

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052
2020
Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation GLASSER FAMILY FUND		A Employer identification number 81-4732393	
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite CO HC 200 PAGE MILL ROAD SUITE		B Telephone number (see instructions) (415) 271-8585	
City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94306		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>610,397</u>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	300,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	3,330	3,330		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-4,787			
	b Gross sales price for all assets on line 6a <u>7,942</u>				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	298,543	3,330			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	500		0	500
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	1,029		0	1,029
	b Accounting fees (attach schedule)	3,705		926	2,779
	c Other professional fees (attach schedule)	2,132		2,132	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	51		1	50
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,537		884	2,653
	24 Total operating and administrative expenses. Add lines 13 through 23	10,954		3,943	7,011
	25 Contributions, gifts, grants paid	357,040			357,040
26 Total expenses and disbursements. Add lines 24 and 25	367,994		3,943	364,051	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-69,451				
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	480,698	416,946	416,946
	2 Savings and temporary cash investments	4,344	2,331	2,331
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	113,143	111,564	166,883
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	26,344	24,237	24,237	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	624,529	555,078	610,397	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	624,529	555,078	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	624,529	555,078		
30 Total liabilities and net assets/fund balances (see instructions) .	624,529	555,078		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	624,529
2 Enter amount from Part I, line 27a	2	-69,451
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	555,078
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	555,078

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	2	-4,787
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{		}	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved				2
3 Reserved				3
4 Reserved				4
5 Reserved				5
6 Reserved				6
7 Reserved				7
8 Reserved				8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due/overpayment. Values include 307 for total credits and 307 for amount owed.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at C/O HC 200 PAGE MILL ROAD SUITE 200 PALO ALTO CA ZIP+4 94306

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	141,430
b	Average of monthly cash balances.	1b	240,842
c	Fair market value of all other assets (see instructions).	1c	24,237
d	Total (add lines 1a, b, and c).	1d	406,509
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	406,509
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	6,098
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	400,411
6	Minimum investment return. Enter 5% of line 5.	6	20,021

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	20,021
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	20,021
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	20,021
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	20,021

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	364,051
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	364,051
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	364,051

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				20,021
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				78,340
d From 2018.				94,442
e From 2019.				107,619
f Total of lines 3a through e.	280,401			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 364,051				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				20,021
e Remaining amount distributed out of corpus	344,030			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	624,431			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	624,431			
10 Analysis of line 9:				
a Excess from 2016.				
b Excess from 2017.				78,340
c Excess from 2018.				94,442
d Excess from 2019.				107,619
e Excess from 2020.				344,030

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
HARVEY GLASSER

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				357,040
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
EXXON MOBILE CORP, 1 SH		2020-06-10	2020-10-22
CONAGRA BRANDS, 49 SHS		2017-06-19	2020-06-17
DISCOVER FINCL SVCS, 17 SHS		2017-12-06	2020-07-23
EXXON MOBILE, 21 SHS		2017-07-25	2020-10-22
HALLIBURTON, 28 SHS		2017-09-21	2020-02-10
KEYCORP NEW, 57 SHS		2017-06-13	2020-04-08
OCCIDENTAL PETROLEUM, 15 SHS		2017-07-19	2020-02-10
OCCIDENTAL PETROLEUM, 1 SHS		2018-10-23	2020-02-10
SCHLUMBERGER LTD, 17 SHS		2017-06-30	2020-02-10
SCHLUMBERGER LTD, 11 SHS		2018-01-24	2020-02-10

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
35		51	-16
1,669		1,832	-163
888		1,242	-354
727		1,697	-970
597		1,213	-616
635		1,067	-432
217		908	-691
14		70	-56
580		1,121	-541
34		78	-44

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			-16
			-163
			-354
			-970
			-616
			-432
			-691
			-56
			-541
			-44

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
SCHLUMBERGER LTD, 1 SHS		2018-01-24	2020-02-10
SUNCOR ENERGY INC, 46 SHS		2018-10-17	2020-02-10
US BANCORP, 34 SHS		2017-06-13	2020-07-09
VIATRIS, INC, .197 SH		2017-06-23	2020-11-17

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
34		59	-25
1,324		1,590	-266
1,184		1,798	-614
4		3	1

