EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change THE GLAUCOMA FOUNDATION, INC. Name 13-3174839 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 80 MAIDEN LANE #700 212-651-1900 6,494,685. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10038 H(a) Is this a group return return
Application
pending F Name and address of principal officer: ELENA STURMAN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions GLAUCOMAFOUNDATION.ORG H(c) Group exemption number **K** Form of organization: X Corporation Other L Year of formation: 1984 M State of legal domicile: NY Association Part I Summary Briefly describe the organization's mission or most significant activities: TGF IS AN INTERNATIONAL **Activities & Governance** NOT-FOR-PROFIT ORGANIZATION DEDICATED TO ERADICATING GLAUCOMA. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** $2,557,\overline{425}$ 2,676,417. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 325,797. 2,086,669. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30,000. 11 4,763,086. $\overline{2,913,222}$ Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 445,000. 999,750. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 938,742. 932,746. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 30,000. 30,875. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 770,999. 914,976. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,878,347. 2,184,741. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 728,481. 1,884,739. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 12,309,626. 13,946,604. Total assets (Part X, line 16) 554,217. 709,973. 21 Total liabilities (Part X, line 26) 三年 755,409. 236,631 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, Localare 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 pyeparer (other than officer) is based on all information of which preparer has any knowledge. 07/11/2024 Signature of officer Sign ELENA STURMAN, PRESIDENT & CEO Here Type or print name and title PTIN Print/Type preparer's name 06/18/24 P02024184 MIKE SCHALL self-employed Paid Firm's EIN 81-2950760 Firm's name SAX LLP Preparer Firm's address 1040 AVENUE OF THE AMERICAS-16TH Use Only Phone no. 212-661-8640 NEW YORK, NY 10018

No

X Yes

Pa	Statement of Program Service Accomplishments	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O	X
	bell benebell o	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	163 [22]140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 764,168. including grants of \$) (Revenue \$))
-r a	SEE SCHEDULE O	<i>,</i>
4b	(Code:) (Expenses \$ 1,525,496. including grants of \$ 999,750.) (Revenue \$)
	SEE SCHEDULE O	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,289,664.	

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Form 990 (2023) THE GLAUCOMA FOUNDATION, INC.

