Form	990
FOUL	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 Return of Organization Exempt From Income Tax

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

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

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



Α	For th	e 2020 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identified	cation number
Г	Addre	META FOUNDATION			
	Name			33-09138	37
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final	8383 WILSHIRE BLVD	1000	323-556-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	751,768.
	Amen return	BEVERDI HIDDS, CA 90211		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: DIDA AREDIANED		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () ┥ (insert no.) 🗌 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
J	Websi	te: ► N/A		H(c) Group exemption	
			PR L Year	r of formation: 2000 N	State of legal domicile: CA
P	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: THE			
DC		FUND EDUCATIONAL SCHOLARSHIPS AND TO PROV			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Ň	3				9
ي ت	4	Number of independent voting members of the governing body (Part VI, line 1b)		9	
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		0	
iviti	6	7 a Total unrelated business revenue from Part VIII, column (C), line 12			9
Acti	7 a				5,313.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		36,134.	48,733.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,313.	33,092.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		97,142.	-407.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		161,589. 79,000.	<u>81,418.</u> 60,670.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	00,070.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
Expenses	, р	Total fundraising expenses (Part IX, column (D), line 25)	0.	64,791.	52,533.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		143,791.	113,203.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,798.	-31,785
	19	Revenue less expenses. Subtract line 18 from line 12		,	
ts or				eginning of Current Year 669,044.	End of Year 637,259.
Assets	20	Total assets (Part X, line 16)		009,044.	037,259.
etA	-	Total liabilities (Part X, line 26)		669,044.	637,259.
	art II	Net assets or fund balances. Subtract line 21 from line 20		009,044.	037,439.
	artii				

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

Sign	Signature of officer			Date			
Here	STEVES RODRIGUEZ, TREA	SURER					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	STEVES A. RODRIGUEZ, CPA			self-employed P00185433			
Preparer	Firm's name 🕒 FREEMARK FINANCI	AL LLP		Firm's EIN 🕨 27-3974034			
Use Only	Firm's address 💊 8383 WILSHIRE BL	VD STE 1000					
	BEVERLY HILLS, C		Phone no. (323) 556-9000				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-23	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 Form 990 (2020)
 META
 FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			37
-	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	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,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	X	<u> </u>
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		<u> </u>
	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		<u> </u>
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	0000	X
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Par		omplishments		
	Check if Schedule O contains a response or n	ote to any line in this Part III		
1	Briefly describe the organization's mission: <u>THE ORGANIZATION'S PURPOSE</u> PROVIDE ASSISTANCE TO ENAB			AND TO
	EDUCATION.	DE LERGONS TO O	DIAIN TODI DECONDARI	
2	Did the organization undertake any significant progr	am services during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule C).		
3	Did the organization cease conducting, or make sign	nificant changes in how it cond	Jucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomp			• •
	Section 501(c)(3) and 501(c)(4) organizations are rec	uired to report the amount of	grants and allocations to others, the total	expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 60,67		60,670.) (Revenue \$	
та	THE GOAL OF THE FOUNDATION	IS TO PROVIDE	EDUCATIONAL SCHOLARSH	IPS TO
	INDIVIDUALS ENABLING THEM			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			`
40	(Expenses \$ including gran	ts of \$ 60,670.) (Revenue \$)
-+0	Total program service expenses			Form 990 (2020)
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		2		

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 Form 990 (2020)
 META
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

