

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		<b>G</b> 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 <b>9</b> 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 <b>2</b>
	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 <b>990</b> (2021)
132003	12-09-21	FU	
	3		

Form	990 (2021) FILOLI CENTER 95-29966	48	Р	age <b>3</b>	
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	<b>—</b> "			
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 <b>4</b>
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?	<b>24</b> 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	<b>25</b> 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 <b>990</b>	(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	<b>2a</b> 93			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	x	
	<b>Note:</b> 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		<b> </b>
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)

13320818 758661 25693

2021.04014 FILOLI CENTER

25693\_1

Form	990 (2021) FILOLI CENTER 95	-299664	8	Р	age <b>6</b>
	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 <b>7</b>		Form	9 <b>90</b>	(2021)
200	18 758661 25693 2021.04014 FILOLI CENTER			JΕ	693
<u>4</u> 00	TO THOUSE AND			- A D	U 7 3

133

Form 990 (	2021) FILOLI CENTER	95-2996648	Page <b>7</b>
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 <b>current</b> 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	<b>)</b> 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 <b>990</b> (2021)

132007 12-09-21

Form **990** (2021)

8

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>(B)</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	<b>(E)</b> 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
<b>3</b> Did the organization list any <b>former</b> officer,	-			•	-				•	3		X
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>											,	
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	<b>a</b>		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 <b>990</b>	<b>)</b> (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.	
		1								
		1								
		1								
		1								
					-					
		1								
			-		-	-				
						<u> </u>				
							L			
		1								
		1								
	1	1	I	L		I		1		

132201 04-01-21

ar	t VII									_
		Check if Schedule O	contains	a respor	nse or note to	any line in t			(2)	
						Т	( <b>A)</b> otal revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> 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	-		<b>90</b> 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			<b>10a</b> <sup>2</sup> , <sup>052</sup> ,	218.				
	b	Less: cost of goods sold			10b <sup>802</sup> ,	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.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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

				<b>(A)</b> Beginning of year		<b>(B)</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	<b>10a</b> 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.

95-2996648 Page **11** 

25693\_\_1

Form 990 (2021)

Form	990 (2021) FILOLI CENTER	95-2996648		Pad	<sub>ge</sub> 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 <b>sectio</b>	n 170(b)(1	)(A)(i).			
2		A school des	cribed in <b>sect</b> 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>b)(1)(A)(iv).</b> (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>b)(1)(A)(vi).</b> (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)	
Tota											

Sec	tion A. Public Support		-	-	_	_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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>(b)</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	<b>Total support.</b> Add lines 7 through 10					40				
12	Gross receipts from related activities,	-		founth or fifth tox		<b>12</b>	<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>			
	<b>33 1/3% support test - 2021.</b> If the c					· · · · ·				
	stop here. The organization qualifies									
b	33 1/3% support test - 2020. If the c		-							
	and <b>stop here.</b> 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

Page 2

132022 01-04-22

#### 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

2021.04014 FILOLI CENTER

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.)

132024 01-04-21

### 18 2021.04014 FILOLI CENTER

	dule A (Form 990) 2021 FILOLI CENTER	95-2996648	Pa	age <b>5</b>
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 <b>Part VI</b> 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 <b>Part VI</b> 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> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <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 <b>Part VI identify</b>			
	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 <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	Зb		
13202		Schedule A (For	m 990)	) 2021

### 19 2021.04014 FILOLI CENTER

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 <b>Part VI</b> ):			
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

132026 01-04-22

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.			

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**<sup>-</sup>

Employer identification number

	FILOLI CENTER	95-2996648
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>2</b>
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.)

25693\_\_1

13320818 758661 25693

	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 <b>2</b>
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.)

25693\_\_1

13320818 758661 25693

	3 (Form 990) (2021)			Page <b>2</b>
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 <b>2</b>
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)

25693\_\_1

	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)

13320818 758661 25693

	3 (Form 990) (2021)			Page <b>2</b>
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)

25693\_\_1

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		
		     \$				
		_   <sup>Ψ</sup>				
(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					

36 2021.04014 FILOLI CENTER

Sche	dule D (Form 990) 2021 FILOLI CEN						95-299		Pa	<sub>age</sub> 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	<b>t V</b> Endowment Funds. Complete	if the organization an	swered "Yes" o	n Form 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> Prior yea	r <b>(c)</b> Two year	rs back	( <b>d)</b> 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	<b>t VI</b> Land, Buildings, and Equipm				Dentil					
	Complete if the organization answere									
	Description of property	<b>(a)</b> Cost or o basis (investr	• • •	Cost or other asis (other)	• •	cumulate preciation	ed	( <b>d)</b> 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)			
<ul> <li>(1) Federal income taxes</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> </ul>			
<ul> <li>(1) Federal income taxes</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>			
<ul> <li>(1) Federal income taxes</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul>			
<ul> <li>(1) Federal income taxes</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>			

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 <b>4</b>
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 <b>2a</b> through <b>2d</b>			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 <b>3</b> and <b>4c.</b> (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

132054 10-28-21

Schedule D (Form 990) 2021

39 2021.04014 FILOLI CENTER

## 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

132055 10-28-21

Schedule D (Form 990) 2021

13320818 758661 25693

40 2021.04014 FILOLI CENTER

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.		

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
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person social</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	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		<b>(ii)</b> 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. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
-			Yes	No				
				I				
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	exempt from re	gistration
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

132081 10-21-21

**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		<b>(a)</b> 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)		<b>&gt;</b>			
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					
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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

132141 11-17-21

х

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).	
32142 11-17-21	Schedule M (Form 990) 202

13320818 758661 25693

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

132212 11-11-21

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.

132212 11-11-21

Schedule O (Form 990) 2021