### EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury **Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No. 1545-0047

▶ 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.

Inspection

Part   Summary	Α	For the	2019 calendar year, or tax year beginning	and	d ending		
Number and street (or P.O. box if mail is not delivered to street address)   33 - 9913837		Check if applicable	C Name of organization			D Employer identifi	cation number
Number and street (or P.O. box if mail is not delivered to street address)   33 - 9913837		Addres	META FOUNDATION				
Number and street (or IV.) Dot I fillal is placed to street across   100ms   1233-556-9000		Name				33-09138	37
Sasa WILSHIRE BLVD	Ē	Initial		E Telephone numbe	r		
City or town, state or province, country, and ZIP or foreign postal code   BEVERLY HILLS, CA 90211   Hall site in a group return for subordinates included?   Yes   XIN   Hor subordinates included?   Yes   XIN   Hor subordinates included?   Yes   XIN   Micro American   XIN		Final		,			
Section   Sec		termin-	City or town, state or province, country, and ZIP or foreign pos	stal code		G Gross receipts \$	356,120.
Tax-exempt status:		return	BEVERLY HILLS, CA 90211			H(a) Is this a group re	
Taxe.exempt status:   X  501(p)(3)   501(c)   4 (insert no.)   4947(a)(1) or   527   H(b) are all subcordants included?   1745		Application		IES		for subordinates	? Yes X No
Nebsite: N/A	_		SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
Part     Summary				4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
Part I Summary    Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PURPOSE IS TO PURPOSE IS TO PROVIDE ASSISTANCE TO ENABLE   Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.							
1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PURPOSE IS TO FUND EDUCATIONAL SCHOLARSHIPS AND TO PROVIDE ASSISTANCE TO ENABLE  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)				ther <b>NON</b>	IPR  L Year	of formation: 2000	M State of legal domicile; CA
FUND EDUCATIONAL SCHOLARSHIPS AND TO PROVIDE ASSISTANCE TO ENABLE    Provided Provid	P			mitta	ODGANT	ZAMIONIA DII	
State   Stat	ë	1 !	Briefly describe the organization's mission or most significant activiti	es: THE	ORGANI	ZATION S PU	RPUSE IS TO
State   Stat	anc						
State   Stat	/err	2					l 11
State   Stat	9	1					11
b Net unrelated business taxable income from Form 990-T, line 39  Prior Year  Current Year  20,378. 36,134  20,000	≪	5					0
b Net unrelated business taxable income from Form 990-T, line 39  Prior Year  Current Year  20,378. 36,134  20,000	ities	6					50
b Net unrelated business taxable income from Form 990-T, line 39  Prior Year  Current Year  20,378. 36,134  20,000	ξį	7a					34,151.
B Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue (Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising ees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Engining of Current Year  24 End of Year  25 End of Year  26 For J. 246 . 669 , 044  27 End of Year  28 End of Year  29 Interpretation of preparer (other than officer) is based on all information of which preparer has any knowledge.	ĕ	b					0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue less 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.			,			•	Current Year
Total revenue (-art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total sand similar amounts paid (Part IX, column (A), lines 1-3)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Total fundraising expenses (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (A), line 11e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Total expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities 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.	une	8	Contributions and grants (Part VIII, line 1h)			20,378.	36,134.
Total revenue (-art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total sand similar amounts paid (Part IX, column (A), lines 1-3)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Total fundraising expenses (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (A), line 11e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Total expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities 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.		9	Program service revenue (Part VIII, line 2g)				0.
Total revenue (-art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total sand similar amounts paid (Part IX, column (A), lines 1-3)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Total fundraising expenses (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (A), line 11e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Total expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities 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.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				28,313.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total liabilities (Part X, line 26) 10 Total liabilities (Part X, line 26) 11 Signature Block 12 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.	Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	e)			97,142.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 36 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.	_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column	(A), line 12)			161,589.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Revenue less 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.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				79,000.
16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 India liabilities (Part X, line 26)  24 India liabilities (Part X, line 26)  25 India liabilities (Part X, line 26)  26 India liabilities (Part X, line 26)  27 India liabilities (Part X, line 26)  28 India liabilities (Part X, line 26)  29 India liabilities (Part X, line 26)  20 India liabilities (Part X, line 26)  21 India liabilities (Part X, line 26)  22 India liabilities (Part X, line 26)  33 India liabilities (Part X, line 26)  44 India liabilities (Part X, line 26)  45 India liabilities (Part X, line 26)  46 India liabilities (Part X, line 26)  47 India liabilities (Part X, line 26)  48 India liabilities (Part X, line 26)  49 India liabilities (Part X, line 26)  40 India liabilities (Part X, line 26)  40 India liabilities (Part X, line 26)  41 India liabilities (Part X, line 26)  42 India liabilities (Part X, line 26)  43 India liabilities (Part X, line 26)  44 India liabilities (Part X, line 26)  45 India liabilities (Part X, line 26)  46 India liabilities (Part X, line 26)  47 India liabilities (Part X, line 26)  48 India liabilities (Part X, line 26)  49 India liabilities (Part X, line 26)  40 India liabilities (Part X, line 26)  40 India liabilities (Part X, line 26)  41 India liabilities (Part X, line 26)  42 India liabilities (Part X, line 26)  43 India liabilities (Part X, line 26)  44 India liabilities (Part X, line 26)  45 India liabilities (Part X, line 26)  46 India liabilities (Part X, line 26)  47 India liabilities (Part X, line 26)  48 India liabilities (Part X, line 26)  49 India liabilities (Part X, line 26)  40 India liabilities							0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.	Se	15					0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.	ŠUE	16a			^	0.	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.	ă×	. b	<del>-</del>			60 275	C 4 701
19 Revenue less expenses. Subtract line 18 from line 12  -85,506.  17,798  Beginning of Current Year End of Year  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Deart 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.		'' '					
Beginning of Current Year End of Year  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				25)			
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.		/ 19	Revenue less expenses. Subtract line 18 from line 12				
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.	its o	30 .	Total accets (Part V. line 16)			651 246	
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.	Asse	21					0.
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.	Net	22				• • • • • • • • • • • • • • • • • • • •	669,044.
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.	P	art II	Signature Block			•	,
Directions of afficiency	Und	ler pena	lties of perjury, I declare that I have examined this return, including accompar	nying schedule	es and stateme	ents, and to the best of my	/ knowledge and belief, it is
Sign Signature of officer Date	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all inf	formation of w	hich preparer	has any knowledge.	
Sign Signature of officer Date							
	Sig	n	,			Date	
Here STEVES RODRIGUEZ, TREASURER	Her	re					
Type or print name and title			Type or print name and title			D-1-	DTIN
Print/Type preparer's name Preparer's signature  Date  Check PTIN  FIN  FOR 1.5 A 2.3				re		if	
Paid STEVES A. RODRIGUEZ, CPA Self-employed P00185433		1				<u> </u>	
Preparer Firm's name FREEMARK FINANCIAL LLP Firm's EIN 27-3974034		· 1		00		Firm's EIN ▶	<u> 41-39/4034</u>
Use Only Firm's address 8383 WILSHIRE BLVD STE 1000 BEVERLY HILLS, CA 90211 Phone no. (323) 556-9000	use	UNIY		UU		Di / 3	23 \ 556 0000
	<u></u>	v tha IC		ane)		Phone no. ( 3	X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S PURPOSE IS TO FUND EDUCATIONAL SCHOLARSHIPS AND TO
	PROVIDE ASSISTANCE TO ENABLE PERSONS TO OBTAIN POST-SECONDARY
	EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	THE GOAL OF THE FOUNDATION IS TO PROVIDE EDUCATIONAL SCHOLARSHIPS TO
	INDIVIDUALS ENABLING THEM TO OBTAIN POST- SECONDARY EDUCATION.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4 -	70.000