Fai	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	Х	
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		<u>x</u>
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			x
	Schedule K. If "No," go to line 25a	24a		
	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 any tax-exempt bonds?	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 1a			
	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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	Form	Form 990 (2020) META FOUNDATION 33-0913837 F			
2a Enter the number of employees reported on Form W-3. Transmittel of Wage and Tax Statements. 2a 0 bit at least one in reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, yourng be englated to a-file (see instructions) 2a 2a 3a Did the organization have unrelated business gross income of 31,000 or more during the year? 2a 3a bit 7%s, "that filed a form 50D for this year? if "We' to line 2b, provide an explanation or Schedule 0 3b 3b bit 7%s, "that filed a form 50D for this year? if "We' to line 2b, provide an explanation or Schedule 0 3b 3c bit 7%s, "that filed a form 50D for this year? if "We' to line 3b, provide an explanation or Schedule 0 3b 3c bit 7%s, "that filed a form 50D for this year? If Two' to line 3b, provide an explanation or Schedule 0 3c 3c bit 7%s, "totat the anare of the forgin Contry" year an any time during the calendary schedule 3b 3c bit 7%s, "totat the anare of the organization file 7m R886 70 5c 3c ci 17%s, "totat the organization noticity entropic that are onrula year than \$100,000, and dithe organization schedule 3f 3c 3c bit 17%s, "did the organization include with every sclicitation an expr	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
text by the calendar year ending with or within the year covered by this return La 0 b If at less one is reported on ince 2a, did the organization file al required to <i>a</i> - <i>shie</i> (see instructions) 2a 3a Did the organization have unstated basiness gross income 05 1,000 or more during the year? 3a 3b If 'Ves,'' hast lifes a Form 8000 Tork his year' ('''' ho''' to <i>line 3b</i> , provide an explanation on Schedule O. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a scoring county is low as a bank account, securities account, or form financial accounts (FBAR). 5a Was the organization a party to a prohibited tax sheler transaction at any time during the tax year? 5a 5a Was the organization have quanization file form 888717 5a 5a Does the organization have quanization that was or is a party to a prohibited tax sheler transaction at any time during the tax year? 5a 5a Does the organization have any cale data that are normally greater than \$100,000, and did the organization solid was using coss recelosite that are normally greater than \$100,000, and did the organization solid was using coss recelosite data sheler transaction? 5b 6a Does the organization have any these organization that are party to prohibited tax sheler transaction? 5c 7b "Yes," did the organization have a state on the organization have a statement that such contributions organization solid was organization have a schelubel contributions? 5c 7b If Yes," did the organization induces with weary solici				Yes	No
b If a least one in reported on line ² 0, dub the organization fiell required to <i>e</i> , <i>the</i> (see instructions) 20 3a Dub the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, ⁺ that if the 3 form 600 T for this year? (<i>I'No' to line 0b, provide an exploration on Schedule 0</i> 3a X b If Yes, ⁺ that if the 3 form 600 T for this year? (<i>I'No' to line 0b, provide an exploration on Schedule 0</i> 3b X b If Yes, ⁺ that if the 4 form 600 T for this year? (<i>I'No' to line 0b, provide an exploration on Schedule 0</i> 3b X b If Yes, ⁺ that if the a form 600 T for this year? (<i>I'No' to line 0b, provide an exploration on Schedule 0</i> 3b X b If Yes, ⁺ to the name of the long country <u>V</u> form 114, Report of Foreign Bank and Enancial Accounts (FBAR). 5c X c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tak deductible an exhatable contributions? 5c X d If Yes, ⁺ (did the organization in clude with every solicitation an express statement that such contributions contrast 7c X d If Yes, ⁺ (did the organization include with every solicitation and explore or services provided? 7c X d	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _=.sis (see instructions) Image: the organization have an instruction of \$1,000 or more during the year? 3a Did the organization have an instruction in, or a signature or other authority over, a financial account in a toring outby year. Buck account securities account or other financial account? Image: the securities account or other financial accounts (EBAR). 5a Max the organization ap anty to a prohibited tax shelts: transaction at any time during the tax year? Image: the organization approximation for financial accounts (EBAR). 5a Did any taxable party notify the organization hills from 8886-17. Image: the organization have an interest in a single section \$100,000, and did the organization solid an express statement that such contributions or gifts were not tax deductible as charitable contributions? Image: the organization have an unal gross receipts that are normally greater than \$100,000, and did the organization solid an express statement that such contributions or gifts were not tax deductible? Image: the organization neuron tax deductible contribution and express statement that such contributions or gifts were not tax deductible? Image: the organization notify the done of the value of the goods or services provided to the sport? Image: the organization notify the done of the value of the goods or services provided to the sport? Image: the organization notify the done of the value of the goods or services provided to the sport? Image: the organization service service done or the value of the goods or services provided to the sport? Image: the organization service					
3a Dd the organization have unrelated business gross income of \$1.000 or more during the year? 3a X b If "Yes," has it field a Fern 990-170 this year? /f "No to line 3b, provide an exploration on Schedule O 3b b If "Yes," has it field a Fern 990-170 this year? /f "No to line 3b, provide an exploration on Schedule O 3b b If "Yes," the it field a Fern 990-170 this year? /f "No to line 3b, provide an exploration on Schedule O 3b b If "Yes," the it field a Fern 990-170 this year? /f "No to line 3b, provide an exploration on Schedule O 4a X The organization have annual process receipts that an entrate the care and the erganization field from 890-72 5c 6a Oss the organization neave annual gross receipts that an entrately prevent that \$uch contributions or gfts were not tax deductible a charitable contributions? 5c 7 Organization that was receive doductible contributions under section 170(c). 6b 7c 7 Organization that was receive doductible contributions under section 170(c). 6b 7c 8 Uf "Yes," indicate the number of Form 8282 filed during the year 7d 7c X 7 D the organization notify the dorog of the value of the goods or avices provided 1 the payo? 7c X 8 Uf "Yes," indicate the number of Form 8282 filed during the year 7d 7c X 9 Uf the organization neicke asymet in excess to 157 mate parity, sia contribution of a control of or avised fund matinatind by the sponsoring organization neicke actribution of ac	b		2b		
b H*ves, 'haii filled a form 900-T for this year? H*No to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4a X b H*vs,' enter the name of the toreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 5a Does the organization nave ennual gross receipts that are normally greater than 5100,000, and did the organization solicit any contributions that were not tax deductible a chartable contributions? 5a X b D'se, 'tak did the organization neuroper solicit an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 5a X b Did the organization receive a gamp time laccess 0157 frands party as a contribution an party for goods and services provided? 7a X 7b D'se, 'tak did the organization neither were of tax degree of tangble personal property for which it was required to the fire massion and party as a contract? 7a X 7b Did the organization neither any partific or indifecity, on a personal benefit contract?					
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is (oreignature) is bank account, securities account, or other financial accounts (FBAR). 5a Was the organization aparty to a prohibed tax shelter transaction at any time during the tax year? 5a 5b If 'Yea,' enter the name of the foreign country > 5a 5a Was the organization aparty to a prohibed tax shelter transaction at any time during the tax year? 5b 5b If 'Yea,' enter the name of the organization file from 8867. 5c 6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization is down tax deductibles or charlatele contributions? 5c 7b Organizations that was not tax deductible contributions under section 170(c). 6a X 7b If 'Yea,' idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7b If 'Yea,' idd the organization rolly the down or the value of the gods or services provided to the payo? 7b 1b 7c X fill the organization rolly the down or the value of the gods or services provided? 7c X 7d If 'Yea,' indicate the number of Forms 8828 filed during the year 7d 7e X 7d If the organization rolly the down of the value of the gods or services provided? 7f X					<u> </u>
fmandial account in a foreign country (such as a bank account, securities account, or other financial account)? 4g X b ff "Yes," enter the name of the foreign country. > See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See 5a Was the organization a party to a prohibited tax shelt transaction at any time during the tax year? Sae X 5b Did any taxable party notify the organization that twas or is a party to a prohibited tax shelt transaction? Sc Sc 5a Vas the organization are annual gross necessites that are normally greater than \$100,000, and did the organization solid: any contributions include with every solidation an express statement that such contributions or gifts were not tax deductible as charitable contributions? Ga X 7b ff "Yes," did the organization notify the donor of the value of the goods or services provided to the part? Ta X 7b Did the organization necel was a contribution and party for probability for goods and services provided to the part? Ta X 7b Did the organization necel was thands, or otherwise dispose of tangible personal property for which it was required Ta X 7c S, ''(ad the organization necel was thands, end the during the year? Ta X 7c S, ''(ad the organization necel was thands, end the during the year? Ta X 7d Did the organization necel was thandsh			3b		
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11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 1					
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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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 12c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 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? 15 X 16 X If "Yes," complete Form 4720, Schedule N. 16 X	-				
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Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Imag	а		13a		
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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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X	b				
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		Х
If "Yes," complete Form 4720, Schedule O.					
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O.			

Form S	990	(2020)
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032005 12-23-20

201	Check if Schedule O contains a response or note to any line in this Part VI				X
ec	tion A. Governing Body and Management				
		9٢		Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year 1a	-			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
_	Enter the number of voting members included on line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		-		
	officer, director, trustee, or key employee?	\vdash	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· –	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	· _	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	Ľ	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	Ŀ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. [1	l0b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. [1	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		l2b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	1	12c		
3	Did the organization have a written whistleblower policy?		13		X
4	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA				
B	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)5.0	nlv) :	availa	hle
	for public inspection. Indicate how you made these available. Check all that apply.	0,00	,y) (avana	510
	Own website Another's website X Upon request Other (explain on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fi	nanc	ial	
,	statements available to the public during the tax year.	u iu II	nanc	al	
)	State the name, address, and telephone number of the person who possesses the organization's books and records				
,	C/O STEVES RODRIGUEZ - 323-556-9000				
	8383 WILSHIRE BLVD SUITE 1000, BEVERLY HILLS, CA 90211				
-			Eorm	990	(00)
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Governan	ce, Manager	nent, and Disclosure	For each "Yes" response to lines 2 through 7

Form 990 (2020)
Part VI Gov

Page 6

Form 990 (2020) META FOUNDATION	33-0913837	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated							
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.