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)?		37	
	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		1 37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		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			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	· · ·	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia	25	
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
-	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
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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023) THE GLAUCOMA FOUNDATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	5		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	•		4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial action of the foreign country).	ccount)	<i>?</i>	4a		Λ
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counto	/EDAD\			
52			,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices pro	ovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requii	red			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		a Form 1098-0?	7h		
8	an analyzing avantization have average hypinana haldings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			Ů		
а	Did the approxima experiention make any tayable distributions under caption 40662			9a		
	Did the constitution and the distribution to a decrease distribution to a decrease distribution and the decrease of the distribution to a decrease distribution and decrease distribution and decrease distribution and decrease distribution and decrease distribution distribution distribution distribution distribution di			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	- 1		12a		
	,	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			ISa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 24			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
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?	2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records <u>ELENA STURMAN - 212-285-0080</u>			
	80 MAIDEN LANE, SUITE 700, NEW YORK, NY 10038			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	T	111120		CO11 C)	ірсі	isati	(D)	(E)	(F)
Name and title	Average	(do		Pos heck	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any		1			17 41 410		from the	from related organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee or	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tı		ployee	comb		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELENA STURMAN	40.00	=	=	0		Ξæ	ш			
PRESIDENT & CEO				Х				350,733.	0.	10,522.
(2) ELENA CLY FOWKES	40.00									-
DIRECTOR OF SPECIAL PROJECT						Х		132,623.	0.	3,979.
(3) NILDA RICHARDS	40.00									
CONTROLLER & TREASURER				X				114,690.	0.	3,453.
(4) GREGORY K. HARMON	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) ROBERT RITCH	1.00									_
FOUNDER		Х		Х				0.	0.	0.
(6) KENNETH MORTENSON	1.00	l								
CHAIR, INVESTMENT COMMITTEE	1 00	Х		Х				0.	0.	0.
(7) BALDO SCASSELLATI SFORZOLINI	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) SALVATORE CIAMPO	1.00	. ,							_	_
DIRECTOR	1.00	X						0.	0.	0.
(9) REZA DIBADJ DIRECTOR	1.00	X						0.	0.	_
(10) MURRAY FINGERET	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID FELLOWS	1.00	^						0.	0.	•
DIRECTOR	1.00	х						0.	0.	0.
(12) BARRY S. FRIEDBERG	1.00							· ·	•	
DIRECTOR		х						0.	0.	0.
(13) JEFFREY M. LIEBMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KUMAR MAHADEVA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) NAJ SHARIF	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JAI G. PAREKH	1.00									
DIRECTOR		X						0.	0.	0.
(17) PATRICIA HILL	1.00	1								_
DIRECTOR		X						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23 Form **990** (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(B)				C)			(D)	(E)		(F)			
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		E	stimate	ed	
	hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensatio	'n	ar	nount	of	
	week		Cer ar	ia a a	lirecic	or/trus	iee)	from	from related			other		
	(list any hours for	Individual trustee or director						the	organization		1	pensa		
	related	e or d	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)		l	om th anizat		
	organizations	ruste	Institutional trustee		ee ee	mpen		1099-NEC)	1099-1120)		ı -	d relat		
	below	dualt	utions	-	m ploy	st co	e .				l	anizati		
	line)	Indivi	Instit	Officer	Key employee	Highe	Former				ľ			
(18) JOE ROSEN	1.00													
DIRECTOR		Х						0.		0.			0 .	
(19) LOUIS PASQUALE	1.00													
DIRECTOR		Х						0.		0.			0	
(20) SHELDON M. SIEGEL	1.00													
DIRECTOR		Х						0.		0.			0	
(21) BARBARA CALABA	1.00													
DIRECTOR		Х						0.		0.			0	
(22) CAROLE DARDEN-LLOYD	1.00													
DIRECTOR		Х						0.		0.			0 .	
(23) ALON HARRIS	1.00													
DIRECTOR		Х						0.		0.	<u> </u>		0	
(24) ANNETTE GROLLMAN	1.00													
DIRECTOR		Х						0.		0.	<u> </u>		0	
(25) BARBARA HEARST	1.00	1												
DIRECTOR		X						0.		0.	<u> </u>		0	
(26) JOSEPH F. PANARELLI	1.00													
DIRECTOR		Х						0.		0.	<u> </u>		0	
1b Subtotal								598,046.		0.	<u> </u>	7,9		
c Total from continuation sheets to Part VII								0.		0.	<u> </u>		0	
d Total (add lines 1b and 1c)								598,046.		0.	<u> </u>	7,9	54	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	;				
compensation from the organization													<u> </u>	
												Yes	No	
3 Did the organization list any former officer,													37	
line 1a? If "Yes," complete Schedule J for so											3		X	
4 For any individual listed on line 1a, is the su												Х		
and related organizations greater than \$150											4	Λ		
5 Did any person listed on line 1a receive or a											_		х	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J t	or st	ıch <u>i</u>	oers	on					5			
Complete this table for your five highest cor	mponeated inc	lono	ndo	ot co	ntr	acto	rc th	nat received more than \$	100 000 of com		tion fr			
the organization. Report compensation for t										Jensa	LIOIT III	וווכ		
(A)	ine calendar y	cai c	JIIUII	ig w	itir	JI VVI		(B)	ear.		((2)		
Name and business	address	NO	INC	3				Description of s	ervices	C	Compe		n	
-								·						
							_							

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 THE GLAUC	JUMA FUU	חאו	ΉI	TO	и,		NC	•	13-317	4039
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			() Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director Institutional trustee Officer Key employee		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
27) JOHN BERDAHL	1.00									_
DIRECTOR		X						0.	0.	0
otal to Part VII, Section A, line 1c						<u> </u>				