Form **990** (2019)

R3743\_\_1

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 Revenue Procedure 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		X
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			
	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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

932003 01-20-20

Form **990** (2019)

Form 990 (2019) META FOUNDATION

Part 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		_X_
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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	o=		х
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 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>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in 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?	1c	000	X
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Part V Sta	atements Regardin	other IRS Filings and Tax Compliand	ce (continued)			
					Yes	No

				Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a   0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·)			v	
			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			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				x	
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	ccount)?	4a		<u> </u>	
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Scounts (ERAD)				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X	
	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?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	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 payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	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		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
•			8			
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b			9b			
10	Section 501(c)(7) organizations. Enter:		35			
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			
	<b>Note:</b> 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	l I				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	14a		Х	
14a Did the organization receive any payments for indoor tanning services during the tax year?						
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.		15		X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.		L.J			
	, , , , , , , , , , , , , , , , , , , ,					

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
<u>Sec</u>	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3_		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, st	ockho	lders, 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	r by the	e 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 read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies <sub>(This Section B requests information about policies not required by the Internal Re</sub>	venue	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 ch	apters	, 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	befor	e filing the form?	11a	Х			
b	Describe in 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		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe					
	in Schedule O how this was done			12c				
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· ·					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(3)	only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	l financ	cial			
	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 telephone number of the person who possesses the organization's books, and telephone number of the person who possesses the organization's books, and telephone number of the person who possesses the organization's books, and telephone number of the person who possesses the organization's books, and telephone number of the person who possesses the organization's books, and telephone number of the person who possesses the organization of the person of th	ks and	d records					
	C/O STEVES RODRIGUEZ - 323-556-9000	0.21	1					
	8383 WILSHIRE BLVD SHITE 1000 BEVERLY HILLS CA 9	ハノノー	i					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A)	(B)	organization compensated (C)						(D)	(E)	(F)		
Name and title	Average	(-11		Pos	itior	1		Reportable	Reportable	Estimated		
	hours per	box	box, unless p officer and a		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week	$\vdash$			irecto	r/trus	tee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	or di				sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruste	Institutional trustee		99/	Highest compensated employee		(***-2/1099-141130)		and related		
	below	dualt	utions	<u>_</u>	Key employee	sst co	eL			organizations		
	line)	Indivi	Instit	Officer	Key e	Highe	Former			· ·		
(1) STEVES RODRIGUEZ	5.00											
TREASURER				Х				0.	0.	0		
(2) LISA ARELLANES	5.00											
CHAIR				Х				0.	0.	0		
(3) MARISSA LOPEZ	5.00											
SECRETARY				Х				0.	0.	0		
				_								
		-										
				-								
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		4										

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Part VII   Section A. Officers, Directors, Trus		оюу	ees,			gnes	st C		,	$\neg$	<b>/=</b> \	
<b>(A)</b> Name and title	(B) (C) Average Position (do not check more than one							( <b>D</b> ) Reportable	<b>(E)</b> Reportable		( <b>F)</b> Estimate	∍d
	hours per	box	, unle	ss per	rson i	tnan is botl or/trus	h an	compensation	compensation		amount	of
	week (list any	<b>-</b>	T			T u.c	100,	from the	from related organizations		other compensa	tion
	hours for	or director				ted		organization	(W-2/1099-MIS	- 1	from the	
	related organizations	trustee or	truste		99	bensa		(W-2/1099-MISC)			organizat and relat	
	below	Individual tr	Institutional trustee	_	Key employee	Highest compensated employee	e				organizati	
	line)	Indivi	Instit	Officer	Key e	Highe	Former			ightharpoonup		
										$\dashv$		
										$\dashv$		
										$\dashv$		
						-				$\dashv$		
										$\dashv$		
1b Subtotal							<b></b>	0.		0.		0.
c Total from continuation sheets to Part V							<b>&gt;</b>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
<ul> <li>Total number of individuals (including but r compensation from the organization</li> </ul>	iot ilmited to th	ose	liste	a ac	oove	e) wn	io re	eceived more than \$100,	000 of reportable			0
											Yes	No
3 Did the organization list any <b>former</b> officer			кеу є	empl	oye	e, or	hig	hest compensated emp	loyee on	ŀ		v
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si								or componention from t			3	X
and related organizations greater than \$15										ľ	4	Х
5 Did any person listed on line 1a receive or										··· [		
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or su	ıch <u>ı</u>	oers	on					5	X
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	 ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.			
<b>(A)</b> Name and business	address	NO	ONE	7.				<b>(B)</b> Description of s	ervices	C	(C) ompensation	n
			<u> </u>					·				
							$\dashv$			—		
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nited	d to	_	se lis )	ted	above) who received mo	ore than			
	•										QQ∩ //	

