | | Less: rental expenses | 6b | | 0. | | | | | |
| | с | Rental income or (loss) | 6c | 120,8 | 82. | | | | | |
| | d | Net rental income or (loss |) | <u></u> | <u></u> | | 120,882. | | | 120,8 |
| | 7 a | Gross amount from sales of | (i |) Securiti | | ner | | | | |
| | | assets other than inventory | 7a | 781,8 | 32. | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | 7b | 491,5 | | | | | | |
| | | Gain or (loss) | 7c | 290,2 | | | | | | |
| | | Net gain or (loss) | | | | | 290,278. | | | 290,2 |
| | 8 a | Gross income from fundraisin including \$ | | | | | | | | |
| | | | | | | | | | | |
| | | contributions reported on | - | | 90 55 | 205. | | | | |
| | h | Part IV, line 18 Less: direct expenses | | | | 610. | | | | |
| | | Net income or (loss) from | | | | | -55,405. | | | -55,4 |
| | | Gross income from gamin | | °. | | | , - · · | | | /- |
| | | Part IV, line 19 | | | 9a | | | | | |
| 1 | b | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| - | | Gross sales of inventory, I | | | | | | | | |
| | | and allowances | | | 10a ² , ⁰⁵² , | 218. | | | | |
| | b | Less: cost of goods sold | | | 10b ⁸⁰² , | 690. | | | | |
| Ļ | с | Net income or (loss) from | sales of | inventor | / | | 1,249,528. | 1,249,528. | | |
| | | | | | Business | | | | | |
| Revenue | 11 a | MISC INCOME | | | 900099 | | 40,315. | 40,315. | | |
| enu | b | DEACESSION OF MUSEU | мо | | 900099 | | 991. | 991. | | |
| levi | с | | | | _ | | | | | |
| 9 | d | All other revenue | | | | | | | | |
| | е | Total. Add lines 11a-11d | | | | | 41,306. | | | |
| | 12 | Total revenue. See instruction | ons | | | | 12,805,929. | 9,104,100. | 0. | 2,040,5 |

| | Check if Schedule O contains a respons | e or note to any line in t | his Part IX | | L |
|----|--------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 492,089. | 119,141. | 343,163. | 29,785 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 4,034,869. | 3,191,151. | 453,984. | 389,734 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 110,571. | 79,715. | 27,288. | 3,568 |
| 9 | Other employee benefits | 301,409. | 268,128. | 12,251. | 21,030 |
| 10 | Payroll taxes | 348,565. | 266,929. | 44,291. | 37,345 |
| 11 | Fees for services (nonemployees): | - | | | |
| а | Management | | | | |
| | Legal | 17,666. | | 17,666. | |
| | Accounting | 38,584. | | 38,584. | |
| | Lobbying | , | | , | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | | 5,404. | | 5,404. | |
| | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 513,325. | 414,592. | 48,179. | 50,554 |
| 12 | Advertising and promotion | 112,129. | 84,097. | ,• | 28,032 |
| 13 | - · · · · · · · · · · · · · · · · · · · | 185,850. | 122,696. | 36,648. | 26,506 |
| | Office expenses | 292,928. | 222,592. | 42,698. | 27,638 |
| 14 | Information technology | | | 12,050. | 27,000 |
| 15 | Royalties | 856,224. | 747,938. | 88,923. | 19,363 |
| 16 | | 28,939. | 8,680. | 14,330. | 5,929 |
| 17 | Travel | 20,555. | 0,000. | 11,000. | 5,525 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 43,547. | 10 701 | 20 241 | 2 425 |
| 19 | Conferences, conventions, and meetings | 43,547. | 19,781. | 20,341. | 3,425 |
| 20 | | | | | |
| 21 | Payments to affiliates | 411 100 | 208 240 | 102 780 | |
| 22 | Depreciation, depletion, and amortization | 411,120. | 308,340. | 102,780. | 0 E10 |
| 23 | Insurance | 143,555. | 96,177. | 44,859. | 2,519 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | 44.0 54.0 | 260.422 | 10.200 | 00.005 |
| a | | 410,510. | 368,433. | 19,392. | 22,685 |
| b | BANK & CREDIT CARD PROC | 306,272. | 265,693. | 24,886. | 15,693 |
| С | GARDEN SUPPLIES & SVCS | 274,266. | 274,266. | | |
| d | ASSETS DISPOSAL LOSS | 236,903. | | 236,903. | |
| е | · · · · | 215,028. | 133,161. | 24,728. | 57,139 |
| 25 | Total functional expenses. Add lines 1 through 24e | 9,379,753. | 6,991,510. | 1,647,298. | 740,945 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Figure if following SOP 98-2 (ASC 958-720) | | | | |

13

Form 990 (2021)
Part X Balance Sheet FILOLI CENTER

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

| | | | | (A) Beginning of year | | (B) End of year |
|---------------|-----|-------------------------------------------------------|----------------------------|---------------------------------|-------------|---------------------------|
| | 1 | Cash - non-interest-bearing | | 2,179,511. | 1 | 3,478,841. |
| | 2 | Savings and temporary cash investments | 1,749,898. | 2 | 3,708,208. | |
| | 3 | Pledges and grants receivable, net | 31,555. | 3 | 17,500. | |
| | 4 | Accounts receivable, net | 71,612. | 4 | 86,894. | |
| | 5 | Loans and other receivables from any current or | | | | |
| | | trustee, key employee, creator or founder, substa | | | | |
| | | controlled entity or family member of any of these | | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | | | | |
| | | under section 4958(f)(1)), and persons described | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | 284,105. | 8 | 170,803. |
| As | 9 | | | 148,172. | 9 | 230,547. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a 13,557,850. | | | |
| | b | Less: accumulated depreciation | | 5,559,598. | 10c | 5,101,043. |
| | 11 | Investments - publicly traded securities | | 11,958,576. | 11 | 12,686,940. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 59,929. | 15 | 55,654. | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | 22,042,956. | 16 | 25,536,430. |
| | 17 | Accounts payable and accrued expenses | 833,903. | 17 | 1,179,704. | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 327,684. | 19 | 573,591. | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete F | Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or forme | er officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | antial contributor, or 35% | | | |
| abi | | controlled entity or family member of any of these | e persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelate | ed third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | ables to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,161,587. | 26 | 1,753,295. |
| s | | Organizations that follow FASB ASC 958, chec | ck here 🕨 🗴 | | | |
| Ce | | and complete lines 27, 28, 32, and 33. | | | | 00.004.005 |
| alar | 27 | Net assets without donor restrictions | 20,283,386. | 27 | 23,034,267. | |
| ä | 28 | Net assets with donor restrictions | | 597,983. | 28 | 748,868. |
| Fund Balances | | Organizations that do not follow FASB ASC 95 | 68, check here 🕨 🔛 | | | |
| Е | | and complete lines 29 through 33. | | | | |
| Net Assets or | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or equ | | | 30 | |
| μĂ | 31 | Retained earnings, endowment, accumulated inc | | | 31 | |
| Ne | 32 | Total net assets or fund balances | | 20,881,369. | 32 | 23,783,135. |
| | 33 | Total liabilities and net assets/fund balances | | 22,042,956. | 33 | 25,536,430. |