Page 9

			Check if Schedule O	onta	ins a re	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tanodorriovenae	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
ē, Ē		С	Fundraising events			1c					
ifts ar A			Related organizations			1d					
nii,G			Government grants (contri			1e					
Š			All other contributions, gifts,								
te E			similar amounts not included			1f	2,676,417.				
Ę		g	Noncash contributions included in		· · · · ·	1g \$					
Sa		_	Total. Add lines 1a-1f		_	<u> </u>		2,676,417.			
							Business Code				
Ф	2	а									
Š.		b									
Ser		c									
E S		d									
P		e									
Program Service Revenue			All other program service	reven	nue						
			Total. Add lines 2a-2f								
	3		Investment income (includ	lina d	dividen	ds. intere	est. and				
	_		· ·	-				386,991.			386,991.
	4		Income from investment of					,			·
	5		Royalties		-	, , , , , , , , , , , , , , , , , , ,					
	Ī				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
	_		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	· · · · · ·	(i) Se	curities	(ii) Other				
	•	u	assets other than inventory	7a	.,	31,277.	()				
		h	Less: cost or other basis			, -					
<u>o</u>			and sales expenses	7b	1.7	31,599.					
eun		С		7c		99,678.					
ther Revenue			Net gain or (loss)			, -		1,699,678.			1699678.
P.	8		Gross income from fundraising			nt		, , ,			
ğ	Ŭ	_	including \$	-	-	of					
			contributions reported on								
			Part IV, line 18		,						
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
	_	_	Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I								
		_	and allowances								
		h	Less: cost of goods sold								
			Net income or (loss) from				-1				
							Business Code				
Snc	11	а									
Miscellaneous Revenue	Ĭ	b									
ella		c									
SS R			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					4,763,086.	0.	0.	2086669.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines fib, 88, 88, and 100 of Feat VIII. 1 Gints and other assistance to demestic organizations and demestic organizations and others (operments, see Part IV, line 21 of 49,750. 2 Ginants and other assistance to demestic individuals. See Part IV, line 21 of 49,750. 3 Gints and other assistance to foreign organizations, foreign proparations, foreign programments, and toreign individuals. See Part IV, line 21 of 49,750. 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other asianies and wages 8 Person plas across and corrective directors, display employer contributions (rickule section 40(k) and 49(k)) employer contributions (rickule section 40(k) and 49(k) employer contributions (rickule section 40(k) and 49(k)) employer contributions (rickule section 40(k) and 49(k) employer contributions (rickule section 40(k) employer contributions (rickule section 40(k) employer cont	Check if Schedule O contains a response or note to any line in this Part IX										
and domestic poverments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign generations, foreign generation of current officers, directors, trustees, and key employees 6 Compensation of included above to disqualified persons (sea inflex and wages generation of current officers, directors, trustees, and key employees 8 Persion pion accruals and contributions (include seatch of 408(x)(3)(8) 9 Other employee benefits 10 Person pion accruals and contributions (include seatch of 408(x)) and 40(3)() employer c		•	(A) Total expenses		(C) Management and general expenses						
2 Gards and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to to reign organizations, foreign governments, and foreign inclividuals. See Part IV, line 27 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 15.14,17.0	1	Grants and other assistance to domestic organizations									
Individuals See Part V, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign depends on the complete of th		and domestic governments. See Part IV, line 21	649,750.	649,750.							
3 Grants and other assistance to foreign organizations, foreign operments, and to foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Introduced to the compensation of included above to disqualified persons (as defined under section 4586[VI]) and persons described in section 4686[VI]) and persons described in section 4686[VI] and 480[VI] employer contributions) Other employee benefits Payroli taxes 10 Payroli taxes 11 Fees for services (pronemployees): 12 Advertising and promotion 14 Information technology 15 Other, (Iff in 15 gamount exceets 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 30 (100 (100 (100 (100 (100 (100 (100 (2	Grants and other assistance to domestic									
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22									
Individuals, Sae Part IV, lines 15 and 16 350,000	3	·									
## Description of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation to lincided above to disqualified persons (as defined under section 4950(r)) and persons described in section 4950(r) and approximate and wages Pension plan accruads and contributions (include section 401(t)) and 402(t)) employer contributions (include section 401(t)) employer (include section 401(t)) employer (include section 4			250 000	250 000							
5 Compensation of current officers, directors, trustees, and key employees 514,170. 359,919. 59,642. 94,609. 6 Compensation not included above to disqualified persons (as defined under section 4958(ft)) and persons described in section 4958(ft)) and 400(ft) and 40			350,000.	350,000.							
toustees, and keye employees Compensation not included above to disqualified persons (as defined under section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(3)) and persons described in section 4958(p(3)) and persons described in section 4958(p(3)) and 4930 persons described in sec	_										
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acrualis and contributions (include section 401(k) and 403(t)) employer contributions) 9 Other employee benefits 10 Payrol't taxes 48 , 629 . 36 , 832 . 4 , 710 . 7 , 087 . 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17 investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on School out of Lobbyring and promotion 12 Advertising and promotion 13 Office expenses 42 , 005 . 31 , 814 . 4 , 070 . 6 , 121 . 11 Information technology 15 Royalties 16 Occupancy 94 , 238 . 71 , 377 . 9 , 127 . 13 , 734 . 17 Travel 18 Payments of dravel or entertainment expenses for any effectal, state, or local public officials for any effects of the state	5		51/ 170	350 010	50 642	94 609					
persons described in section 4988(r)(1) and persons described in section 4988(r)(3)(8) 7 Other selaries and wages 8 Pension plan accruals and contributions (include section 4018, and 4030) employer contributions (include section 4018, and 4030) employer contributions 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Lobbying 15 Legal 16 Lobbying 17 Investment management fees 17 Jay 12 Jay 14 J	•	· · · · ·	314,170.	333,313.	33,042.	34,003.					