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		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					tunction revenue	business revenue	sections 512 - 514
တ္ တ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
fts,		Related organizations 1d					
ig je		Government grants (contributions)					
Sins		All other contributions, gifts, grants, and					
utic Je	'	similar amounts not included above <b>1f</b>	36,134.				
g ji			30,134.				
o		Noncash contributions included in lines 1a-1f 1g \$		36,134.			
0 8		Total. Add lines 1a-1f	Business Code	30,134.			
			Business Code				
je	2 8						
er.	k						
Program Service Revenue	(						
ar Be	(						
roč	•						
-		All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		12 226			12 226
		other similar amounts)		13,236.			13,236. 2,324.
	4	Income from investment of tax-exempt bond pr		2,324.			2,324.
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	C	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 137,574.					
	k	Less: cost or other basis					
ine		and sales expenses					
her Revenue	C	Gain or (loss) 7c 12,753.					
Re	c	Net gain or (loss)		12,753.	12,753.		
her	8 8	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	103,861.				
	k	Less: direct expenses 8b	69,710.				
	c	Net income or (loss) from fundraising events		34,151.		34,151.	
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	UNREALIZED LOSS	523000	62,591.			62,591.
ine.	k	MISC INCOME	523000	400.			400.
ella	c						
SS B		All other revenue					
Σ	6	Total. Add lines 11a-11d		62,991.			
	12	Total revenue. See instructions		161,589.	12,753.	34,151.	78,551.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 79,000. 79,000. 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 ...... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а 35. 35. Legal 50. 50. Accounting Lobbying Professional fundraising services. See Part IV, line 17 6,753. 6,753. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 42,210. 42,210. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,833. 4,833. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 1,756. 1,756. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,315. 6,315. MARKETING WEBSITE DESIGN AND MAIN 1,645. 1,645. BANK FEES 609. 609. С 250. 250. DUES 335. 335. All other expenses 143,791. 79,000. 64,791. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	T		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	300,978.	1	60,136
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	608,908
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	669,044
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
<u>ii</u>		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	(
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
<u>n</u>		Organizations that do not follow FASB ASC 958, check here   X			
Ę.		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	669,044
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	C
As	31	Retained earnings, endowment, accumulated income, or other funds	0.	31	C
Net Assets or Fund Balances	32	Total net assets or fund balances	651,246.	32	669,044
_	33	Total liabilities and net assets/fund balances	651 246	33	669,044

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,5				
2	Total expenses (must equal Part IX, column (A), line 25)	2			91. 98.			
3	3 Revenue less expenses. Subtract line 2 from line 1 3							
4								
5	Net unrealized gains (losses) on investments	5						
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	66	9,0	44.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Cash Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	).						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?	_	За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2019)			

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

#### Name of the organization META FOUNDATION 33-0913837 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	(a) 2013	(b) 2010	(6) 2017	(u) 2018	( <b>e)</b> 2019	(i) iotai
	Gross income from interest,						
0							
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	· ·	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
0	organization, check this box and stop	here					<b>.</b>
	ction C. Computation of Publi						
	Public support percentage for 2019 (I	, ,,	•	.,,		14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	<b>stop here.</b> The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	: - <b>2019.</b> If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop I	<b>here.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	l organization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization						s <b>▶</b> □
						dule A (Form 990	

#### 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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,519.	37,420.	22,016.	20,378.	36,134.	137,467.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	183,905.	180,082.	182,864.	179,722.	103,861.	830,434.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- 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						
6	Total. Add lines 1 through 5	205,424.	217,502.	204,880.	200,100.	139,995.	$967, \overline{901}$ .
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
	Public support. (Subtract line 7c from line 6.)						967,901.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 217,502.	(c) 2017 204,880.	(d) 2018 200, 100.	(e) 2019 139,995.	(f) Total 967,901.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,103.	12,436.	15,123.	15,079.		76,198.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	18,103.	12,436.	15,123.	15,079.	15,457.	76,198.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	223,527.	229,938.	220,003.	215,179.	155,452.	1044099.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,
_							<b>&gt;</b>
	ction C. Computation of Publi						00 70
	Public support percentage for 2019 (li		•	column (f))		15	92.70 %
	Public support percentage from 2018					16	93.17 %
	ction D. Computation of Inves			10! (0)		47	7.30 %
	Investment income percentage for 20					17	5 00
	Investment income percentage from 2 a 33 1/3% support tests - 2019. If the			on line 14, and line		18   3 1/3% and line 17	
	more than 33 1/3%, check this box are 33 1/3% support tests - 2019. If the	nd <b>stop here.</b> The	organization qualif	ies as a publicly su	upported organizat	ion	<b>▶</b> X
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Т.,

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		<u> </u>
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	TIV   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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	aon or type in eapperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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	-		
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
<u> </u>	tion B. All Type III Supporting Organizations		V	N <sub>2</sub>
_	Did the constant in the control of the control of the control of the COL or other College		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 in (2), 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, 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 engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	inaturational			