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			-25
			-266
			-614
			1

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
10000 DEGREES 1650 LOS GAMOS DR STE 110 SAN RAFAEL, CA 94903	NONE	PC	ASSISTING STUDENTS FROM LOW INCOME BACKGROUDNS TO GO TO COLLEGE.	2,000
42ND STREET MOONPO BOX 426470 SAN FRANCISCO, CA 94142	NONE	PC	SUPPORTING EDUCATION AND OUTREACH PROGRAMS AS WELL AS MAINSTREAM PRODUCTIONS.	10,000
AMERICAN CONSERVATORY THEATRE FOUNDATION 30 GRANT AVENUE 7TH FLOOR SAN FRANCISCO, CA 94108	NONE	PC	SUPPORTING THEATRE EDUCATION & COMMUNITY OUTREACH PROGRAMS.	10,000
Total ▶ 3a				357,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHABOT SPACE AND SCIENCE CENTER 10000 SKYLINE BLVD OAKLAND, CA 94619	NONE	SUPPORTING ORG - TYP	ENGAGING THE COMMUNITY AROUND THE WONDERS OF EARTH & SCIENCE.	5,000
CORPORATION OF THE FINE ARTS MUSEUMS 50 HAGIWARA TEA GARDEN DR SAN FRANCISCO, CA 94118	NONE	PC	PROVIDING SUPPORT OF FINE ARTS MUSEUM.	2,500
CPMC FOUNDATION- SUTTER HEALTH 2015 STEINER ST SAN FRANCISCO, CA 94115	NONE	PC	PROVIDING FUNDS FOR COVID 19 RELIEF AND MUSIC THERAPY PROGRAM.	27,000
Total				357,040

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DE MARILLAC ACADEMY 175 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	NONE	PC	PROVIDING FUNDS FOR FOCUSING ON SOCIAL CHANGE THROUGH EDUCATION.	10,000
ENVISON EDUCATION 111 MYRTLE STREET STE 203 OAKLAND, CA 94607	NONE	PC	PROVIDING FUNDS FOR SCHOLARSHIP.	1,000
EXPLORATORIUMPIER 17 STE 100 SAN FRANCISCO, CA 94111	NONE	PC	PROVIDING FUNDS FOR ANNUAL EDUCATIONAL PROGRAMS.	5,000
Total ▶ 3a				357,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION OF CITY COLLEGE OF SF PO BOX 40488 SAN FRANCISCO, CA 94140	NONE	PC	PROVIDING SUPPORT FOR CCSF EXTENSION COMMUNITY WORKSHOP.	7,500
FRIENDS OF OLGA STORE BUILDING PO BOX 21 OLGA, WA 98279	NONE	PC	PROVIDING DONATION FOR LANDMARK BUILDING.	200,000
GIRLS INC OF ALAMEDA COUNTY 510 16TH STREET OAKLAND, CA 94612	NONE	PC	SUPPORTING PROGRAMS FOR GIRLS WITH RESOURCES AND OPPORTUNITIES TO BUILD A THRIVING FUTURE.	10,000
Total ▶ 3a				357,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOSPITAL DE LA FAMILIA FOUNDATION PO BOX 12981 BERKELEY, CA 94712	NONE	PC	PROVIDING FUNDS FOR MEDICAL CARE AND PERSONNEL.	10,000
MEALS ON WHEELS 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	PC	PROVIDING FUNDS FOR MEALS FOR THE NEEDY.	1,000
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH STREET NEW YORK, NY 10011	NONE	PC	PROVIDING FUNDS FOR SAFEGUARDING EARTH.	2,000
Total ▶ 3a				357,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPAL COMMUNITY LAND TRUST PO BOX 1133 EASTSOUND, WA 98245	NONE	PC	PROVIDING FUNDS TO ASSIST THOSE IN NEED OF HOUSING.	1,000
ORCAS CENTER 917B MOUNT BAKER ROAD EASTSOUND, WA 98245	NONE	PC	PROVIDING FUNDS FOR ART PROGRAMS.	500
ORCAS COMMUNITY RESOURCE CENTER-ORCAS FAMILY CONNECTIONS PO BOX 931 EASTSOUND, WA 98245	NONE	PC	PROVIDING FUNDS FOR ACCESS TO HOUSING, FOOD, TRANSPORTAION, HEATHCARE, HEAT & MORE BY THE NEEDY.	1,000
Total ▶ 3a				357,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ORCAS ISLAND CHAMBER MUSIC FESTIVAL 917B MOUNT BAKER ROAD PO BOX 567 EASTSOUND, WA 98245	NONE	PC	PROVIDING FUNDS FOR CHAMBER MUSIC PERFORMANCES AND EDUCATION.	10,000
ORCAS SENIOR CENTER PO BOX 1653 EASTSOUND, WA 98245	NONE	PC	PROVIDING FUNDS FOR TUITION ASSISTANCE CAMPAIGN.	1,000
POINT REYES BIRD OBSERVATORY (DBA POINT BLUE CONSERVATION SCIENCE) 3820 CYPRESS DR 11 PETALUMA, CA 94954	NONE	PC	PROVIDING FUNDS FOR CONSERVATION OF BIRDS, OTHER WILDLIFE & ECOSYSTEMS ON LAND AND SEA.	2,000
Total				357,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RONALD C WARNICK JEWISH DAY SCHOOL 800 FOSTER CITY BLVD FOSTER CITY, CA 94404	NONE	PC	PROVIDING FUNDS TO SUPPORT PROJECTS LIKE MUNI ART & ART BOX FOR SF NEIGHBORHOODS.	1,040
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION 2789 25TH STREET SAN FRANCISCO, CA 94110	NONE	PC	PROVIDING FUNDS FOR ACCUTE CARE INNOVATION CENTER.	10,500
SAN FRANCISCO OPERA ASSO 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	PC	PROVIDING FUNDS FOR PRODUCTIONS, SETS AND THE ARTS.	20,000
Total ▶ 3a				357,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAN JUAN PRESERVATION TRUST FUND PO BOX 759 FRIDAY HARBOR, WA 98250	NONE	PC	PROVIDING FUNDS TO HELP SUSTAIN LAND CONSERVATION WORK.	1,000
SF SPCA201 ALABAMA ST SAN FRANCISCO, CA 94103	NONE	PC	PROVIDING FUNDS TO SUPPORT ANIMALS AT THE SF SPCA.	1,000
WILD SALMON CENTER 721 NW NINTH AVE STE 300 PORTLAND, OR 97209	NONE	PC	PROVIDING FUNDS TO SUPPORT THE WILD SALMON RIVERS OF THE NORTH PACIFIC.	5,000
Total ▶ 3a				357,040