persons described in section 4958(c)(3)(B) 7	ь										
309,404. 261,097. 23,008. 25,299.											
Pension plan accruals and contributions (include section 40 (IK) and 403(b) employer contributions 9,254. 7,812. 688. 754.	7		309.404.	261.097.	23.008.	25.299.					
Section 401(k) and 403(b) employer contributions 9,254 7,812 688 754 Other employee benefits 51,289 40,820 2,282 8,187 Payroll taxes 48,629 36,832 4,710 7,087 Fees for services (nonemployees): a Management		- I	000,101		20,000						
10 Payroll taxes	Ū	·	9,254.	7,812.	688.	754.					
10 Payroll taxes	9	` ' ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	51,289.	40,820.	2,282.	8,187.					
11 Fees for services (nonemployees): a Management	10			36,832.							
b Legal (c Accounting d Lobbying and Company of Lobbying and Lobbying and Lobbying are Professional fundraising services. See Part IV, line 17 30,875.	11										
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 22 Advertising and promotion 33 Office expenses 42,005. 31,814. 4,070. 6,121. 44,070. 6,121. 44,070. 6,121. 47 Information technology 48 Advertising and promotion 49 Advertising and promotion 40 Cocupancy 50 Advertising and promotion 51 Office expenses 51 Occupancy 52 Advertising and promotion 53 Office expenses 54 Advertising and promotion 55 Advertising and promotion 56 Advertising and promotion 57 Advertising and promotion 58 Advertising and promotion 59 Advertising and promotion 50 Cocupancy 50 Advertising and promotion 50 Interest 51 Payments for travel or entertainment expenses for any federal, state, or local public officials 51 Conferences, conventions, and meetings 51 Interest 51 Payments to affiliates 52 Depreciation, depletion, and amortization 52 Insurance 53 Insurance 54 Advertising and promotion 75 Advertising an	а	Management									
Combined	b										
e Professional fundraising services. See Part IV, line 17 f Investment management fees	С	Accounting									
The street management fees 123,984. 123,984. 123,984.			22 255								
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 42,005. 31,814. 4,070. 6,121. 14 Information technology 5 Royalties 6 Occupancy 94,238. 71,377. 9,127. 13,734. 17 Travel 32,317. 32,317. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 10 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 21 DIRECT MAIL 22 DOSTAGE AND SHIPFING 23 OTHER 24 Other expenses 25 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there is incomplete in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there is incompleted in column (B) introducing sone asc. 2400 case and campaign and fundraising solicitation. Check there is incompleted in column (B) introducing sone asc. 2400 case asc.	е	- · · · · · · · · · · · · · · · · · · ·	30,875.		102 004	30,875.					
Column (A), amount, list line 11g expenses on Sch 0.			123,984.		123,984.						
12 Advertising and promotion 13 Office expenses 14 2,005. 31,814. 4,070. 6,121. 14 Information technology 15 Royalties 16 Occupancy 94,238. 71,377. 9,127. 13,734. 17 Travel 32,317. 32,317. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 156,190. 156,190. 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 7,543. 5,713. 731. 1,099. 18 Depreciation, depletion, and amortization 7,543. 5,713. 731. 1,099. 19 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on line 24e. If line 24e expenses on Schedule 0.) 20 DIRECT MAIL 190,484. 95,242. 95,242. 21 POSTAGE AND SHIPPING 26,007. 24,130. 1,877. 22,626. 5,675. 10,821. 9,130. 24 Other expenses 25 Total functional expenses Add lines 1 through 24e 2,878,347. 2,289,664. 296,234. 292,449. 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 1 if fillowing Sch 982-(ASC 986-720)	g	, -	05 062	20 075	EE 000						
13 Office expenses	40	· · ·	03,903.	30,073.	33,000.						
14		- I	12 005	31 81/	4 070	6 121					
15			42,005	31,014.	4,070	0,121.					
16 Occupancy											
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest Interest Interest Interest Interest Interest Insurance I			94,238.	71,377.	9,127.	13,734.					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest Interest Interest Interest Interest Interest Insurance I			32,317.	32,317.	- ,	, ,					
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 DIRECT MAIL 2 COMMUNITY OUTREACH 3 DOTHER 4 OTHER 5											
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 22 Insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount, ist line 24e expenses on Schedule 0.) 2 DIRECT MAIL 2 DOMMUNITY OUTREACH 2 POSTAGE AND SHIPPING 3 OTHER 4 OTHER 5 All other expenses. 25 Total functional expenses. Add lines 1 through 24e 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 in following SOP 98-2 (ASC 958-720)		for any federal, state, or local public officials									
Payments to affiliates 2 Depreciation, depletion, and amortization 2 , 136	19	Conferences, conventions, and meetings	156,190.	156,190.							
22 Depreciation, depletion, and amortization 2 , 136	20	Interest									
23 Insurance	21		0.101	4 646							
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a DIRECT MAIL b COMMUNITY OUTREACH c POSTAGE AND SHIPPING d OTHER All other expenses 25 Total functional expenses. Add lines 1 through 24e 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) Other expenses in trivial expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount expenses on line 24e. If line 24e amount expenses on Schedule 0.) 190, 484. 95, 242. 95, 242. 128, 483. 128, 483. 24, 130. 1, 877. 25, 626. 5, 675. 10, 821. 9, 130. 2, 878, 347. 2, 289, 664. 296, 234. 292, 449.			2,136.								
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a DIRECT MAIL b COMMUNITY OUTREACH c POSTAGE AND SHIPPING d OTHER All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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) 190, 484. 95, 242. 9			7,543.	5,713.	731.	1,099.					
DIRECT MAIL 190,484. 95,242. 95,242.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),									
COMMUNITY OUTREACH 128,483. 128,483.	_		100 101	95 242		05 242					
C POSTAGE AND SHIPPING DOTHER All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)	a L					33,444•					
d OTHER 25,626. 5,675. 10,821. 9,130. e All other expenses 5 Total functional expenses. Add lines 1 through 24e 2,878,347. 2,289,664. 296,234. 292,449. 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)	D				1 877.						
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2	4					9.130.					
Total functional expenses. Add lines 1 through 24e 2,878,347. 2,289,664. 296,234. 292,449. 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)			23,020	3,0,3	20,021.	3,230.					
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)			2,878,347.	2,289,664.	296,234.	292,449.					
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		-		•		· ·					
Check here if following SOP 98-2 (ASC 958-720)											
		Check here if following SOP 98-2 (ASC 958-720)				202					