Schedule A (Form 990 or 990-EZ) 2019

ı uı	tV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4		nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
_		de details in <b>Part VI</b> ). See instructions.	.o organization to respondite		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
<u></u>	Line o	amount divided by into o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From 2	2014			
b	From 2	2015			
С	From 2	2016			
d	From 2	2017			
е	From 2	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	Carryo	over from 2014 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
	-	ero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
_		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
'	and 4	· 1			
		down of line 7:			
8_					
		s from 2015			
		s from 2016			
		s from 2017			
<u>d</u>	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number 33-0913837

Filers of:		Section:
Form 990 o	or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990-F	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 yo	our organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .
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 R	ule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Ru	ıles	
se ar	ections 509(a)(1) ar ny one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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; line 1. Complete Parts I and II.
ye	ear, total contributi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the to children or animals. Complete Parts I, II, and III.
ye is pı	ear, contributions e checked, enter he urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
		t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization **Employer identification number** 

META FOUNDATION 33-0913837 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DROGA5, LLC X Person **Payroll** 120 WALL ST, 11TH FLOOR 7,500. Noncash (Complete Part II for NEW YORK, NY 10005 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 SMUGGLER, INC X Person **Payroll** 823 SEWARD ST 10,000. Noncash (Complete Part II for LOS ANGELES, CA 90038 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 FREEMARK FINANCIAL, LLP X Person **Payroll** 7,500. 8383 WILSHIRE BLVD # 1000 Noncash (Complete Part II for BEVERLY HILLS, CA 90211 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 X JULIA LULL Person **Payroll** 1811 W. WASHINGTON ST 5,000. Noncash (Complete Part II for BOISE, ID 83702 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 JOHNSON & JOHNSON FOUNDATION Person Payroll 1 JOHNSON AND JOHNSON PLAZA 20,000. Noncash (Complete Part II for NEW BRUNSWICK, NJ 08933 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ON PACE VENTURES INC, DBA: GOLF 6 TOURNAMENT SPECIALISTS X Person **Payroll** 26072 MERIT CIRCLE, SUITE 122 5,000. Noncash (Complete Part II for noncash contributions.)

LAGUNA HILLS, CA 92653

Name of organization

Employer identification number

META FOUNDATION

33-0913837

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FEINSTEIN FAMILY TRUST  41 ALHAMBRA CIR  CRANSTON, RI 02905	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MOMENTOUS INSURANCE BROKERAGE, INC.  5990 SEPULVEDA BLVD. SUITE 550  VAN NUYS, CA 91411	\$ 5,000.	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
9	LEE POLSTER INC  10550 WILSHIRE BLVD, APT 503  LOS ANGELES, CA 90024	\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 10	Name, address, and ZIP + 4  VENABLE LLP  2049 CENTURY PARK EAST SUITE 2300  LOS ANGELES, CA 90067	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Ivallie, audiess, aliu ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

33-0913837 META FOUNDATION Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization **Employer identification number** META FOUNDATION 33-0913837 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (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 (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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

META FOUNDATION

**Employer identification number** 33-0913837

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	•		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(A)/D)/:\
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	· ·	
	service, provide in Part XIII the text of the footnote to its final	·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	1
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
			<b>.</b> .
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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

Par	rt III   Organizations Maintaining C	ollections of Ar	t, Historica	Treasu	res, or Othe	er Si	imila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi								'	ĺ	
	collection items (check all that apply):										
а	Public exhibition	d	Loan o	r exchang	e program						
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they furt	her the org	janization's exe	empt	purpo	se in Part I	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, historica	treasures	, or other simila	ar ass	sets	_	,	_	_
D -	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the organ	ization ans	swered "Yes" o	n Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								٦.,		٦
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
	B								Amour	t	—
C	• • • • • • • • • • • • • • • • • • • •						1c				
a	Additions during the year						1d				
e •	J /						1e 1f				
f	Ending balance  Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			] 1 <b>6</b> 3	H	
	rt V Endowment Funds. Complete										
	Complete	(a) Current year	(b) Prior ye		Two years back		Three v	ears back	(e) Fou	r vears	hack
1a	Beginning of year balance	(a) carront your	(2) 1 1101 90	<u>u. (e)</u>	1 WO YOUR DUCK	Ι.ω,	111100	ouro buon	(0) 1 00	youro	buon
b											
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	0.11										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colui	nn (a)) held	d as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are h	eld and ad	ministered for t	the o	rganiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza			e R?					3b		<u> </u>
4 Dor	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.								
Pai			Double Co.	4- 0 5	000 D	/ P	40				
	Complete if the organization answere							. 1	/ N D		
	Description of property	(a) Cost or o basis (investr		Cost or ot pasis (othe			mulate ciation	ea	( <b>d</b> ) Boo	k valu	e 
1a	Land										
b	9										
С	Leasehold improvements										
d	Equipment										
	Other										
Total	II. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B).	line 10c.) .							0.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 META FOUNDA!	<b>TION</b>	3	3-0913837 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MORGAN STANLEY -			
(B) INVESTMENT	598,958.	END-OF-YEAR MARKE	T VALUE
(C) INVESTMENT IN DB			
(D) COMMODITY	9,950.	END-OF-YEAR MARKE	T VALUE
(E)			
(F)			
(G)			
(H)	600 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	608,908.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>			
(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	on Form 990 Part IV line 1	1d 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 1	1e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			-
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		<b>▶</b>

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) 2019

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 <b>D</b> ai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII   Reconciliation of Expenses per Audited Financial St	tatements With Evnen	see per Peturn	
Га			ses per neturn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, I		1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)  Add lines 2a through 2d	·	2e	
3				
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	, tag into tag and tag			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part I line			
5 <b>Pa</b> i	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line rt XIII Supplemental Information.			
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	(I,
<b>Pa</b> i Provi	rt XIII Supplemental Information.	4; Part IV, lines 1b and 2b; F	5	íl,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	Ί,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	il,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	11,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	Ί,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	II,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	CI,
<b>Pa</b> l Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	(1,
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	5	