TY 2020 Accounting Fees Schedule**Name:** GLASSER FAMILY FUND**EIN:** 81-4732393

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,705	926		2,779

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Amortization Schedule

Name: GLASSER FAMILY FUND

EIN: 81-4732393

Amortization Schedule

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
ORGANIZATIONAL COSTS	2017-07-01	31,613	5,270	180.000000000000	2,108	0		7,378
ORGANIZATIONAL COSTS-1ST YEAR \$5000 EXPENSING	2017-07-01	5,000	5,000	1.000000000000		0		5,000

TY 2020 Explanation of Non-Filing with Attorney General Statement

Name: GLASSER FAMILY FUND

EIN: 81-4732393

Statement:

GLASSER FAMILY FUND IS ORGANIZED IN THE STATE OF DELAWARE. NON-PROFIT ORGANIZATIONS FORMED UNDER DELAWARE LAW ARE NOT REQUIRED TO FILE A COPY OF THE FORM 990PF WITH THE DELAWARE ATTORNEY GENERAL IF THE NON-PROFIT ORGANIZATION CONDUCTS NO ACTIVITY IN DELAWARE. THE GLASSER FAMILY FUND HAD NO ACTIVITY IN DELAWARE IN THE CURRENT YEAR. GLASSER FAMILY FUND DID PROVIDE A COPY OF THE CURRENT YEAR FORM 990PF TO THE CALIFORNIA ATTORNEY GENERAL.

TY 2020 Investments Corporate Stock Schedule**Name:** GLASSER FAMILY FUND**EIN:** 81-4732393

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MARKETABLE SECURITIES	111,564	166,883

TY 2020 Legal Fees Schedule**Name:** GLASSER FAMILY FUND**EIN:** 81-4732393

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,029	0		1,029

TY 2020 Other Assets Schedule**Name:** GLASSER FAMILY FUND**EIN:** 81-4732393**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ORGANIZATIONAL COSTS	36,613	36,613	36,613
ACCUMULATED AMORTIZATION	-10,269	-12,376	-12,376

TY 2020 Other Expenses Schedule**Name:** GLASSER FAMILY FUND**EIN:** 81-4732393**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKKEEPING	1,429	357		1,072
AMORTIZATION	2,108	527		1,581

TY 2020 Other Professional Fees Schedule**Name:** GLASSER FAMILY FUND**EIN:** 81-4732393

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGER FEES	2,132	2,132		0

TY 2020 Taxes Schedule**Name:** GLASSER FAMILY FUND**EIN:** 81-4732393**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CAL ATTORNEY GENERAL TAXES	50	0		50
FOREIGN TAXES	1	1		0

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020

Name of the organization
GLASSER FAMILY FUND

Employer identification number
81-4732393

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

- 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 other 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 33¹/₃% 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, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GLASSER FAMILY FUND

Employer identification number
81-4732393

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARVEY W GLASSER 1819 POLK STREET 343 SAN FRANCISCO, CA 94109	 \$ 300,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		 \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		 \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		 \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		 \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		 \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization GLASSER FAMILY FUND	Employer identification number 81-4732393
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
GLASSER FAMILY FUND

Employer identification number

81-4732393

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	