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25693__1

Form 990 (2021)

| Form | 990 (2021) FILOLI CENTER | 95-2996648 | | Pad | _{ge} 12 |
|------|----------------------------------------------------------------------------------------------------------------------|------------|---------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | 4 |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 12, | 805, | 929. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9, | 379, | 753. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | З, | 426, | 176. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 20, | 881, | 369. |
| 5 | Net unrealized gains (losses) on investments | 5 | - | 524, | 410. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 23, | 783, | 135. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | - | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | D. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | ····· [| 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | · · | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | le Audit | | | |
| | Act and OMB Circular A-133? | ····· - | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |

Form **990** (2021)

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

| OMB No. 1545-0047 |
|-------------------|
| 2021 |
| Open to Public |

| | | | | | Open to Public Inspection | | | | | | |
|------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|--------------------|---------------|----------------------------|--|
| Nam | e of t | the organizati | | Ŭ | | | | | Employer | identification number | |
| | | | FILOLI | CENTER | | | | | | 95-2996648 | |
| Pa | rt I | Reason | for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructior | is. | | |
| The | e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) | | | | | | | | | | |
| 1 | | A church, co | nvention of ch | urches, or associatio | on of churches described | l in sectio | n 170(b)(1 |)(A)(i). | | | |
| 2 | | A school des | cribed in sect i | ion 170(b)(1)(A)(ii).(| Attach Schedule E (Forn | า 990).) | | | | | |
| 3 | | A hospital or | a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organizati | on operated fo | or the benefit of a co | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | |
| | | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, sta | te, or local gov | vernment or governn | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | | An organizati | on that norma | lly receives a substa | ntial part of its support fi | rom a gove | ernmental | unit or from t | ne general p | public described in | |
| | | section 170(| b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | |
| 8 | | A community | r trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An agricultur | al research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | |
| | | or university | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | or | |
| | | university: | | | | | | | | | |
| 10 | X | • | | • | than 33 1/3% of its supp | | | | • | • | |
| | | | | | t to certain exceptions; a | | | | | | |
| | | | | | (less section 511 tax) fro | om busines | ses acquii | red by the org | ganization a | fter June 30, 1975. | |
| | | | | mplete Part III.) | | | | | | | |
| 11 | | | | | ively to test for public sa | | | | | | |
| 12 | | - | - | - | ively for the benefit of, to | | | | - | | |
| | | | | | d in section 509(a)(1) o | | | | | check the box on | |
| - | | - | • | | f supporting organization | | - | | - | -i. i | |
| а | | | | - | upervised, or controlled | • • • | - | | | | |
| | | | - | | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | ipporting | |
| L | | ¬ - | | complete Part IV, Se | | ion with it | | d organizatio | n(a) by bay | ina | |
| b | | | | - | l or controlled in connect anization vested in the sa | | | - | | - | |
| | | | • | t complete Part IV, | | ame perso | ns that coi | ILI UI UI III alla | ge the supp | Jonteu | |
| с | | - | | | g organization operated | in connect | tion with a | and functiona | llv integrate | d with | |
| U | | •• | - | • |). You must complete I | | | | ny mograto | | |
| d | | - | | | porting organization oper | | | | rted organiz | ration(s) | |
| | L | •• | - | • • | zation generally must sat | | | | • | | |
| | | | - | | nplete Part IV, Sections | • | | - | | | |
| е | | - · | | , | written determination fro | | | | II. Type III | | |
| | | _ | 0 | | nally integrated supporti | | | JI 7 JI 7 | , ,, | | |
| f | Ente | | of supported c | | , , , , , , , , , , , , , , , , , , , , | | | | | | |
| g | Prov | vide the follow | ing informatior | n about the supporte | | | | | | | |
| | (| (i) Name of supp | | (ii) EIN | (iii) Type of organization | (iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv) | anization listed ng document? | (v) Amount o | - | (vi) Amount of other | |
| | | organizatior | ו | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Tota | | | | | | | | | | | |

| Sec | tion A. Public Support | | - | - | _ | _ | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|---------------------|-----------|-----------|-----------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | | | | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | |
| | the organization without charge | | | | | | | | | |
| | Total. Add lines 1 through 3 | | | | | | | | | |
| 5 | The portion of total contributions | | | | | | | | | |
| | by each person (other than a | | | | | | | | | |
| | governmental unit or publicly | | | | | | | | | |
| | supported organization) included | | | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | | | |
| | amount shown on line 11, | | | | | | | | | |
| | column (f) | | | | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | | | | |
| | tion B. Total Support | () | (1) 00 (0 | () 22/2 | (1) 0000 | () 222 (| (0 | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | | |
| - | Amounts from line 4 | | | | | | | | | |
| 8 | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| ~ | and income from similar sources | | | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | | | |
| | activities, whether or not the | | | | | | | | | |
| 40 | business is regularly carried on | | | | | | · · · · · | | | |
| 10 | Other income. Do not include gain | | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | 40 | | | | |
| 12 | Gross receipts from related activities, | - | | founth or fifth tox | | 12 | <u> </u> | | | |
| 13 | First 5 years. If the Form 990 is for the organization, check this box and stop | - | | | • | | | | | |
| Sec | tion C. Computation of Publi | | | | | | | | | |
| 14 | Public support percentage for 2021 (li | | | column (f)) | | 14 | % | | | |
| 15 | Public support percentage from 2020 | | | | | 15 | <u>%</u> | | | |
| | 33 1/3% support test - 2021. If the c | | | | | · · · · · | | | | |
| | stop here. The organization qualifies | | | | | | | | | |
| b | 33 1/3% support test - 2020. If the c | | - | | | | | | | |
| | and stop here. The organization qual | | | | | , | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | | |
| | and if the organization meets the facts | - | | | | | | | | |
| | meets the facts-and-circumstances te | | | - | | | | | | |
| b | 10% -facts-and-circumstances test | U U | • • | | • | | | | | |
| | more, and if the organization meets th | - | | | | | | | | |
| | organization meets the facts-and-circu | | | | | | | | | |
| 18 | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | | | |

FILOLI CENTER

fails to qualify under the tests listed below, please complete Part III.)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

95-2996648

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,384,708 1,370,018, 1,661,298. 6,985,088. include any "unusual grants.") 1,092,443 1,476,621 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 5,583,212 6,676,198 7,587,611. 5,305,841. 9,906,790. 35,059,652. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 9,064,232. 6,675,655, 8,060,906, 6,675,859. 11,568,088, 42,044,740. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 127,614 120,157 130,400 157,660. 153,180. 689,011. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 127,614 120,157 130,400 157,660. 153,180 689,011, 41,355,729. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 6,675,655 8,060,906 9,064,232 6,675,859 11,568,088 42,044,740. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 123,694 1,852,231 925,762. 174,157. 1,805,658. 4,881,502. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,852,231 925,762 123,694 174,157. 1,805,658 4,881,502. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 57,069 64,350 52,265 31,460, 55,205 260,349. assets (Explain in Part VI.) 8,584,955. 9,051,018. 9,240,191. 6,881,476. 47,186,591. 13,428,951. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 87.64 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 88.85 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 10.35 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 9.18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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17