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  META FOUNDATION							ntification number
	- Faure 000 Dart IV II	: 1	33-0913				
required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, II	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais     A	ed funds through any of the following e Solicitat f Solicitat g Special	ion of ion of fundra	non-g gover iising e	overnment grants nment grants events	tees,	or	
key employees listed in Form 990, P  b If "Yes," list the 10 highest paid indivious compensated at least \$5,000 by the	viduals or entities (fundraisers) pursua				ne fur	Yes adraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organizatio or licensing.		ontrib	utions	or has been notified	it is e	exempt from req	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and ground products and ground products are supported by the contributions are supported by the contribution of the contributions are supported by the contribution of the cont				
Φ			(a) Event #1  META 10K  (event type)	(b) Event #2  META MOVIE  (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	47,620.	2,612.	53,629.	103,861.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	47,620.	2,612.	53,629.	103,861.
	4	Cash prizes				
m	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
Δ	8	Entertainment Other direct expenses		14,732.	34,855.	69,711.
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			_	69,711. 34,150.
Pa	rt I	II Gaming. Complete if the organization		n 990, Part IV, line 19, or r		31,1301
	<u> </u>	\$15,000 on Form 990-EZ, line 6a.	() 5:	(b) Pull tabs/instant	( ) ( ) ( )	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
- B	1	Gross revenue				
တွ	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<b>&gt;</b>	
а	ı Is t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
~	_	, F				
		ere any of the organization's gaming licenses r	· · · · · · · · · · · · · · · · · · ·			Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	nedule G (Form 990 or 990-EZ) 2019 META FOUNDATION 33-	0913	837	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		V	
42	to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:	Ш	Yes	No
		13a	l	%
	a The organization's facility			
	o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD		70
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	of gaming revenue retained by the third party   \$\bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{s}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{c}}^{\text{c}} = \text{modes of gaming revenue retained by the third party } \bigs\sum_{\text{c}}^{\			
(	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?	Ш	Yes	∟ No
,	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, Iir	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	META	FOUNDATION		33-0913837	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation	(continued)			
_						

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

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

Name of th	Name of the organization META FOUNDATION	DATION						Employer identification number 33-0913837
Part I	General Information on Grants and Assistance	and Assistance						) ) ) )
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate thε	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select.	
	criteria used to award the grants or assistance?	stance?						X Yes No
2 Descri	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	toring the use of grant	funds in the Unitec	States.			
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organi	zations and Domestic		Somplete if the org	anization answered "\	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if	\$5,000. Part II can	be duplicated if additi	additional space is needed.	ed.	to Mother of of		
1 (a) N	<b>1 (a)</b> Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				
3 Enter	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2019)

33-0913837 Schedule I (Form 990) (2019) META FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(6) Method of valuation (7) Description of noncash assistance (book, FMV, appraisal, other)				nal information.				
(d) Amount of non-cash assistance (b	0			Part I, line 2; Part III, column (b); and any other additional information.		GRANT BY		
(c) Amount of cash grant	.000,67			2; Part III, column (I		JSE OF ITS	ITY.	
(b) Number of recipients	06					PIENT'S U	S UNIVERS	
(a) Type of grant or assistance	EDUCATIONAL GRANTS			Part IV Supplemental Information. Provide the information required in	FORM 990, SCHEDULE I, PART I	THE ORGANIZATION MONITORS EACH RECIPIENT'S USE	COMMUNICATING WITH EACH RECIPIENT'S UNIVERSITY.	

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization **Employer identification number** 33-0913837 META FOUNDATION FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: NONPROFIT ORGANIZATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PERSONS TO OBTAIN POST-SECONDARY EDUCATION. FORM 990, PART VI, SECTION B, LINE 11B: COPIES OF THE FORM 990 AND RELATED SCHEDULES ARE GIVEN TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS AND QUESTIONS. ALL COMMENTS AND QUESTIONS ARE ADDRESSED FOR FINAL RESOLUTION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **OUTSIDE SERVICES:** 0. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 42,210. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 42,210. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 42,210.

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

Schedule O (Form 990 or 990-EZ) (2019)