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			831,853.	1	555,152.
	2	Savings and temporary cash investments			2,611,637.	2	4,136,349.
	3	Pledges and grants receivable, net			25,000.	3	385,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			48,048.	9	45,714.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	97,438.			
	b	1		95,601.	3,973.	10c	1,837. 8,532,604.
	11	Investments - publicly traded securities			8,583,863.	11	8,532,604.
	12	Investments - other securities. See Part IV, line				12	172,827.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	205 252	14	117 101		
	15	Other assets. See Part IV, line 11			205,252.	15	117,121.
	16	Total assets. Add lines 1 through 15 (must equ			12,309,626.	16	13,946,604.
	17	Accounts payable and accrued expenses			50,382. 315,000.	17	48,796. 564,750.
	18	Grants payable	313,000.	18	304,730.		
	19	Deferred revenue		19 20			
	20 21	Tax-exempt bond liabilities	(0		21		
	22	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, subs					
Ε		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D	•		188,835.	25	96,427.
	26	=			554,217.	26	709,973.
		Organizations that follow FASB ASC 958, ch	eck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			7,033,197.	27	7,631,205. 5,605,426.
Ва	28	Net assets with donor restrictions	4,722,212.	28	5,605,426.		
pur		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
ō Ņ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			44 855 400	31	10.005.501
Š	32	Total net assets or fund balances			11,755,409.	32	13,236,631.
	33	Total liabilities and net assets/fund balances			12,309,626.	33	13,946,604.