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

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

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

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| | dule A (Form 990) 2021 FILOLI CENTER | 95-2996648 | Pa | age 5 |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | ── |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| <u></u> | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | 1 | T |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's c | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon | | | |
| • | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | I | <u> </u> |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 103 | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructions). | | |
| а | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental er | tity (see instruction | · · | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| h | that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | 2d | | |
| U U | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have been engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 2.5 | | |
| a | | | | |
| - | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| ~ | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | Зb | | |
| 13202 | | Schedule A (For | m 990) |) 2021 |

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| nedule A (Form 990) 2021 FILOLI CENTER | | | 95-2996648 Pa |
|------------------------------------------------------------------------------|---------------|-----------------------|--------------------------------|
| art V Type III Non-Functionally Integrated 509(a)(3) Supporti | | | |
| Check here if the organization satisfied the Integral Part Test as a qualify | | | Part VI). See instruction |
| All other Type III non-functionally integrated supporting organizations mu | st complete S | Sections A through E. | |
| ction A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| Net short-term capital gain | 1 | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| Add lines 1 through 3. | 4 | | |
| Depreciation and depletion | 5 | | |
| Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| Other expenses (see instructions) | 7 | | |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ction B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| Subtract line 2 from line 1d. | 3 | | |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 0.035. | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ction C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| Enter 0.85 of line 1. | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| Enter greater of line 2 or line 3. | 4 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |

instructions).

Schedule A (Form 990) 2021

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| Sche | dule A (Form 990) 2021 FILOLI CENTER | | | | 95-2996648 | Page 7 |
|------|-----------------------------------------------------------------|-------------------------------|---------------------------------------|------|-----------------------------------|--------|
| Pa | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ied) | | |
| Sect | on D - Distributions | | | | Current Y | 'ear |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | IS | (iii) Distributa Amount for | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | |
| а | From 2016 | | | | | |
| b | From 2017 | | | | | |
| C | From 2018 | | | | | |
| d | From 2019 | | | | | |
| e | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2021 distributable amount | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2021 distributable amount | | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2017 | | | | | |
| | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| e | Excess from 2021 | | | | | |

Schedule A (Form 990) 2021

| Schedule A (Form 990) 2021 Part VI Supplemental Info | FILOLI CENTER | | Page |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|
| Part IV, Section A, lines line 1; Part IV, Section D | rmation. Provide the explanations required by Part II 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c , lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, a I 8; and Part V, Section E, lines 2, 5, and 6. Also comple | c; Part IV, Section B, lines 1 and 2; Part IV, Section (and 3b; Part V, line 1; Part V, Section B, line 1e; Part | C, t V, |
| SCHEDULE A, PART III, LINE 1 | 2, EXPLANATION FOR OTHER INCOME: | | |
| GROSS INCOME FROM FUNDRAISIN | G EVENTS | | |
| 2017 AMOUNT: \$ 57,069. | | | |
| 2018 AMOUNT: \$ 64,350. | | | |
| 2019 AMOUNT: \$ 48,840. | | | |
| 2020 AMOUNT: \$ 31,460. | | | |
| 2021 AMOUNT: \$ 55,205. | | | |
| GROSS INCOME FROM GAMING | | | |
| 2017 AMOUNT: \$ 0. | | | |
| 2018 AMOUNT: \$ 0. | | | |
| 2019 AMOUNT: \$ 3,425. | | | |
| 2020 AMOUNT: \$ 0. | | | |
| 2021 AMOUNT: \$ 0. | | | |
| | | | |
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132028 01-04-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

| * * | PUBLIC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|
|-----|--------|------------|------|-----|

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202⁻

Employer identification number

| | FILOLI CENTER | 95-2996648 |
|-------------------------|----------------------------------------------------------------------------------|------------|
| Organization type (chec | sk one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

| | B (Form 990) (2021) | | Page 2 |
|------------|-----------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------|
| Name of o | rganization | | Employer identification number |
| FILOLI C | CENTER | | 95-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | ional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 1 | | \$6, | Person X Payroll I Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 2 | | \$5, | ,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 3 | | \$11, | 500. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 4 | | \$10, | ,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 5 | | \$8, | A225. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 6 | | \$8, | 659. Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| | 3 (Form 990) (2021) | | Page |
|------------|--------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Name of or | rganization | | Employer identification number |
| FILOLI C | ENTER | | 95-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I in | f additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Type of contribution |
| 7 | | \$25 | ,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Ins Type of contribution |
| 8 | | \$11 | ,500. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 9 | | \$21 | ,500. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 10 | | \$31 | ,138. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 11 | | \$6 | , 300. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Type of contribution |
| | -21 | \$15 | ,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

Schedule B (Form 990) (2021)

| | B (Form 990) (2021) | | | Page 2 |
|------------|--------------------------------------------------------------------------------|--------------------------|--------|------------------------------------------------------------------------------------|
| Name of o | rganization | | Emplo | yer identification number |
| FILOLI C | ENTER | | 9 | 5-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additionate | al space is needed. | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 13 | | \$12 | . 275. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 14_ | | \$5 | ,740. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 15 | | \$10 | 360. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 16 | | \$6 | .100. | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 17 | | \$30 | .688. | PersonXPayrollImage: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 18 | | | ,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| | 3 (Form 990) (2021) | | | Page 2 |
|------------|----------------------------------------------------------------------|----------------------------|--------|--------------------------------------------------------------------------------------------------------------------|
| Name of or | rganization | | Emplo | yer identification number |
| FILOLI C | ENTER | | 9 | 5-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributi | ons | (d) Type of contribution |
| 19_ | | \$ | 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributi | ons | (d) Type of contribution |
| | | \$1 | 2,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributi | | (d) Type of contribution |
| 21 | | | 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributi | ons | (d) Type of contribution |
| | | \$1 | 3,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributi | ons | (d) Type of contribution |
| 23 | | \$2 | 0,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributi | ons | (d) Type of contribution |
| 24 | | \$1 | 0,740. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

| | 3 (Form 990) (2021) | | Page 2 |
|------------|--------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of or | rganization | E | mployer identification number |
| FILOLI C | ENTER | | 95-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25_ | | \$19,96 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | | \$14,66 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27 | | \$10,50 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | | \$50,75 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 29_ | | \$8,05 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | | \$5,74 | .0. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

| | 3 (Form 990) (2021) | | Page 2 |
|-------------------------|--------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------|
| Name of or | rganization | E | Employer identification number |
| FILOLI C | ENTER | | 95-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31_ | | \$18,0 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | | \$5,0 | 00. Person X 00. Noncash Image: Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> <u>33</u> | Name, address, and ZIP + 4 | Total contributions | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34_ | | \$5,0 | 00. Person X 00. Noncash I (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | | \$111,9 | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 36 | | \$6,0 | Person X Payroll Image: Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

| | B (Form 990) (2021) | | | Page |
|------------|----------------------------------------------------------------------|-----------------------------|---------|--------------------------------------------------------------------------------------------------------------------|
| Name of or | rganization | | Emplo | over identification number |
| FILOLI C | ENTER | | 9 | 5-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 37 | | \$ | 6,620. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 38_ | | \$ | 71,260. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) | (c) Total contribu | | (d) Type of contribution |
| 39 | Name, address, and ZIP + 4 | \$ | 5,740. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 40 | | \$1 | .2,129. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| | | \$1 | .5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 42 | | \$ | 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