TAXABLE YEAR 2019

# California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

Ca	lendar Year	2019 or fiscal year beginning (mm/dd/yyyy)		, and ending (	mm/dd/yyy	y)			
С	orporation/Or	ganization name			Calif	ornia corpo	oration n	number	
_		OUNDATION				2236	038		
A	dditional infor	mation. See instructions.			FEI		012	027	
	traat addrass	(suite or room)				33-0 PMB no.	913	831	
		ILSHIRE BLVD, NO. 1000				T WID TIO.			
	ity	ILDHIKE BEVD, NO. 1000		Ī	State	ZIP code			
	•	Y HILLS			CA	9021	1		
_	oreign country		Foreign province/state/county		_	Foreign po	ostal cod	de	
A	First Retu	rn	Yes X No J If ex	empt under R&TC S	ection 2370	1d, has t	he orga		
В		Return •	Yes X No enga	ged in political activ					
C	IRC Secti	on 4947(a)(1) trust	Yes X No K Is the						No
D		rmation Return?		es," enter the gross r	-				
		Dissolved Surrendered (Withdrawn) M		ganization is a public	-				
Ε	Enter date: (mm/dd/yyyy) • Section 23701d and meets the Check accounting method: (1) X Cash (2) Accrual (3) Other box. No filing fee is required			-					
F		eturn filed? (1) $\bullet$ 990F (2) 990PF (3)		e organization a Lim					Nο
•		Other 990 series						[ ] 103 [22]	NO
G							• Yes X	No	
Н		ganization in a group exemption		e organization under					
	If "Yes," w						• Yes <b>X</b>	No	
				deral Form 1023/102				Yes X	No
I		rganization have any changes to its guidelines		filed with IRS					
_		ted to the FTB? See instructions		D d O					
_	aiti U	<ul> <li>omplete Part I unless not required to file this fo</li> <li>Gross sales or receipts from other sources</li> </ul>					1	319,986	100
		2 Gross dues and assessments from member					2	313,300	00
		3 Gross contributions, gifts, grants, and simi	ilar amounts received		STMT	1 •	3	36,134	
	Receipts	Gross contributions, gifts, grants, and siminate Total gross receipts for filling requirement test. Add This line must be completed. If the result is less that	line 1 through line 3. an \$50,000, see General Information	В			4	356,120	
	and	5 Cost of goods sold		• 5		00			
-	Revenues	<ul><li>5 Cost of goods sold</li><li>6 Cost or other basis, and sales expenses of</li></ul>							
		7 Total costs. Add line 5 and line 6					7	124,821	_
_		8 Total gross income. Subtract line 7 from lin			<u></u>		8	231,299	
E	xpenses	9 Total expenses and disbursements. From S					9	213,501 17,798	
_		<ul><li>10 Excess of receipts over expenses and disb</li><li>11 Total payments</li></ul>					10	11,190	00
							12		00
		13 Payments balance. If line 11 is more than I				·····	13		00
F	iling Fee	14 Use tax balance. If line 12 is more than line					14		00
		15 Filing fee \$10 or \$25. See General Informa					15	10	00
		16 Penalties and Interest. See General Informa	ation J				16		00
_		17 Balance due. Add line 12, line 15, and line Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (o	e 16. Then subtract line 11 from	n the result	nts and to the	hest of m	17	10	00
Sig	n	it is true, correct, and complete. Declaration of preparer (o	ther than taxpayer) is based on all in	formation of which prep	parer has any k	nowledge.	, KIIOWIC	rage and belief,	
He		Signature _	Title	SURER	Date			● Telephone 323-556-9000	
_		of officer	TREF	Date	-			5 2 3 - 5 5 0 - 9 0 0 0 ● PTIN	
		Preparer's signature			Check i self-em	f ployed ►		P00185433	
Pa	id	Firm's name				. , , ,		● Firm's FEIN	
	eparer's	(or yours, FREEMARK FINANCT	AL LLP					27-3974034	
	e Only	employed) 8383 WILSHIRE BL						Telephone	
	•	and address BEVERLY HILLS, C	A 90211					(323) 556-90	00
		May the FTB discuss this return with the prepare	er shown above? See instruction	ons		• X	Yes	No	

## META FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951	12-04-19

		1	Gross sales or receipts from all	busines	ss activities. See instru	ictions		•	1	103,861 00
		2	Interest					•	2	3,576 00
		3	Dividends					•	3	9,660 00
Receip	ts	4							4	00
from		5	Gross royalties					•	5	00
Other		6	Gross amount received from sa	le of as	sets (See Instructions)	)	STA	ATEMENT 2 •	6	137,574 00
Source	s	7	Other income				SEE STA	TEMENT 3 •	7	65,315 00
		8	Total gross sales or receipts fro						8	319,986 00
		9	Contributions, gifts, grants, and	l similar	amounts paid		STA	ATEMENT 4 •	9	79,000 00
		10	Disbursements to or for member	ers				•	10	00
		11	Disbursements to or for member Compensation of officers, direct	tors, an	d trustees		SEE STA	TEMENT 5 •	11	0 00
		12	Other salaries and wages					•	12	00
Expens	es	13	Interest						13	00
and		14	Taxes						14	00
Disburs	se-	15	Rents						15	00
ments		16	Depreciation and depletion (See	instruc	ctions)			•	16	00
		17	Other Expenses and Disbursem	ents	,		SEE STA	TEMENT 6 •	17	134,501 00
		18	Total expenses and disburseme	ents. Ad	d line 9 through line 1	7. Enter h	nere and on Side 1, Pa	rt I, line 9	18	213,501 00
Sche	dul				Beginning o				of taxal	
Assets					(a)		(b)	(c)		(d)
1 Ca	sh				• /		300,978	, ,	•	• 60,136
			s receivable				•		•	•
			ceivable						•	•
									•	•
			state government obligations						•	•
			in other bonds						•	•
			in stock						•	•
8 Mc										•
	_	-	ments STMT 7				350,268			• 608,908
			le assets				330,200			000/300
			mulated depreciation	(		)		(	)	
11 La						1				•
										•
							651,246		-	669,044
			et worth				031/210			003,011
			yable						-	•
			s, gifts, or grants payable							•
			otes payable							•
			ayable							•
	-		es							-
			or principal fund				651,246			669,044
			tal surplus. Attach reconciliation				001,110			•
			nings or income fund							•
			ies and net worth				651,246			669,044
Sche				ner hor	nke with income ner r		001/210			
			Do not complete this sch				13. column (d), is less	s than \$50.000.		
1 Na	t inco	nme r	per books			798	7 Income recorded			
			me tax		•	<del>. , , ,</del>	not included in th		T I	•
			pital losses over capital gains		•		8 Deductions in this		·····	-
			recorded on books this year		•			ome this year	- 1	•
					-				Г	
			corded on books this year not		•					
			this return			798	10 Net income per re		-	17,798
<u>U</u> 10	ıaı. A	uu III	ne 1 through line 5			, , , ,	Subtract line 9 fro	om line 6		11,190