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

(A)	(B) (C)							(D)	(E)	(F)			
Name and title	Average	(do	Position		Reportable	Reportable	Estimated						
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of						
	week		cer ar I	nd a di I	irecto	r/trus I	tee)	from	from related	other			
	(list any	rector						the	organizations	compensation			
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the			
	related organizations	ustee	trust		88	suadu		(W-2/1099-MISC)		organization and related			
	below	ual tr	tional		yolqr	st con yee	_			organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo			
(1) STEVES RODRIGUEZ	5.00		_										
TREASURER		1		x				0.	0.	0.			
(2) LISA ARELLANES	5.00												
CHAIR		1		x				0.	0.	0.			
(3) AIZITA MAGANA	5.00												
SECRETARY		1		x				0.	0.	0.			
(4) LEO ESTEVEZ	5.00												
CHAIR		1		x				0.	0.	0.			
		1											
		1											
		1											
		1											
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	990 (2020) META FOUN									33-09	9138	37	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C		s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Posi heck i ss per	more rson i) than c s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		Est am	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orga and	ensat m the nizati relate nizatio	e on ed
											_			
											_			
1h	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable				0
		disactor truct			mal			hia	heat componented amp		Г	ľ	Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated ind	ере	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensati	on fror	n	
	the organization. Report compensation for t (A)	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C))	
	Name and business	address	NC	ONE	2				Description of s	ervices	Co	mpen		ו
								_						
								_						
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				C)				F	orm 9	90 (2	2020)

032008 12-23-20

	<u>1 990 (</u>		FOUNDATIO	ON			33-0913	837 _{Page} 9
Pa	rt VII							
		Check if Schedule O con	tains a response o	or note to any lin	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grad	1b 1c 1d tions) 1e					
intribut d Othe	g	similar amounts not included abo Noncash contributions included in lines		48,733.				
<u>о е</u>	h	Total. Add lines 1a-1f		►	48,733.			
				Business Code				
e	2 a							
Program Service Revenue	b							
am Ser evenue	с							
am	d							
<u>p</u> e	е							
Pro	f	All other program service rev	enue					
		Total. Add lines 2a-2f	•					
	3	Investment income (including	dividends interes	st and				
	Ŭ	other similar amounts)			8,278,			8,278,
	4	Income from investment of ta			8,278. 1,356.			8,278. 1,356.
	5				1,550.			1,550.
	5	Royalties	(i) Real	(ii) Personal				
				(II) Personal				
	6 a	Gross rents 6						
	b	Less: rental expenses 6						
	С	Rental income or (loss) 60	c					
	d	Net rental income or (loss)	·····	🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	a657,378.					
	b	Less: cost or other basis						
e		and sales expenses 71	b633,920.					
evenue	с	Gain or (loss) 70	c 23,458.					
Rev		Net gain or (loss)			23,458.	23,458.		
Other F		Gross income from fundraising e including \$	events (not					
		contributions reported on line						
		Part IV, line 18		41,743.				
	b	Less: direct expenses		36,430.				
		Net income or (loss) from fun			5,313.		5,313.	
		Gross income from gaming a			-,			
	υu	Part IV, line 19						
	h							
		Less: direct expenses	·····					
		Net income or (loss) from gar		····· P				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	с	Net income or (loss) from sale	es of inventory	🕨				
s				Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	INCOME	523000	292.			292.
scellaneo Revenue	b			523000	-769.			-769.
ielk eve	с	UNREALIZED LOSS	5	523000	-5,243.			-5,243.
lisc B	d	All other revenue						
Σ		Total. Add lines 11a-11d		▶	-5,720.			
	12	Total revenue. See instructions			81,418.	23,458.	5,313.	3,914.
03200	9 12-23-							Form 990 (2020)
					^			

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META FOUNDATION

	Check if Schedule O contains a respons			(C)	<u>Z</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	60,670.	60,670.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management	60.		60.	
b	Legal	75.		75.	
С	Accounting	/5.		/3.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			E (88	
f	Investment management fees	5,677.		5,677.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	28,140.		28,140.	
12	Advertising and promotion				
13	Office expenses	6,260.		6,260.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,756.		1,756.	
23 24	Other expenses. Itemize expenses not covered	_,,			
.4	above (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	MARKETING	5,987.		5,987.	
b	SOFTWARE	2,500.		2,500.	
С	WEBSITE DESIGN AND MAIN	1,380.		1,380.	
d	BANK FEES	369.		369.	
е	All other expenses	329.		329.	
25	Total functional expenses. Add lines 1 through 24e	113,203.	60,670.	52,533.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

Form 990 (2020)

33

Total liabilities and net assets/fund balances

11 2020.05000 META FOUNDATION

669,044.

33

META FOUNDATION

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

Form 990 (2020)

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	60,136.	1	57,330.
	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	
ú	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		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	608,908.	12	579,929.
	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)	669,044.	16	637,259.
	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	
Se	22	Loans and other payables to any current or former officer, director,			
il i		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
S		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ů.	27	Net assets without donor restrictions		27	
ala	28			28	
ЦE	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here Image: Comparison of the second se		20	
Fun		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	669,044.	29	637,259.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
Ass	31	Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
let /	32	Total net assets or fund balances	669,044.	32	637,259.
z	33	Total liabilities and net assets/fund balances	669,044.	33	637,259.

637,259.

Form 990 (2020)

Form	1990 (2020) META FOUNDATION	33-091	<u>3837</u>	Pag	_{ge} 12	
Pa	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	81	.,4	18.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			03.	
3	Revenue less expenses. Subtract line 2 from line 1	3			85.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	669	9,0	<u>44.</u>	
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	637	, 2	59.	
Pa	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 O.					
2a			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis				v	
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	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	-				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
0.5	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			x	
L	Act and OMB Circular A-133?		3a		<u> </u>	
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, available or audita,	eu audit	3b		1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			aan	(2020)	

Form **990** (2020)

032012 12-23-20

SCH	IED	ULE	Α
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(Form 990 or 990-EZ)

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.