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| | 3 (Form 990) (2021) | | Page |
|------------|--------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Name of or | rganization | | Employer identification number |
| FILOLI C | ENTER | | 95-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I in | f additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Type of contribution |
| 43 | | \$50 | ,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ons Type of contribution |
| 44 | | \$5 | ,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Type of contribution |
| 45 | | | ,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ons Type of contribution |
| 46 | | \$5 | ,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Type of contribution |
| 47 | | \$5 | ,810. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ons Type of contribution |
| 48 | | \$9 | ,420. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

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| | 3 (Form 990) (2021) | | | Page 2 |
|-----------------|----------------------------------------------------------------------|----------------------------|---------|--------------------------------------------------------------------------------------------------------------------|
| Name of or | rganization | | Emplo | oyer identification number |
| FILOLI C | ENTER | | 9 | 5-2996648 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| <u> 49 </u> | | \$ | 9,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 50 | | \$ | 9,860. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tiono | (d) Type of contribution |
| 51 | | | 21,902. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 52 | | \$1 | L2,740. | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 53 | | \$ 1 | 10,536. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribu | tions | (d) Type of contribution |
| 54 | | \$60 | 03,981. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

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| Schedule I | B (Form 990) (2021) | | | Page 3 | | |
|------------------------------|----------------------------------------------------------------------|----------------------------------------------|--------------------------------|----------------------|--|--|
| Name of organization | | | Employer identification number | | | |
| FILOLI CENTER | | | 95-2996648 | | | |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed | l. | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | | (d) Date received | | |
| 17 | 25 SHARES VGT & 24 SHARES VUG | _ | | | | |
| | | \$15, | \$15,212. | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | | (d) Date received | | |
| | WINE | _ | | | | |
| 26 | | \$6, | 660. | 12/31/21 | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | | (d) Date received | | |
| 53 | WINE | _ | | | | |
| | | \$10, | 536. | 12/31/21 | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | | (d) Date received | | |
| | | _ | | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | | (d) Date received | | |
| | | \$ | | | | |
| | | _ ^Ψ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | | (d) Date received | | |
| | | - | | | | |
| | | _ | | | | |
| | | \$ | | | | |

Schedule B (Form 990) (2021)

| lame of organi | zation | | Employer identification num | | | | | |
|---------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|--|--|--|--|--|
| ILOLI CENTI | ER | | 95-2996648 | | | | | |
| Part III Ex | clusively religious, charitable, etc., contribut om any one contributor. Complete columns (a | ions to organizations described in s | section 501(c)(7), (8), or (10) that total more than \$1,000 for the | | | | | |
| cor | mpleting Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 o | r less for the year. (Enter this info. once.) > \$ | | | | | |
| | se duplicate copies of Part III if additional | space is needed. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of g | ift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | [| | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| Part I | (| (-, 3 | (, | | | | | |
| — | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of g | ift | | | | | |
| | | | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| [| | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | | |
| 1 | | | | | | | | |
| — | | | | | | | | |
| | | | | | | | | |

35 2021.04014 FILOLI CENTER

| SCHEDULE [|) |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service Name of the organization

| (Form 990) | |
|------------|--|
|------------|--|

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



Employer identification number

| | FILOLI CENTER | | 95-2996648 | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|--|--|--|
| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds or Ac | counts. Complete if the | | | |
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | · | | | |
| | | (a) Donor advised funds | b) Funds and other accounts | | | |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| | | | | | | |
| 4 | Aggregate value at end of year | | 1- | | | |
| 5 | Did the organization inform all donors and donor advisors in | - | | | | |
| • | are the organization's property, subject to the organization's | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | |
| | for charitable purposes and not for the benefit of the donor o | | · | | | |
| D | impermissible private benefit? | | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part IV, | line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | | | |
| | Preservation of land for public use (for example, recrea | tion or education) | prically important land area | | | |
| | Protection of natural habitat | Preservation of a certi | fied historic structure | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form of a co | nservation easement on the last | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | |
| а | Total number of conservation easements | | 2a | | | |
| b | <u> </u> | | 2b | | | |
| с | Number of conservation easements on a certified historic stru | | 2c | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | |
| | listed in the National Register | - | 2d | | | |
| 3 | Number of conservation easements modified, transferred, rel | | zation during the tax | | | |
| | year ► | | C C | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | |
| • | violations, and enforcement of the conservation easements it | | Yes No | | | |
| 6 | | | | | | |
| Ŭ | | | n oacomonico dannig trio your | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation eas | sements during the year | | | |
| • | S | | sements during the your | | | |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the requirements of section $170(h)(4)(R)$ | (i) | | | |
| U | | • • • • • • • • • • • • • • • • • • • • | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | an assamante in ite ravanua and avnance statem | | | | |
| 9 | balance sheet, and include, if applicable, the text of the footr | • | | | | |
| | | iote to the organization's infancial statements that | at describes the | | | |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art Historical Treasures or Other S | imilar Assets | | | |
| 1 41 | Complete if the organization answered "Yes" on Form | | | | | |
| | | | | | | |
| Id | If the organization elected, as permitted under FASB ASC 95 | | | | | |
| | of art, historical treasures, or other similar assets held for put | | | | | |
| | service, provide in Part XIII the text of the footnote to its finar | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | - | | | | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, | | | | | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | |
| | | | | | | |
| 2 | If the organization received or held works of art, historical treat | asures, or other similar assets for financial gain, p | provide | | | |
| | the following amounts required to be reported under FASB A | SC 958 relating to these items: | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ | | | |
| b | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | s for Form 990. | Schedule D (Form 990) 2021 | | | |
| | 10-28-21 | | | | | |