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S1	PATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DROGA5, LLC	120 WALL ST, 11TH FLOOR NEW YORK, NY 10005		7,500
SMUGGLER, INC	823 SEWARD ST LOS ANGELES, CA 90038		10,000
FREEMARK FINANCIAL, LLP	8383 WILSHIRE BLVD # 1000 BEVERLY HILLS, CA 90211		7,500
JULIA LULL	1811 W. WASHINGTON ST BOISE, ID 83702		5,000
JOHNSON & JOHNSON FOUNDATION	1 JOHNSON AND JOHNSON PLAZA NEW BRUNSWICK, NJ 08933		20,000
ON PACE VENTURES INC, DBA: GOLF TOURNAMENT SPECIALISTS	26072 MERIT CIRCLE, SUITE 122 LAGUNA HILLS, CA 92653		5,000
FEINSTEIN FAMILY TRUST	41 ALHAMBRA CIR CRANSTON, RI 02905		5,000
MOMENTOUS INSURANCE BROKERAGE, INC.	5990 SEPULVEDA BLVD. SUITE 550 VAN NUYS, CA 91411		5,000
LEE POLSTER INC	10550 WILSHIRE BLVD, APT 503 LOS ANGELES, CA 90024		5,000
VENABLE LLP	2049 CENTURY PARK EAST SUITE 2300 LOS ANGELES, CA 90067		5,000
TOTAL INCLUDED ON LINE 3			75,000

CA 199 GROSS AM	OUNT FROM SAI	LE OF AS	SETS	 S	TATEMENT 2
DESCRIPTION		ATE JIRED	DAT SOL		THOD UIRED
WELLS FARGO #7376				PUR	CHASED
	COST OR OTHER BASIS	DEPRE	ic.	PENSE SALE	GROSS SALES PRICE
	124,480.		0.	147.	128,805
DESCRIPTION		ATE JIRED	DAT SOL		THOD UIRED
CAPITAL GAIN DISTRIBUTION				PUR	CHASED
	COST OR OTHER BASIS	DEPRE	EC.	PENSE SALE	GROSS SALES PRICE
	0.		0.	0.	8,769
DESCRIPTION		ATE JIRED	DAT SOL		THOD UIRED
INVESCO				PUR	CHASED
	COST OR OTHER BASIS	DEPRE	ic.	PENSE SALE	GROSS SALES PRICE
	194.		0.	0.	0 .
TOTAL TO FORM 199, PAGE 2, LN 6	124,674.		0.	 147.	137,574
CA 199	OTHER INCOM	ИЕ		 S	TATEMENT 3
DESCRIPTION					AMOUNT
UNREALIZED LOSS					62,591
OTHER LOSS MISC INCOME					0 · 400 ·
INCOME FROM INVESTMENT OF TAX-EX	EMPT BOND PRO	CEEDS			2,324
TOTAL TO FORM 199, PART II, LINE	: 7				65,315

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PAI		STATEMENT 4
ACTIVITY CLASSIFICA	FION: EDUCATION GRANTS		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ADELA ARRIOLA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AILENE TORRES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEJANDRA RUELAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEX GARZA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEXIS CRUZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALONDRA SIERRA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ANDRES GARCIA ROMAN	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ANDREW BRICENO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ANDREW HERNANDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ANNIE OLMEDO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
APRIL CANO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ASHLEY DOMINGUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BEATRICE CASTILLO SAHAGUN	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRYAN CENDEJAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

META	FOUNDATION	33-0913837
MCIA	FOUNDATION	33-0313037

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRYYAN RUIZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CAMILA ARGUETA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CAROL MARTINEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CHASTIDY VASCONEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CHRISTOPHER ROJAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CITLALLI CASTILLO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CYNTHIA ARAGON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DAHLIA HERNANDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DAISY AMAYA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DALIA HERNANDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DANIELA RODRIGUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DAVID RODRIGUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DESTINY SAUCEDO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EDUARDO BARESI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EDWIN SANCHEZ HUIZAR	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EFREN LOPEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EMILY CASTILLO LOPEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ERIC ESTRADA OAJACA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ERIKA MORALES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ESMERALDA MORALES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ESTHER MUNOZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FABIAN CASILLAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FLOR QUINONES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FRANCISCO VILLALOBOS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GERSON RIVAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GINA CASTELO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GIZZEL RAMIREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GUADALUPE MARTINEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GUADALUPE PORTILLO DERAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IRAZU HERNANDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IRENE MORALES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IVAN JIMENEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IVETTE PEREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JASMINE GUERRA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JASON VASQUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JENNIFER RIVERA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JESSE DE LA CRUZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JOEL CERNA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JOSE ACEVES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JOSE AYALA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KAITLYN QUESADA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KAITLYN QUESADA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KAYLEE MARTINEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KELLY HERRERA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LESLIE DIAZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LESLY LEON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LINNETTE CHAVEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LUIS CENICEROS SILVA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LUIS CORONA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
MADELEN FLORES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
MARIA MANJARREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
MARISOL SILVA RODRIGUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
MARLENE BECERRA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
MARLYN SANCHEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
MELISSA BARALES-LOPEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
MIRIAM BENAVIDES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.	