	OMB No. 1545-0047						
	2020						
	Open to Public Inspection						
r	identification number						

	Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Inspection Inspection									
Nam	e of	the organizati					ie ialest ii		Employer	identification number
Num		the of guilleut		FOUNDATIO	M					3-0913837
Pa	rt I	Reason			(All organizations must c	omplete th	nis nart) S	ee instructions		5 0713037
					For lines 1 through 12, c					
1			-		on of churches described	-		1)(A)(i)		
2					Attach Schedule E (Forn			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3					anization described in so			;;)		
4		•	•		njunction with a hospital				(iiii) Enter	the hospital's name
-		city, and stat			njuniotion min a noopital	accombod				the neopital e name,
5			-	or the benefit of a co	llege or university owned	l or operat	ed by a do	overnmental un	nit describe	ed in
Ŭ		-	-	Complete Part II.)		. of operat	54 %) 4 ge			
6										
7				-	ntial part of its support fi				e general r	oublic described in
•		-		complete Part II.)		en a gen			e general p	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9	\square	-			in section 170(b)(1)(A)(-	ed in coniu	unction with a l	land-grant	college
		-	-	-	ulture (see instructions).		-		-	-
		university:		5 5 5	,		, j	,	5	
10	X		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
					t to certain exceptions; a					
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box in
		_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
		the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	upporting
		7 -		complete Part IV, Se						
b				-	l or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
	_	7 -		t complete Part IV,						
С			-		g organization operated				y integrate	ed with,
			-). You must complete I					
d			-		porting organization oper				-	
					zation generally must sat				an attentiv	/eness
			-		nplete Part IV, Sections					
е			•		written determination fro			Туре I, Туре I	, Type III	
	Ent			rachizationa	nally integrated supporti	ng organiz	ation.			
1		er the number	••	n about the supporte	d organization(a)					
<u> </u>		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see in:	structions)	support (see instructions)
_										
				1		1	1	1		

<u>Total</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 META FOUNDATION

3	3-	091	3837	Page 2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~	·····						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(b) 2017	(0) 2018	(0) 2019	(e) 2020	(i) iotai
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	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	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	•
	First 5 years. If the Form 990 is for th		,			501(c)(3)	
	organization, check this box and stop	here			·		
Se	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the c	organization did no	ot check the box c	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatior	۱			
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	•	• •	,	•		
b	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>5a, 16b, 17a, or 17</u>			
					Sch	edule A (Form 990	1 or uun = 71.9090

Schedule A (Form 990 or 990-E

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 META FOUNDATION

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

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(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					40	
	include any "unusual grants.")	37,420.	22,016.	20,378.	36,134.	48,733.	164,681.
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	180,082.	182,864.	179,722.	103,861.	41,743.	688,272.
3	Gross receipts from activities that		-	-	-	-	
	are not an unrelated trade or bus-						
	iness 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	217,502.	204,880.	200,100.	139,995.	90,476.	852,953.
7a	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						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						852,953.
	Public support. (Subtract line 7c from line 6.)						052,955.
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	217,502.	204,880.	200,100.	139,995.	90,476.	852,953.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,436.	15,123.	15,079.	15,457.	8,865.	66,960.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	12,436.	15,123.	15,079.	15,457.	8,865.	66,960.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	229,938.	220,003.	215,179.	155,452.	99,341.	919,913.
	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>92.72 %</u>
	Public support percentage from 2019					16	92.70 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	7.28 %
	Investment income percentage from a					18	7.30 %
19a	33 1/3% support tests - 2020. If the	-					
_	more than 33 1/3%, check this box ar	-	-				► X
b	33 1/3% support tests - 2019. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th			
U3202	3 01-25-21		15		Sche	edule A (Form 990	UI 990-EL) 2020

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No

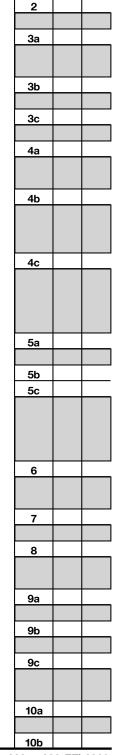
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 describes have the power to regular provide activities. If the organization activities are provided among the supported organization of the organization of the organization and more than one supported organization activities.			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions

- a 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 governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

_	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-functionally i instructions).	ntegra	ted Type III su
-				

Schedule A (Form 990 or 990-EZ) 2020 META FOUNDATION

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

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

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 0.015 of line 3 (for greater amo	ount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 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-fu	unctionally integrate	ed Type III supporting ora	anization (see

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 META FOUNDATION

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
<u>e</u>	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 META FOUNDATIO	Ν
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Schedule A (I	Form 990 or 990-EZ) 2020 META	FOUNDATION	33-0913837 Page 8
	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See Instructions.)		
032028 01-25-21		20 Sched	ule A (Form 990 or 990-EZ) 202
41112 1	44457 R3743	2020.05000 META FOUNDATIO	N R3743

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

N

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

2020

Employer identification number

33-0913837

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Section:
$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

META FOUNDATION

Employer identification number

33-0913837

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	OFFICE SOLUTIONS Ø23303 LA PALMA AVENUEØC/O PENSKE MEDIA, 11175 SANTA MONICA BLVD YORBA LINDA, CA 92887	\$_	15,000.	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
2	JAY PENSKE 11175 SANTA MONICA BLVD SANTA MONICA, CA 90025	\$_	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
3	LISC LA COVID 19 RELIEF FUND (LA COUNTY FUND, LISC AS THE DISTRIBUTOR) 500 S GRAND AVE LA, CA 90071	\$_	15,000.	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
4	PAUL FEINSTEIN 41 ALHAMBRA CIR CRANSTON, RI 02905	\$_	7,500.	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
5	ESSENDANT CHARITABLE FOUNDATION / ESSENDANT PERRIS, CA FOUDATION ESSENDANT CHARITABLE FOUNDATION ONE PARKWAY NORTH, SUITE 100 DEERFIELD, IL LOS ANGELES, IL 60015	\$_	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
<u>6</u> 023452 11-25	FREEMARK FINANCIAL 8383 WILSHIRE BLVD., SUITE 1000 BEVERLY HILLS, CA 90211	\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Fo	orm 990,	990-EZ, o	r 990-PF)	(2020)
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Name of organization

Page 3

Employer identification number

META FOUNDATION

33-0913837

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-25-	20	\$Schedule B (Form	990, 990-EZ, or 990-PF) (/

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2020.05000 META FOUNDATION

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Page **4**

ame of orga	anization		Employer identification number
ETA FC	OUNDATION		33-0913837
Part III	Exclusively religious, charitable, etc., contributi	through (e) and the following line entr	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or le space is needed.	ess for the year. (Enter this info. once.) 🕨 \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
- -			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	1
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
3454 11-25-20)		Schedule B (Form 990, 990-EZ, or 990-PF) (202

08341112 144457 R3743

2020.05000 META FOUNDATION

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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.



nplover	identification	number

Nam	of the organization META FOUNDATION		Employer identification number 33-0913837
Par		ad Funds or Other Similar Funds	
Fai	organizations maintaining Donor Adviso organization answered "Yes" on Form 990, Part IV, li		of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	1	
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		ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
Par	t II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form c	of 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
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic st	ructure included in (a)	<u>2</u> c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes 🔄 No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, har	dling of violations, and enforcing conservati	ion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo		
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foo	thote to the organization's financial stateme	nts that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	her Similar Assets
	Complete if the organization answered "Yes" on For		
12	If the organization elected, as permitted under FASB ASC 9		nd balance sheet works
iu	of art, historical treasures, or other similar assets held for pu	· ·	
	service, provide in Part XIII the text of the footnote to its fina		•
b	If the organization elected, as permitted under FASB ASC 9		
~	art, historical treasures, or other similar assets held for publ		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	··· · · · · · · · · · · · · · · · · ·		N A
2	If the organization received or held works of art, historical tr		
-	the following amounts required to be reported under FASB		3, provide
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