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| Sche | dule D (Form 990) 2021 FILOLI CEN | | | | | | 95-299 | | Pa | _{age} 2 |
|------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|-------------------------------|--------------|------------------------|---------------|-----------------|---------|------------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical | Treasures, o | r Other | Simila | r Assets | (contin | nued) | |
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | X Public exhibition | d | I X Loan or | exchange progra | am | | | | | |
| b | Scholarly research | e | • 🗌 Other _ | | | | | | | |
| с | X Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how they furth | er the organizatio | n's exem | pt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, historical | reasures, or othe | er similar a | assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | X | No |
| Par | t IV Escrow and Custodial Arran reported an amount on Form 990, Pa | | ete if the organiz | ation answered ' | 'Yes" on | Form 990 |), Part IV, I | ine 9, or | | |
| 1a | Is the organization an agent, trustee, custod | | iary for contribu | tions or other as | sets not ir | ncluded | | | | |
| Ĩ | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | ····· – | | |] |
| ~ | | | iennig tablet | | | | | Amoun | t | |
| с | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | | | | | ty? | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation has b | een provided on l | Part XIII | | | | |] |
| Par | t V Endowment Funds. Complete | if the organization an | swered "Yes" o | n Form 990, Part | IV, line 1 | 0. | | | | |
| | | (a) Current year | (b) Prior yea | r (c) Two year | rs back | (d) Three y | /ears back | (e) Fou | ' years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balance | e (line 1g, colum | n (a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| с | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation that are he | d and administer | ed for the | e organiza | ation | 1 | | |
| | by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | Dentil | | | | | |
| | Complete if the organization answere | | | | | | | | | |
| | Description of property | (a) Cost or o basis (investr | • • • | Cost or other asis (other) | • • | cumulate preciation | ed | (d) Boo | k valu | Э |
| 1a | Land | | | 551,844. | | | | | 551, | 844. |
| b | Buildings | | | 11,107,491. | | 6,857, | 264. | 4 | 250, | 227. |
| с | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | 1,609,634. | | 1,446, | 283. | | 163, | 351. |
| e | Other | | | 288,881. | | 153, | 260. | | 135, | 621. |
| Tota | . Add lines 1a through 1e. (Column (d) must e | aual Form 990. Part | X. column (B). lii | ne 10c.) | <u></u> | <u></u> . | | 5 | 101, | 043. |
| | | | | | | | | | | |

Schedule D (Form 990) 2021

13320818 758661 25693

| Complete if the organization answered "Yes" of | on Form 990. Part IV. line | 11b. See Form 990. Part X. line 12. | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | of-year market value |
| (1) Financial derivatives | () | | , |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (r) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11c. See Form 990. Part X. line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | of-vear market value |
| | | | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | | 110. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| (a) Dependentieve of lightlifter | | | (b) Book value |
| 1. (a) Description of liability | | | |
| (1) Federal income taxes | | | |
| | | | |
| (1) Federal income taxes | | | |
| (1) Federal income taxes (2) | | | |
| (1) Federal income taxes (2) (3) | | | |
| (1) Federal income taxes (2) (3) (4) | | | |
| (1) Federal income taxes (2) (3) (4) (5) (6) | | | |
| (1) Federal income taxes (2) (3) (4) (5) (6) (7) | | | |
| (1) Federal income taxes (2) (3) (4) (5) (6) | | | |

Country (D) must equal r off 330, Fait A, COI, (D) me 23.

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

Schedule D (Form 990) 2021

X

| Sche | dule D (Form 990) 2021 FILOLI CENTER | | | 95-2996 | 648 Page 4 |
|-------|-----------------------------------------------------------------------------------------------|----------------------|----------------------|----------------|-------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial State | ments With R | evenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 12,563,268. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -524,410. | | |
| b | Donated services and use of facilities | 2b | 176,543. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | | | | | |
| е | Add lines 2a through 2d | | | 2e | -347,867. |
| 3 | Subtract line 2e from line 1 | | | 3 | 12,911,135. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 5,404. | | |
| b | Other (Describe in Part XIII.) | | -110,610. | | |
| с | Add lines 4a and 4b | | | 4c | -105,206. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 12,805,929. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stat | | | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 9,424,599. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 176,543. | | |
| b | Prior year adjustments | | | | |
| с | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | 110,610. | | |
| е | | | | 2e | 287,153. |
| 3 | Subtract line 2e from line 1 | | | 3 | 9,137,446. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 5,404. | | |
| b | Other (Describe in Part XIII.) | | 236,903. | | |
| | Add lines 4a and 4b | | | 4c | 242,307. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | | 5 | 9,379,753. |
| Pa | rt XIII Supplemental Information. | | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV. lines 1b ar | d 2b: Part V. line 4 | : Part X. line | 2: Part XI. |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | | | , , , | , , |
| | ,,,,,,,, | | | | |
| | | | | | |
| PART | III, LINE 4: | | | | |
| | • | | | | |
| FILC | OLI IS DEDICATED TO CONNECTING OUR RICH HISTORY WITH A VIBR | ANT FUTURE | | | |
| | | | | | |
| THRC | UGH BEAUTY, NATURE AND SHARED STORIES. WE ENVISION A TIME | WHEN ALL | | | |

PEOPLE HONOR NATURE, VALUE UNIQUE EXPERIENCES, AND APPRECIATE BEAUTY IN

EVERYDAY LIFE. THE PRESERVATION OF WORKS OF ART CONTAINED IN THE HISTORIC

BUILDINGS AND SURROUNDING GARDENS IS CONSISTENT WITH THE ORGANIZATION'S

EXEMPT PURPOSE AND MISSION.

UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) 958, FILOLI'S MUSEUM OBJECT

COLLECTION, LIBRARY COLLECTION, AND LIVING COLLECTION QUALIFY AS

COLLECTIONS. COLLECTION ITEMS ACQUIRED THROUGH PURCHASE ARE RECOGNIZED AS

ACCESSIONS AND DECREASE NET ASSETS WITHOUT DONOR RESTRICTIONS IF PURCHASED

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Schedule D (Form 990) 2021

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Part XIII Supplemental Information (continued)

WITH NET ASSETS WITHOUT DONOR RESTRICTION OR RESULT IN A RELEASE ON THE

STATEMENT OF ACTIVITIES OF NET ASSETS WITH DONOR RESTRICTIONS IF PURCHASED

WITH ASSETS WITH DONOR RESTRICTION.

COLLECTION ITEMS ARE SOLD SOLELY FOR THE ADVANCEMENT OF FILOLI'S MISSION

AND THE ENHANCEMENT OF ITS COLLECTIONS. PROCEEDS FROM ITEMS SOLD ARE USED

FOR THE ACQUISITION OF NEW COLLECTION ITEMS OR THE DIRECT CARE,

PRESERVATION, AND CONSERVATION OF EXISTING COLLECTIONS. FILOLI DEFINES

DIRECT CARE IN ACCORDANCE WITH THE AMERICAN ALLIANCE OF MUSEUMS'

GUIDELINES, THAT IS, AN INVESTMENT THAT ENHANCES THE LIFE, USEFULNESS OR

QUALITY OF COLLECTIONS, THEREBY ENSURING THE PROCEEDS WILL CONTINUE TO

BENEFIT THE PUBLIC. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE

REFLECTED IN THE STATEMENT OF ACTIVITIES BASED ON THE NATURE, ABSENCE OR

EXISTENCE OF THE ORIGINAL DONOR-IMPOSED RESTRICTIONS.