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MONIQUE RAMOS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NICHOLAS JARA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RAFAEL NIEVES-RIOS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ROSALBA GARCIA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ROSELYNN VARGAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SARA CHAVEZ-LAUER	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEBASTIAN ATASHI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEBASTIAN VELAZQUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SELINA PEREZ AQUINO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SERGIO QUECHOL	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STEPHANIE PEREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STEPHANIE SIERRA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STEVEN PINEDA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VALERIE ESPINOSA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VALERIE SALGADO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VASHTI MARTINEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VERONICA VARGAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
YAZLIN JUAREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
YESENIA OLMEDO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ZEUZ ISLAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500
	TOTAL FOR THIS ACTIVITY		79,000
TOTAL INCLUDED ON I	FORM 199, PART II, LINE 9		79,000

CA 199	COMPENSATION OF C	OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND A	ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
	DRIGUEZ HIRE BLVD, NO. 1000 ILLS, CA 90211		TREASURER 5.00		0.
	LANES HIRE BLVD, NO. 1000 ILLS, CA 90211		CHAIR 5.00		0.
	OPEZ HIRE BLVD, NO. 1000 ILLS, CA 90211		SECRETARY 5.00		0.
	FORM 199, PART II, LI		EXPENSES	STATEMENT	
TOTAL TO I	· · · · · · · · · · · · · · · · · · ·		EXPENSES	STATEMENT	6
CA 199  DESCRIPTION  MARKETING  WEBSITE DI  BANK FEES  DUES  DIRECT EXI  LEGAL FEES  ACCOUNTING  INVESTMENT	ON  ESIGN AND MAIN  PENSES OF FUNDRAISING  S  G FEES  F MANAGEMENT FEES  FESSIONAL FEES  PENSES	OTHER	EXPENSES	AMOUNT  6,3 1,6 6,7 42,2 4,8	6 315. 545. 509. 250. 710. 35. 50. 753.

CA 199	OTHER	INVESTMENTS		STATEMENT 7
DESCRIPTION			BEG. OF YEAR	END OF YEAR
MORGAN STANLEY - INVESTMENT INVESTMENT IN DB COMMODITY		-	350,268.	598,958. 9,950.
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	-	350,268.	608,908.
CA 199	FUND	BALANCES		STATEMENT 8
DESCRIPTION			BEG. OF YEAR	END OF YEAR
CURRENT FUNDS		-	651,246.	669,044.
TOTAL TO FORM 199, SCHEDULE L,	LINE 21	• ·	651,246.	669,044.

# Voucher at bottom of page.

### DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531** 

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd

month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

939035 11-12-19

\_ DETACH HERE \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER \_ \_ \_ \_ \_ \_ \_ \_ \_ DETACH HERE \_ \_ \_

CAUTION: You may be required to pay electronically, see instructions.

#### TAXABLE YEAR Payment Voucher for Corporations and Exempt Organizations e-filed Returns 2019

CALIFORNIA FORM

3586 (e-file)

000000 33-0913837 00000000000 19 META FORM 3

TYB 01-01-2019 TYE12-31-2019

META FOUNDATION

8383 WILSHIRE BLVD NO 1000 90211 BEVERLY HILLS CA

(323) 556-9000

Amount of Payment

10.

022 6181196 FTB 3586 2019

	ULL		
Date Accepted	Date Accepted		

TAXABLE YEAR	
2019	

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

_				
Exen	npt Org	anization name	Identifying number	
ME	<u>TA</u>	FOUNDATION	33-09138	37
Par	τl	Electronic Return Information (whole dollars only)		
1	Tota	al gross receipts (Form 199, line 4)	1	356,120
2	Tota	al gross income (Form 199, line 8)	2	231,299
3	Tota	al expenses and disbursements (Form 199, line 9)		213,501
Par	t II	Settle Your Account Electronically for Taxable Year 2019		
4		Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	/yyy)	
Par	t III	Banking Information (Have you verified the exempt organization's banking information?)		
5	Rout	ring number		
_6	Acco	ount number 7 Type of account: Checking	g Savings	
Par	t IV	Declaration of Officer		
	thorize ine 4a	e the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic ful.	nds withdrawal for t	he amount listed
tran Cali a ba orga	ismitte fornia alance anizati	nalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my eleer, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organizon will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organical processing organical process	e exempt organizatio the exempt organiza zation's fee liability, id accompanying scl	on's 2019 ition is filing the exempt hedules and

Sign Here

/		
Signature of officer	Date	

delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

# Title

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I Date

ERO	ERO's- signature		Butto	also paid preparer X	if self- employe	P00185433			
Must	Firm's name (or yours	FREEMARK FINANCIAL LLP				Firm's FEIN 27-3974034			
Sign	if self-employed) and address	8383 WILSHIRE BLVD STE	1000						
		BEVERLY HILLS, CA				ZIP code 90211			
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.									
Paid Prepa	Paid preparer's signature		Date	Check if self-employe	ed	Paid preparer's PTIN			
Must Sign	Firm's name (or yours if self-employed) and address	<b>&gt;</b>				Firm's FEIN			

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

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DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

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

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

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

META FOUNDATION			Check if: Change of address Amended report						
Name of Organization									
List all DBAs and names the organization uses or has used									
8383 WILSHIRE BLVD, NO. 1000 Address (Number and Street)		State Charity Registration Number CT 122119							
BEVERLY HILLS, CA 90211 City or Town, State, and ZIP Code			Corporation or Organization No. 2236038						
323-556-9000			Federal Employer ID No. 33-0913837						
Telephone Number E-mail Address	_								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice									
Gross Annual Revenue Fee Gross	s Annual Revenue	<u>Fee</u>	Fee	<u>e</u>					
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 millio									
PART A - ACTIVITIES									
For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019 ) list:									
Gross Annual Revenue \$ 161,589 No Program Expenses \$ 7	ncash Contributions \$	otal Expe	0 Total Assets \$ 669	9,0	<u>44</u>				
PART B - STATEMENTS REGARDING ORGANIZATION									
Note: All questions must be answered. If you answ	ver "yes" to any of the questio	ns below	, you must attach a separate page						
providing an explanation and details for eac	h "yes" response. Please revie	ew RRF-1	instructions for information required.	Yes	No				
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?									
<ol> <li>During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?</li> </ol>									
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?									
During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?									
5. During this reporting period, did the organization receive any governmental funding?									
6. During this reporting period, did the organization	hold a raffle for charitable purpo	oses?			х				
7. Does the organization conduct a vehicle donation	program?				Х				
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?									
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?									
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.									
	RODRIGUEZ		REASURER						
Signature of Authorized Agent Printed Name		Title	e Date						