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Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	^r Assets	continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	t make sig	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	Ũ						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						,		_]
Par							0.				
	·	(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Four y	ears l	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1)	a column (a)) held as:						
2	Board designated or quasi-endowment	•	%	g, column (a							
b	Permanent endowment		/0								
		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho	•									
30	Are there endowment funds not in the posse		ation the	at are hold a	ad administo	rod for the	organiza	tion			
Ja				at are neiu ai			s organiza			/es	No
	by: (i) Unrelated organizations								3a(i)	63	NU
									3a(ii)	-	
h	(ii) Related organizations								3b		
U A	Describe in Part XIII the intended uses of the								_ 30		
Par	t VI Land, Buildings, and Equipm		witterit	iunus.							
	Complete if the organization answere) Part I	/ line 11a S	See Form 990) Part X I	ine 10				
	Description of property	(a) Cost or c			t or other		cumulate		(d) Book	value	<u> </u>
	Description of property	basis (investr		. ,	(other)		reciation	u	(u) BOOK	value	;
10	Land	· · · ·		54015							
	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other	···			2						0.
rota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line 1	UC.)				D (F	0001	-
								Schedule	D (Form	99O)	2020

Schedule D (Form 990) 2020 META FOUNDATION

a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or	nd-of-vear market value
	(b) DOOK Value	(c) Method of Valuation. Cost of	end-or-year market value
Financial derivatives Closely held equity interests			
Other			
(A) MORGAN STANLEY -			
(B) INVESTMENT	579,929.	END-OF-YEAR MARKE	T VALUE
(C)	,		
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	579,929.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		I1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		I1d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		I1d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		25.
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (a) (b) (c) (c) (c) (c) (c) (c) (c) (a) Description of liability (1) Federal income taxes (2) (a) (3) (a) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c)	Description		25.
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	I 1e or 11f. See Form 990, Part X, line	25.

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 META FOUNDATION		33-0913837 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
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:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18	<u>8.)</u>	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2020					
Department of the Treasury		organization entered more than \$15 Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection
Name of the organization		UNDATION					Employer ide	entification number
	complete this part	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written c ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				►				
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020
								_,

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 META FOUNDATION

3	3-	09	1	3	8	37	7 Page 2	2
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				META MOVIE	2	col. (c)
Ð			(event type)	(event type)	(total number)	(-)/
Revenue						
Seve	1	Gross receipts	3,284.	38,459.		41,743.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	3,284.	38,459.		41,743.
	4	Cash prizes				
	_					
~	5	Noncash prizes				
Direct Expenses						
per	6	Rent/facility costs				
Ш	_					
rect	7	Food and beverages				
ö		Entertainment				
	8	Entertainment	3,444.	32,987.		36,431.
	9	Other direct expenses				36,431.
	10	Direct expense summary. Add lines 4 through				5,312.
Pa		Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		000 Part IV line 10 or r		J,JIZ.
		\$15,000 on Form 990-EZ, line 6a.		1330, 1 art IV, inte 13, 01 h	eported more trian	
				(b) Pull tabs/instant		(d) Total gaming (add
IUe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	1	Gross revenue				
	-					
	2	Cash prizes				
Expenses		• • • • • • • • • • • • • • • • • • • •				
ben	3	Noncash prizes				
Ш						
Direct	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b) If "'	Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 META FOUNDATION	33-0913837 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13 a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords:
Name 🕨	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	amount
of gaming revenue retained by the third party ►\$ c If "Yes," enter name and address of the third party:	
c in res, enter hame and address of the third party.	
Name	
Address 🕨	
16 Gaming manager information:	
Name	
Gaming manager compensation <a> \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spectration is our exempt activities during the toy user	ent in the
organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	ula 6 (Earm 990 ar 990 EZ) 9999
032083 11-25-20 Sched	lule G (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE	EI	G	arants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047			
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Internal Revenue		Comp		Attach to For	m 990.			2020 Open to Public Inspection			
	organization		Go to www.ir	s.gov/Form990 fo	r the latest morn	nauon.		Employer identification number			
	META FOUN							33-0913837			
 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 											
criteri	the organization maintain records t a used to award the grants or assis ibe in Part IV the organization's pro	stance?	-			-					
	Grants and Other Assistance to					anization answered "Y	/es" on Form 990. Par	t IV. line 21. for anv			
	recipient that received more than \$,	····, ···· = ·, ··· · .,			
1 (a) Na	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
	total number of section 501(c)(3) a	0	,	e line 1 table							
	total number of other organization										

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

Schedule I (Form 990) 2020

META FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL GRANTS	58	47,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I

THE ORGANIZATION MONITORS EACH RECIPIENT'S USE OF ITS GRANT BY

COMMUNICATING WITH EACH RECIPIENT'S UNIVERSITY.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



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:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	28,140.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,140.
IOTAL EXPENSES	20,140.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	28,140.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