MUSEUM OBJECT AND LIBRARY COLLECTION ITEMS ARE INVENTORIED AND

APPROPRIATELY CARED FOR, BY IN-HOUSE CURATORS TO PRESERVE THE COLLECTION'S

INTEGRITY. SIMILARLY, THE LIVING COLLECTIONS ARE INVENTORIED AND

APPROPRIATELY CARED FOR BY HORTICULTURISTS.

FILOLI MAINTAINS MUSEUM OBJECTS WHICH ARE ON LOAN FROM VARIOUS SOURCES.

THE MAJORITY OF SUCH "ON LOAN" ITEMS ARE THE PROPERTY OF THE NATIONAL

TRUST. FILOLI MAINTAINS RECORDS OF SUCH ITEMS BUT DOES NOT RECORD THE

VALUE OF SUCH ON ITS STATEMENT OF FINANCIAL POSITION.

PART X, LINE 2:

FILOLI IS A TAX-EXEMPT ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE

SECTION 501(C)(3) AND SECTION 23701D OF THE CALIFORNIA REVENUE AND

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Schedule D (Form 990) 2021

13320818 758661 25693

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| Schedule D (Form 990) 2021 FILOLI CENTER | 95-2996648 | Page 5 |
|---------------------------------------------------------------------------|------------|--------|
| Part XIII Supplemental Information (continued) | | |
| TAXATION CODE AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL AND STATE INCOME | | |
| | | |
| TAXES ON RELATED BUSINESS INCOME. | | |
| | | |
| | | |
| MANAGEMENT HAS EVALUATED FILOLI'S TAX POSITIONS AND CONCLUDED THAT FILOLI | | |
| HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX | | |
| | | |
| POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS AS OF | | |
| DECEMBER 31, 2021 OR 2020. | | |
| DECEMBER 31, 2021 OR 2020. | | |
| | | |
| | | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | | |
| FUNDRAISING EXPENSES NETTED WITH REVENUE -110,610. | | |
| | | |
| | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | |
| | | |
| FUNDRAISING EXPENSES NETTED WITH REVENUE 110,610. | | |
| | | |
| | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | | |
| LOSS ON DISPOSAL OF ASSETS 236,903. | | |
| | | |
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Schedule D (Form 990) 2021

132055 10-28-21

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | ities 🛛 🛛 | DMB No. 1545-0047 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|----------------------------------------------------------------|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$15 | | | | r 19, | or if the | 2021 |
| Department of the Treasury Internal Revenue Service | | Attach to Form 990 | | | | | | Open to Public Inspection |
| Name of the organization | | to www.irs.gov/Form990 for instru | uction | s and | the latest information | on. | Employer ide | entification number |
| | FILOLI CEN | | | | | | 95-299664 | |
| | complete this part | Complete if the organization answe t. | red "Y | es" or | n Form 990, Part IV, li | ine 1 | 7. Form 990-EZ | filers are not |
| a Mail solicitat b Internet and c Phone solicitat d In-person social 2 a Did the organization key employees list | tions l email solicitations itations olicitations on have a written o ted in Form 990, Pa) highest paid indiv | f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc | non-g gover aising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have c or cor contrib | ustody itrol of | (iv) Gross receipts from activity | tò (o | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| - | | | Yes | No | | | | |
| | | | | | | | | |
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| | | n is registered or licensed to solicit c | ontrib | ▶ utions | or has been notified | it is e | exempt from re | gistration |
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| LHA For Paperwork R | eduction Act Noti | ce, see the Instructions for Form 9 | 90 or | 990-E | Z. | | Schedule | e G (Form 990) 2021 |

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events |
|-----------------|----------------------------------------------|--------------------|-----------------|--------------------------|-----------------------|
| | | GALA | HOLIDAY OPENING | | (add col. (a) through |
| ۵ | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | Gross receipts | 304,936. | 71,875. | | 376,811 |
| 2 | Less: Contributions | 272,596. | 49,010. | | 321,606 |
| 3 | Gross income (line 1 minus line 2) | 32,340. | 22,865. | | 55,205 |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | | | |
| 6 bense | Rent/facility costs | 11,178. | 5,618. | | 16,796 |
| Ulrect Expenses | Food and beverages | 56,691. | 18,162. | | 74,853 |
| آ 8 | Entertainment | 4,790. | 3,175. | | 7,965 |
| 9 | | 8,324. | 2,672. | | 10,996 |
| 10 | D Direct expense summary. Add lines 4 throug | h 9 in column (d) | | ► | 110,610 |
| 11 | 1 Net income summary. Subtract line 10 from | line 3, column (d) | | | -55,405 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | |
|-----------------|-------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------|------------------|-----------------------------------------------------|--|--|
| Rev | 1 Gross revenue | | | | | | |
| es | 2 Cash prizes | | | | | | |
| xbeus | 3 Noncash prizes | | | | | | |
| Direct Expenses | 4 Rent/facility costs | | | | | | |
| _ | 5 Other direct expenses | | | | | | |
| | 6 Volunteer labor | └── Yes % └── No | └── Yes % └── No | Yes % | | | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | | |
| | 8 Net gaming income summary. Subtract line 7 f | rom line 1, column (d) | | > | | | |
| 9 a | Enter the state(s) in which the organization conduc I Is the organization licensed to conduct gaming act | | | | | | |
| b | If "No," explain: | | | | | | |
| | | | | | | | |
| | Were any of the organization's gaming licenses rev | • • | • • | /ear? | Yes No | | |
| b | If "Yes," explain: | | | | | | |
| | | | | | | | |

132082 10-21-21

Schedule G (Form 990) 2021

| Sch | edule G (Form 990) 2021 | FILOLI CENTER | 95- | 299664 | 18 | Page 3 |
|------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|--------|-----------|
| 11 | Does the organization conduct g | aming activities with nonmembers? | | | Yes | No |
| | Is the organization a grantor, be | eficiary or trustee of a trust, or a member of a partnershi | p or other entity formed | | | |
| | to administer charitable gaming? | | | | Yes | No No |
| 13 | Indicate the percentage of gamin | g activity conducted in: | | 1 | | |
| | | | | | | % |
| | | | | 13b | | % |
| 14 | Enter the name and address of t | e person who prepares the organization's gaming/speci | al events books and records: | | | |
| | Name 🕨 | | | | | |
| | Address 🕨 | | | | | |
| 15a | Does the organization have a co | tract with a third party from whom the organization rece | vives gaming revenue? | | Yes | No No |
| b | If "Yes," enter the amount of gar | ing revenue received by the organization \blacktriangleright \$ | and the amount | | | |
| | | e third party ▶\$ | | | | |
| c | If "Yes," enter name and addres | | | | | |
| | | | | | | |
| | Name 🕨 | | | | | |
| | Address 🕨 | | | | | |
| 16 | Gaming manager information: | | | | | |
| | | | | | | |
| | Name 🕨 | | | | | |
| | | | | | | |
| | Gaming manager compensation | ▶ \$ | | | | |
| | | | | | | |
| | Description of services provided | • | | | | |
| | | | | | | |
| | | | | | | |
| | Director/officer | Employee Independent contract | tor | | | |
| | | | | | | |
| 17 | Mandatory distributions: | | | | | |
| a | Is the organization required unde | r state law to make charitable distributions from the gam | ing proceeds to | | | |
| | retain the state gaming license? | | | 📖 | Yes | No No |
| b | | required under state law to be distributed to other exem | pt organizations or spent in the | | | |
| Da | organization's own exempt activ rt IV Supplemental Info | | | : | | |
| Га | | mation. Provide the explanations required by Part I, li s applicable. Also provide any additional information. See | | art III, IIr | ies 9, | 96, 106, |
| | 150, 150, 16, and 170, a | | | | | |
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| 1320 | 83 10-21-21 | | Sche | dule G | (Form | 990) 2021 |