	202	20	Annual Informat	ion Return						199		
Calenda	ar Year	r 2020 or	fiscal year beginning (mm/dd/yyyy)			, and endin	g (mm/dd/yy	уу)				
Corporat	tion/Org	ganization n	ame				Cal	ifornia corp	oration r	ıumber		
			ATION					2236	038			
Addition	al inform	nation. See	instructions.					<u>33-0</u>	013	937		
Street ar	ddress (suite or roo	n)					PMB no.	913	0.57		
			IRE BLVD, NO. 100	0								
City	<u> </u>	1000		<u> </u>			State	ZIP code				
BEV	ERL	Y HI	LLS				CA	9021	1			
Foreign	country	name		Foreign province/state	county			Foreign p	ostal co	de		
	rst retu			ave any chan	-	•						
		ded return • Yes X No not reported to the FTB? See i									No	
		Section 4947(a)(1) trust Yes X No J If exempt under										
D Fir	Final information return?											
		Dissolved		Merged/Reorganized			iization exempt under R&TC Section 23701g? • Ye er the gross receipts from nonmember sources \$					
		ate: (mm/dd/yyyy) ● If "Yes," enter the gi accounting method: (1) X Cash (2) Accrual (3) Other L Is the organization a									No	
		•	? (1) ● 990T (2) ● 990PF (3	<u> </u>		e organization f					NO	
		Other 990		, , ,		taxable income				• Yes X	No	
			g? See instructions	• Yes X No	N Is the	organization un	der audit by t	he IRS or	has th	е		
			n in a group exemption			dited in a prior				• Yes X		
lf "	'Yes," v	what is the	e parent's name?			ral Form 1023/				Yes 🔀	No	
					Date fi	led with IRS						
Part		Complete	Dort Lunioco not required to file this	form . Coo Conorol Infr	rmation D	and C						
<u>r ar</u>			Part I unless not required to file this oss sales or receipts from other sourc					•	1	703,035		
		1	oss dues and assessments from mem						2		00	
		2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received STMT							3	48,733		
_			tal gross receipts for filing requiremen									
Rece		Th	is line must be completed. If the rest	ult is less than \$50,000	, see Gener	al Information	В	•	4	751,768	00	
ar Reve		5 Cc	st of goods sold		•	5		00				
neve	IIUCS			of assets sold	•	6	633,9	20 00				
									7	633,920		
			tal gross income. Subtract line 7 from						8	<u>117,848</u> 149,633		
Expe	nses		tal expenses and disbursements. From cess of receipts over expenses and dis			lino 9			9 10	-31,785		
									11		00	
									12		00	
	 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 							13		00		
Filing	j Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12							14		00	
		15 Penalties and Interest. See General Information J							15		00	
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a								edge and belief	00	
Sign		it is true,	correct, and complete. Declaration of preparer	(other than taxpayer) is bas	ed on all info	rmation of which p	preparer has any	knowledge		sage and sener,		
Here		Signature			Title	ם ס מוזי	Date			• Telephone 323-556-9000		
		Signature of officer ► TREASURER Date							● PTIN			
		Preparer's signature					Check self-er	nployed		P00185433		
Paid		Firm's na								• Firm's FEIN		
Prepar	er's	(or yours, if self-	FREEMARK FINANC	IAL LLP						27-3974034		
Use On		employed	8383 WILSHIRE B		00					 Telephone 		
		and addre	"SEVERLY HILLS,	CA 90211				• X		(323) 556-90	00	
		May the FTB discuss this return with the preparer shown above? See instructions								No No		

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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.

028951 12-22-20

		1	Gross sales or receipts from all	ousine	ss activities. See instru	ctions			•	1		41,743 00
		2	Interest							2		1,339 00
		3	Dividends							3		6,939 00
Receip	ts	4	0						-	4		00
from		5	Gross royalties							5		00
Other		6	Gross amount received from sal	e of as	sets (See Instructions)			STA	TEMENT 2 •	6		657,378 00
Source	s	7	Other income		,			SEE STA	TEMENT 3 •	7		-4,364 00
		8	Total gross sales or receipts fro							8		703,035 00
		9	Contributions, gifts, grants, and							9		60,670 00
		10	Disbursements to or for membe	rs	amounto para				•	10		00
		11	Compensation of officers, direct	ors an	d trustees			SEE STA	TEMENT 5	11		0 00
		12	Other salaries and wages	510, un					•	12		00
Expens	e s	13	Interest							13		00
and		14	Taxes							14		00
Disburs		15								15		00
ments	56-	16	Rents	inetru						16		00
ments		17	Depreciation and depletion (See Other expenses and disburseme	nto nto				ሪድድ ሪጥል	TEMENT 6	17		88,963 00
			Total expenses and disburseme	nto Ad	d line 0 through line 17	 7 Entor	 boro	and an Side 1 De		18		149,633 00
Sche	dule		Balance Sheet	its. Au	Beginning of			· · · ·			ı xable y	
	aut				(a)	ιαλαυτ	c yca	(b)	(c)		Aubic y	(d)
Assets	ob				(a)			60,136	(0)		•	57,330
1 Ca			raasiyahla					00,130			•	57,550
			s receivable								-	
			ceivable								•	
			atata aquarament abligationa								•	
			state government obligations								-	
			in other bonds								•	
			in stock								•	
	ortgag							600 000			•	E70 020
			ments STMT 7					608,908			•	579,929
10 a	Depre	eciad	le assets	1					1			
			mulated depreciation	()				()		
											•	
								660 044			•	C 27 250
								669,044				637,259
			et worth									
			yable								•	
			s, gifts, or grants payable								•	
			otes payable								•	
			ayable								•	
			es					660 044				628 250
			or principal fund					669,044			•	637,259
			al surplus. Attach reconciliation								•	
			nings or income fund					660 044			•	COR 050
			ies and net worth					669,044				637,259
Sche	dule	e M					10					
			Do not complete this sche				,	()/			_	
			per books		• -31,	185	7		on books this year			
			me tax		•			not included in th			•	
			pital losses over capital gains		•		8		s return not charged			
			ecorded on books this year		•				ome this year		•	
5 Exp	pense	es rec	corded on books this year not					Total. Add line 7 a				
			this return		•		10	Net income per re				64 - 4
6 To	tal. Ac	dd lir	ne 1 through line 5		-31,	785		Subtract line 9 fro	om line 6			-31,785

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	SI	CATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
OFFICE SOLUTIONS	23303 LA PALMA AVENUE©C/O PENSKE MEDIA, 11175 SANTA MONICA BLVD YORBA LINDA		15,000.
JAY PENSKE	11175 SANTA MONICA BLVD SANTA MONICA, CA 90025		5,000.
LISC LA COVID 19 RELIEF FUND (LA COUNTY FUND, LISC AS THE DISTRIBUTOR)	500 S GRAND AVE LA, CA 90071		15,000.
PAUL FEINSTEIN	41 ALHAMBRA CIR CRANSTON, RI 02905		7,500.
ESSENDANT CHARITABLE FOUNDATION / ESSENDANT PERRIS, CA FOUDATION	ESSENDANT CHARITABLE FOUNDATION ONE PARKWAY NORTH, SUITE 100 DEERFIELD, IL 6		5,000.
FREEMARK FINANCIAL	8383 WILSHIRE BLVD., SUITE 1000 BEVERLY HILLS, CA 90211		5,000.
TOTAL INCLUDED ON LINE 3			52,500.

DA ACQU 		DAT	E MI		
		SOL		ETHOD QUIRED	
			PUR	CHASED	
COST OR OTHER BASIS	DEPR	EC.	EXPENSE OF SALE		OSS PRICE
633,333.		0.	508.	. 65	7,378.
			PUR	CHASED	
COST OR OTHER BASIS	DEPR	EC.	EXPENSE OF SALE		OSS PRICE
79.		0.	0 .	•	0.
633,412.		0.	508.	65 65	7,378.
OTHER INCOM	E			STATEME	NT 3
				AMOU	NT
XEMPT BOND PRO	CEEDS				5,243. -769. 292. 1,356.
E 7					4,364.
			ŝ	STATEME	NT 4
ION GRANTS					
DRESS		RELAT	IONSHIP	AM	OUNT
		NONE			1,500.
	633,333. DAY ACQU COST OR OTHER BASIS 79. 633,412. 633,412. OTHER INCOM OTHER INCOM E 7 NTRIBUTIONS, G SIMILAR AMOUN ION GRANTS DRESS WILSHIRE BLVD	633,333. DATE ACQUIRED COST OR OTHER BASIS DEPR 79. 633,412. OTHER INCOME OTHER INCOME XEMPT BOND PROCEEDS E 7 NTRIBUTIONS, GIFTS, SIMILAR AMOUNTS PAI ION GRANTS	633,333. 0. DATE DATE ACQUIRED SOL OTHER BASIS DEPREC. 79. 0. 633,412. 0. 633,412. 0. 633,412. 0. 633,412. 0. 0THER INCOME 0. OTHER INCOME 0. NTRIBUTIONS, GIFTS, GRANTS SIMILAR AMOUNTS PAID ION GRANTS RELAT: WILSHIRE BLVD #1000 NONE	633,333. 0. 508 DATE DATE MI ACQUIRED SOLD ACQ PUF COST OR EXPENSE OTHER BASIS DEPREC. OF SALE 79. 0. 0. 633,412. 0. 508. OTHER INCOME S OTHER INCOME S E 7	633,333. 0. 508. 65 DATE ACQUIRED DATE SOLD METHOD ACQUIRED OTHER BASIS DEPREC. OF SALE SALES 79. 0. 0. 0. 633,412. 0. 508. 65 OTHER INCOME STATEME AMOUT 0THER INCOME STATEME AMOUT 0THER INCOME STATEME AMOUT 0THER INCOME STATEME AMOUT 0THER INCOME STATEME Interview 0THE

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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
ALEXIS CRUZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
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 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
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.
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
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
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
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
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
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
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
KELLY HERRERA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KIMBERLY FUENTES	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
LUIS CENICEROS SILVA	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
MARLENE BECERRA	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
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
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
STEVEN PINEDA	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
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.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AILENE TORRES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	300.
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
ANDRES GARCIA ROMAN	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ANNIE OLMEDO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	250.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
APRIL CANO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	350.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRYAN CENDEJAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	400.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRYYAN RUIZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	230.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRYYAN RUIZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	200.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CHRISTOPHER ROJAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	520.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CYNTHIA ARAGON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	400.
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
EDUARDO BARESI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	100.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EDUARDO BARESI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	300.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EDWIN SANCHEZ HUIZAR	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	400.
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
ERIC ESTRADA OAJACA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	200.
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
GERSON RIVAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	400.
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	400.
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
IVAN JIMENEZ	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	250.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JESSE DE LA CRUZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	200.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KELLY HERRERA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	350.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LESLY LEON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	400.

33-0913837

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MARIA MANJARREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	970.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MELISSA BARALES-LOPEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	150.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ROSALBA GARCIA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	100.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEBASTIAN ATASHI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	900.
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
VASHTI MARTINEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	400.
	TOTAL FOR THIS ACTIVITY		60,670.

17 2020.05000 META FOUNDATION

CA 199	COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND A	ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
	DRIGUEZ HIRE BLVD, NO. 1000 HLLS, CA 90211	TREASURER 5.00	0.
	LANES HIRE BLVD, NO. 1000 HLLS, CA 90211	CHAIR 5.00	0.
	GANA HIRE BLVD, NO. 1000 HLLS, CA 90211	SECRETARY 5.00	0.
	EZ HIRE BLVD, NO. 1000 ELLS, CA 90211	CHAIR 5.00	0.
TOTAL TO F	FORM 199, PART II, LINE 11		0.

CA 199	OTHER	EXPENSES	STATEMENT 6
DESCRIPTION			AMOUNT
MARKETING SOFTWARE WEBSITE DESIGN AND MAIN BANK FEES DIRECT EXPENSES OF FUNDRAISING LEGAL FEES ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INSURANCE ALL OTHER EXPENSES	G EVENTS		5,987. 2,500. 1,380. 369. 36,430. 60. 75. 5,677. 28,140. 6,260. 1,756. 329.
TOTAL TO FORM 199, PART II, LI	INE 17		88,963.

33-0913837

669,044. 637,259.

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CA 199	OTHER	INVESTMENTS				STAT	EMEI	лт 7
DESCRIPTION			BEG.	OF	YEAR	END	OF	YEAR
MORGAN STANLEY - INVESTMENT INVESTMENT IN DB COMMODITY		-			8,958. 9,950.		579	9,929 0
TOTAL TO FORM 199, SCHEDULE L, L	INE 9	-		608	3,908.		579	929,929
CA 199	FUNI	BALANCES				STAT	EMEI	1T 8
DESCRIPTION			BEG.	OF	YEAR	END	OF	YEAR
CURRENT FUNDS		-		669	9,044.		637	,259

TOTAL TO FORM 199, SCHEDULE L, LINE 21

TAXABLE YEAR 2020	California e-file Return Authorization for Exempt Organizations	FORM 8453-EO
Exempt Organization name		Identifying number
META FOUND	ATION	33-0913837
	Return Information (whole dollars only)	
	eipts (Form 199, line 4)	1 751,768
•	ome (Form 199, line 8)	2 117,848
3 Total expenses	and disbursements (Form 199, line 9)	
Part II Settle You	r Account Electronically for Taxable Year 2020	
4 Electronic	funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/	yyyy)
Part III Banking I	nformation (Have you verified the exempt organization's banking information?)	
5 Routing number		
6 Account number	7 Type of account: Checking	g Savings
Part IV Declaration	n of Officer	
I authorize the exempt on line 4a.	organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic fu	inds withdrawal for the amount listed
California electronic ret a balance due return, l organization will remain statements be transmit	diate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the urn. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organi liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return ar ted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organ e FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. TREASURER	the exempt organization is filing ization's fee liability, the exempt nd accompanying schedules and
	e of officer Date Title	
	on of Electronic Return Originator (ERO) and Paid Preparer.	
am only an intermediat accurately reflects the or provided the organizatii 1345, 2020 Handbook t the exempt organization I declare that I have exa	iewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and corr e service provider, I understand that I am not responsible for reviewing the exempt organization's return. I decl lata on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmittin on officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requ for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return in return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the pai mined the above exempt organization's return and accompanying schedules and statements, and to the best o lete. I make this declaration based on all information of which I have knowledge.	are, however, that form FTB 8453-E0 ng this return to the FTB; I have uirements described in FTB Pub. urn or four years from the date id preparer, under penalties of perjury,
ERO's-	Date Check if Check	
ERO signature	also paid preparer X if self-	
Must Firm's name (or		Firm's FEIN 27-3974034
Sign if self-employed and address	8383 WILSHIRE BLVD STE 1000	
	BEVERLY HILLS, CA	ZIP code 90211
	rry, I declare that I have examined the above organization's return and accompanying schedules and statement , correct, and complete. I make this declaration based on all information of which I have knowledge.	s, and to the best of my knowledge
Paid Paid		Paid preparer's DTIN
preparer	if self-	Paid preparer's PTIN
· · · · · · · · · · · · · · · · · · ·	e employed	
Signa if self-en	nployed)	Firm's FEIN
Sign and add	ess r	ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