| SC | HEDULE J | Compensa | ation Information | I | OMB No. 1 | 1545-004 | 47 | | | |
|------|----------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------|-------------|-------------|----------------|--------|--|--|--|
| (Fo | rm 990) | • | s, Trustees, Key Employees, and Highest | | 2021 | | | | | |
| | | Compe | ensated Employees swered "Yes" on Form 990, Part IV, line 23. | | ZU | | | | | |
| Dena | tment of the Treasury | | ich to Form 990. | | Open to | Open to Public | | | | |
| | al Revenue Service | | for instructions and the latest information. | | Inspe | Inspection | | | | |
| Nam | e of the organizatio | 1 | | Employer id | | on nui | mber | | | |
| | | FILOLI CENTER | | 95-29 | 96648 | | | | | |
| Ра | rt I Question | s Regarding Compensation | | | | | | | | |
| | | | | | | Yes | No | | | |
| 1a | | | the following to or for a person listed on Form | 990, | | | | | | |
| | | line 1a. Complete Part III to provide any releva | | | | | | | | |
| | First-class or o | | X Housing allowance or residence for person | | | | | | | |
| | Travel for com | • | Payments for business use of personal res | | | | | | | |
| | _ | ation and gross-up payments | Health or social club dues or initiation fees | | | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | | | | | | | |
| | lf and af the heat | an line de sus shashash distais sussesion d'art | | | | | | | | |
| a | - | on line 1a are checked, did the organization for | | | | х | | | | |
| • | | rovision of all of the expenses described above | , I I IIIII | | <u>1b</u> | | | | | |
| 2 | • | n require substantiation prior to reimbursing o | | | 2 | х | | | | |
| | trustees, and onice | is, including the CEO/Executive Director, rega | arding the items checked on line 1a? | | 🔼 | | | | | |
| 3 | Indicato which if a | w, of the following the organization used to or | stablish the compensation of the organization's | | | | | | | |
| 5 | , | | poxes for methods used by a related organization | | | | | | | |
| | | ation of the CEO/Executive Director, but expla | , , | | | | | | | |
| | X Compensation | | Written employment contract | | | | | | | |
| | | ompensation consultant | X Compensation survey or study | | | | | | | |
| | | ther organizations | X Approval by the board or compensation c | ommittee | | | | | | |
| | | the organizations | | Uninitiee | | | | | | |
| 4 | During the year did | any person listed on Form 990, Part VII, Sect | tion A line 1a with respect to the filing | | | | | | | |
| | organization or a re | ••• | torry, me ra, warrespeet to the ming | | | | | | | |
| а | - | e payment or change-of-control payment? | | | 4a | | x | | | |
| b | | eive payment from a supplemental nonqualifi | | | | | x | | | |
| | | eive payment from an equity-based compensi | | | | | x | | | |
| • | - | les 4a-c, list the persons and provide the appl | | | | | | | | |
| | | | | | | | | | | |
| | Only section 501(|)(3), 501(c)(4), and 501(c)(29) organizations | must complete lines 5-9. | | | | | | | |
| 5 | | | he organization pay or accrue any compensatio | n | | | | | | |
| | contingent on the r | | | | | | | | | |
| а | • | | | | . 5a | | x | | | |
| | | | | | | | x | | | |
| | | r 5b, describe in Part III. | | | | | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did th | he organization pay or accrue any compensatio | n | | | | | | |
| | contingent on the r | et earnings of: | | | | | | | | |
| а | The organization? | | | | . 6a | | x | | | |
| b | | | | | | | X | | | |
| | | r 6b, describe in Part III. | | | | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did th | he organization provide any nonfixed payments | | | | | | | |
| | not described on li | les 5 and 6? If "Yes," describe in Part III \ldots | | | . 7 | | x | | | |
| 8 | Were any amounts | reported on Form 990, Part VII, paid or accrue | ed pursuant to a contract that was subject to th | e | | | | | | |
| | initial contract exce | ption described in Regulations section 53.495 | 58-4(a)(3)? If "Yes," describe in Part III | | 8 | | X | | | |
| 9 | If "Yes" on line 8, d | d the organization also follow the rebuttable p | presumption procedure described in | | | | | | | |
| | | | | | . 9 | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions fo | or Form 990. | Schedu | ile J (Forn | n 990) |) 2021 | | | |

132111 11-02-21

95-2996648

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------------|------|--------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) KARA NEWPORT | (i) | 256,512. | 12,250. | 180. | 11,286. | 29,091. | 309,319. | 0. |
| CEO & EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) AYAKO FUKUDOME | (i) | 193,507. | 0. | 276. | 7,740. | 729. | 202,252. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ALEXANDER FERNANDEZ | (i) | 116,768. | 0. | 384. | 5,091. | 75,331. | 197,574. | 0. |
| CHIEF OPERATING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 1A:

RESIDENCE ON PROPERTY IS PROVIDED TO THE CHIEF OPERATING OFFICER AT A

REDUCED RENT. THE CHIEF OPERATING OFFICER IS REQUIRED TO LIVE ON PROPERTY

FOR EMERGENCIES AND SAFETY OF THE HISTORIC HOUSE AND GARDENS ON THE

654-ACRE ESTATE. THE NONTAXABLE VALUE OF SUCH BENEFIT WAS \$44,100.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury | |
|----------------------------|--|
| Internal Revenue Service | |

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

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



Name of the organization

FILOLI CENTER

| Employer | identification | number |
|----------|----------------|--------|
|----------|----------------|--------|

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 15,707.FMV Х 2 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy _____ 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (WINE Х 2 17,196.FMV 25 Other **>** Other 🕨 26 () 27 Other () 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions 1 for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31

contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

Schedule M (Form 990) 2021

32a

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| chedule M (Form 990) 2021 FILOLI CENTER | 95-2996648 Page 2 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Part II Supplemental Information. Provide the information required by Part I, lin- is reporting in Part I, column (b), the number of contributions, the number of items this part for any additional information. | es 30b, 32b, and 33, and whether the organization s received, or a combination of both. Also complete |
| CHEDULE M, PART I, COLUMN (B): | |
| HE NUMBER OF CONTRIBUTORS REPRESENTS THE NUMBER OF DONORS, NOT THE | |
| UMBER OF ITEMS DONATED. | |
| | |
| CHEDULE M, LINE 33: | |
| O AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G AND SCHEDULE M, | |
| ART I, LINE 1 FOR DONATIONS OF WORKS OF ART BECAUSE THE CENTER DID NO | DT |
| APITALIZE ITS COLLECTIONS, AS ALLOWED UNDER FINANCIAL STANDARDS BOARI |) |
| CCOUNTING STANDARDS CODIFICATION 958-360-25 (ASC 958-360-25) (FORMERI | У |
| FAS 116). | |
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| 32142 11-17-21 | Schedule M (Form 990) 202 |

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 95-2996648

FILOLI CENTER

FORM 990, PART I, LINE 6:

SINCE THE MIDDLE OF MARCH 2020, FILOLI'S VOLUNTEER PROGRAM HAS BEEN OFF

LINE DUE TO THE PANDEMIC AND ITS HEALTH AND SAFETY REQUIREMENTS.