029021 11-19-20

STATE OF CALIFORNIA					DEPARTMEI	NT OF JUSTICE
RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470		JAL REGISTRATION RENEW O ATTORNEY GENERAL OF Sections 12586 and 12587, California G 11 Cal. Code Regs. sections 301-306, 30	CALIFOF overnment C	RNIA ode	(For Registry Use Only)	PAGE 1 of 5
STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	organization' minimum tax o	mit this report annually no later than four months a s accounting period may result in the loss of tax ex f 8800, plus interest, and/or fines or filing penalties 3703; Government Code section 12586.1. IRS exter	nd fifteen days a emption and the . Revenue & Tay	after the end of the e assessment of a kation Code section		
			Check if:			
META FOUNDATION				ange of address ended report		
List all DBAs and names the organization u	ses or has used					
8383 WILSHIRE BL Address (Number and Street)	VD, NO.	1000	State Cha	rity Registration Nur	nber ст<u>122119</u>	
BEVERLY HILLS, C	A 9021	1	Corporatio	on or Organization No	o. 2236038	
323-556-9000			Federal Er	mployer ID No. <u>33</u>	-0913837	
Telephone Number	E-mail Address					
ANNUAL REG	SISTRATION R	ENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departn			311, and 312)	
<u>Gross Annual Revenue</u> Less than \$25,000 Between \$25,000 and \$100,00	<u>Fee</u> 0 0 \$25	Gross Annual Revenue Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	<u>Fee</u> \$50 \$75		001 and \$10 million ,001 and \$50 million	<u>Fee</u> \$150 \$225 \$300
PART A - ACTIVITIES						
		Deriod (beginning <u>01/01/20)</u> 18 Noncash Contributions \$ 60,670				7,259
		ANIZATION DURING THE PERIOD C				
		ou answer "yes" to any of the ques for each "yes" response. Please re				
	d, were there a					Yes No
2. During this reporting period or funds?		ny contracts, loans, leases or other fin f, either directly or with an entity in wh				Yes No
	trustee thereo		nich any suc	ch officer, director or	trustee had	x
	trustee thereo d, was there ar	f, either directly or with an entity in wh	nich any suc	ch officer, director or e organization's chari	trustee had	x
3. During this reporting period	trustee thereo d, was there ar d, were any org d, were the ser	f, either directly or with an entity in why theft, embezzlement, diversion or n	nich any suc	ch officer, director or e organization's chari udgment?	trustee had table property	x
 During this reporting period During this reporting period commercial coventurer use 	trustee thereo d, was there ar d, were any org d, were the ser ed?	f, either directly or with an entity in why ny theft, embezzlement, diversion or n ganization funds used to pay any pena	nich any suc nisuse of the alty, fine or j draising cou	ch officer, director or e organization's chari udgment?	trustee had table property	x x x
 During this reporting period During this reporting period commercial coventurer use During this reporting period 	trustee thereo d, was there ar d, were any org d, were the ser ed? d, did the orga	f, either directly or with an entity in whether directly or with an entity in whether the second or not the second of the second	nich any suc	ch officer, director or e organization's chari udgment?	trustee had table property	x x x x x
 During this reporting period During this reporting period commercial coventurer use During this reporting period 	trustee thereo d, was there ar d, were any orç d, were the ser ed? d, did the organ d, did the organ	f, either directly or with an entity in whether directly or with an entity in whether with the second of the secon	nich any suc	ch officer, director or e organization's chari udgment?	trustee had table property	x x x x x x x
 During this reporting period During the organization cond 	trustee thereo d, was there ar d, were any org d, were the ser ed? d, did the organ d, did the organ duct a vehicle o uct an independ	f, either directly or with an entity in whether directly or with an entity in whether any theft, embezzlement, diversion or n ganization funds used to pay any pena vices of a commercial fundraiser, fund nization receive any governmental fun nization hold a raffle for charitable pur donation program?	nich any suc nisuse of the alty, fine or j draising cou nding?	ch officer, director or e organization's chari udgment? nsel for charitable pu	trustee had table property rposes, or	x x x x x x
 During this reporting period During the organization conduction Did the organization conduction 	trustee thereo d, was there ar d, were any org d, were the ser ed? d, did the organ d, did the organ duct a vehicle o uct an independenting principles	f, either directly or with an entity in whether directly or with an entity in whether any theft, embezzlement, diversion or n ganization funds used to pay any pena vices of a commercial fundraiser, fund nization receive any governmental fun nization hold a raffle for charitable pur donation program?	nich any suc nisuse of the alty, fine or j draising cou nding? rposes? iial statemer	ch officer, director or e organization's chari udgment? nsel for charitable pu	trustee had table property rposes, or h	x x x x x x x x x x x
 During this reporting period Did the organization conduction Did the organization conduction At the end of this reporting I declare under penalty of period 	trustee thereo d, was there ar d, was there ar d, were any org d, were the ser ed? d, did the organ d, did the organ d, did the organ duct a vehicle of uct an independiting principles period, did the iury that I have	f, either directly or with an entity in whether directly or with an entity in whether any theft, embezzlement, diversion or n ganization funds used to pay any pena- vices of a commercial fundraiser, fund nization receive any governmental fun- nization hold a raffle for charitable pur donation program? dent audit and prepare audited finance for this reporting period?	nich any suc nisuse of the alty, fine or j draising cou draising cou nding? rposes? iial statemer ets, while re companyin	ch officer, director or e organization's chari udgment? nsel for charitable pu nts in accordance wit porting negative unre	trustee had table property rposes, or h estricted net assets?	x x x x x x x x x x x x x x x
 During this reporting period During this reporting period commercial coventurer use During this reporting period During this reporting period During this reporting period During this reporting period During the organization conduction Did the organization conduction Did the end of this reporting At the end of this reporting I declare under penalty of period 	trustee thereo d, was there ar d, was there ar d, were any org d, were the ser ed? d, did the organ d, did the organ d, did the organ duct a vehicle of act an independ ting principles period, did the correct and c	f, either directly or with an entity in whether directly or more and the second or the second or the second of the s	nich any suc nisuse of the alty, fine or j draising cou draising cou nding? rposes? ial statemer ets, while re companyin gn.	ch officer, director or e organization's chari udgment? nsel for charitable pu nts in accordance wit porting negative unre	trustee had table property rposes, or h estricted net assets?	x x x x x x x x x x x x x x x