CONSEQUENTLY, THE NUMBER OF HOURS VOLUNTEERS SERVED DURING THE TAX YEAR

DECREASED TO APPROXIMATELY 1,500 HOURS.

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

COLLECTION, GIFT SHOP, MEMBERSHIP PROGRAMS, EVENTS, AND EDUCATION &

INTERPRETATION.

EXPENSES \$ 3,675,484. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,270,834.

PRESERVATION/HOUSE AND COLLECTION: THIS HISTORIC ESTATE WAS BUILT IN

1915-1917 AND REMAINS ONE OF THE ONLY CONTINUOUSLY OPERATING COUNTRY

ESTATES IN CALIFORNIA. PRESERVATION WORK IN 2021 INCLUDED RENOVATION OF

THE GENTLEMEN'S LOUNGE IN THE HISTORIC HOUSE, AND RESTORING THE

HISTORIC FLOORS IN THE HISTORIC HOUSE.

FILOLI MAINTAINS A FULL EXHIBIT OF PERIOD PIECES WHICH ARE DISPLAYED

THROUGHOUT THE FIRST FLOOR OF THE 54,000 SQUARE FOOT MANSION, DEPICTING

LIFE WITHIN A CALIFORNIA ESTATE AT THE TURN OF THE 20TH CENTURY. THE

COLLECTION INCLUDES UPWARDS OF ABOUT 5,000 ARTIFACTS SOME OF WHICH ARE

ON LOAN FROM THE NATIONAL TRUST OF HISTORIC PRESERVATION. TWO CURATORS

MAINTAIN THE COLLECTION, BOTH IN TERMS OF PRESERVATION AND DISPLAY.

FILOLI BECAME AN ACCREDITED MUSEUM BY THE AMERICAN ALLIANCE OF MUSEUMS

IN 2021 AND ADHERES TO THE COLLECTIONS MANAGEMENT AND OTHER STANDARDS

AS REQUIRED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 51 Name of the organization

95-2996648

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

MANAGEMENT (CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER) REVIEWED

THE FORM 990 PROVIDED BY THE TAX PREPARING FIRM. UPON SATISFACTION

MANAGEMENT PROVIDED A COMPLETE COPY OF THE FORM 990 TO THE BOARD AUDIT

COMMITTEE FOR A DETAILED REVIEW. UPON THE AUDIT COMMITTEE'S REVIEW AND

APPROVAL. A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS PROVIDED TO THE

BOARD PRIOR TO FILING.

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

FILOLI CENTER FOLLOWS A CONFLICT OF INTEREST POLICY DESIGNED TO FOSTER

PUBLIC CONFIDENCE IN THE INTEGRITY OF THE ORGANIZATION AND TO PROTECT THE

ORGANIZATION'S INTEREST WHEN IT IS CONTEMPLATING ENTERING A TRANSACTION OR

ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A BOARD MEMBER,

OFFICER, THE TOP MANAGEMENT OFFICIAL, THE TOP FINANCIAL OFFICIAL, ANY

PERSON WITH SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION, OR OTHER INSIDER

PERSON, OR AN EMPLOYEE. BOARD MEMBERS, OFFICERS, THE TOP MANAGEMENT

OFFICIAL, THE TOP FINANCIAL OFFICIAL, AND KEY EMPLOYEES ARE REQUIRED

ANNUALLY TO DISCLOSE DESCRIPTION OF INTEREST THAT COULD LEAD TO A CONFLICT

OF INTEREST. WITH REGARD TO AN EMPLOYEE, THE CHIEF EXECUTIVE OFFICER SHALL

DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. WITH REGARD TO AN INSIDER

PERSON, THE BOARD SHALL DETERMINE IF A CONFLICT EXISTS. ONCE A CONFLICT OF

INTEREST HAS BEEN FOUND WITH REGARD TO AN EMPLOYEE THE CHIEF EXECUTIVE

OFFICER DECIDES THE APPROPRIATE RESPONSE TAKING INTO CONSIDERATION THE

SERIOUSNESS OF THE CONFLICT. WITH REGARD TO AN INSIDER PERSON THE BOARD

SHALL DECIDE WHAT MEASURES ARE NEEDED TO PROTECT THE ORGANIZATION'S

INTERESTS IN LIGHT OF THE NATURE AND SERIOUSNESS OF THE CONFLICT. TO DECIDE

WHETHER TO ENTER INTO THE TRANSACTIONS AND, IF SO, TO ENSURE THAT THE TERMS

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52 2021.04014 FILOLI CENTER

| Schedule O (Form 990) 2021 | |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization FILOLI CENTER | Employer identification number 95-2996648 |
| OF THE TRANSACTION ARE APPROPRIATE. IN THE CASE OP AN INSIDER WHO IS A | |
| | |
| BOARD MEMBER THE BOARD MEMBER SHALL NOT VOTE ON ANY TRANSACTION IN WHICH | |
| THE BOARD MEMBER HAS AN INTEREST. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE BOARD ANNUALLY REVIEWS THE CHIEF EXECUTIVE OFFICER AGAINST A LIST OF | |
| GOALS DETERMINED ANNUALLY. THE BOARD WILL REVIEW THE COMPENSATION OF THE | |
| CHIEF FINANCIAL OFFICER WHILE THE CHIEF EXECUTIVE OFFICER EVALUATES THIS | |
| POSITION. ALL OTHER KEY EMPLOYEES ARE EVALUATED BY THE CHIEF EXECUTIVE | |
| OFFICER. THE ORGANIZATION ASSESSED THE GOING RATE FOR THE CHIEF EXECUTIVE | |
| OFFICER POSITION BASED ON THE ORGANIZATION SIZE, GEOGRAPHIC LOCATION, AND | |
| COMPLEXITY. ALL KEY POSITIONS ARE BUDGETED AND SUCH BUDGET IS REVIEWED BY | |
| THE FINANCE COMMITTEE WHO PROVIDES ITS RECOMMENDATION TO THE BOARD FOR | |
| APPROVAL. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE COVEDNING DOCIMENTS AND CONFLICT OF INTEDECT DOLLCY ADE MADE AVAILABLE | |

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE

UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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Schedule O (Form 990) 2021