Form 990 (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

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

332021 12-21-23

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.)

Sec	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2083603.	2283227.	3616583.	2557425.	2676417.	13217255.
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			2111			
4	Total. Add lines 1 through 3	2083603.	2283227.	3616583.	2557425.	2676417.	13217255.
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,						2004562
	column (f)						3994563.
	Public support. Subtract line 5 from line 4.						9222692.
	ction B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 2283227.	(c) 2021	(d) 2022	(e) 2023	(f) Total 13217255.
	Amounts from line 4	2083603.	4403441.	3616583.	2557425.	20/041/.	1321/233.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	104 170	107 001	00 425	225 707	206 001	1042206
	and income from similar sources	124,172.	107,891.	98,435.	325,797.	386,991.	1043286.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			60,000.	30,000.		90,000.
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10			00,000.	30,000.		14350541.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	<u> </u>
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			
10	organization, check this box and stor	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	64.27 %
	Public support percentage from 2022					15	63.44 %
	33 1/3% support test - 2023. If the o					•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the d						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		,	T	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2023 (I	, (,,		(//		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
				10 l (f)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	ni dia not check a	box on line 14, 19a	a, or 190, check th	iis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, 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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
		r		Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
2		ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	•	icant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne 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.	3b		

Sche	dule A (Form 990) 2023 THE GLAUCOMA FOUNDATION		•	<u>13-3174839 Page 6</u>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

Employer identification number

THE GLAUCOMA FOUNDATION 13-3174839 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE GLAUCOMA FOUNDATION, INC.

13-3174839

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		\$\$	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		\$\$	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		\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 300,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	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		
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

THE GLAUCOMA FOUNDATION, INC.

13-3174839

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$96,500.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE GLAUCOMA FOUNDATION, INC.

13-3174839

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

Name of organization **Employer identification number** THE GLAUCOMA FOUNDATION, INC. 13-3174839 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE GLAUCOMA FOUNDATION, INC. **Employer identification number** 13-3174839

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or 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)		
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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the periodications and enforcement of the generalistic accompany it		
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
-	3, 3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Ot	her S	imilar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that mal	ce signi	ificant use	of its	-	-	
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's	exempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical treas	sures, or other sin	nilar as	sets				
	to be sold to raise funds rather than to be main	ntained as part of th	ne organization's col	lection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	ements Complet	te if the organization	answered "Yes"	on For	m 990, Pa	art IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodial	n, or other intermed	liary for contribution	s or other assets	not inc	luded				
	on Form 990, Part X?						\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar									
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on For					,		Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planation has been	provided in Part >	(III]
Pai										
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three year	s back	(e) Four	years l	oack
1a	Beginning of year balance	8,757,497.	9,907,875.	8,269,73	0.	7,068	,382.	5,	870,2	246.
	Contributions	379,932.	213,554.	928,87	6.	796	,746.		483,2	214.
	Net investment earnings, gains, and losses	1,434,859.	-1,150,556.	1,587,43	1.	955	,139.	1,	221,0	076.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	941,932.	213,376.	878,16	2.	550	,537.		506,3	154.
f	Administrative expenses	-	•	-			-			
g	End of year balance	9,630,356.	8,757,497.	9,907,87	5.	8,269	,730.	7,	068,3	382.
2	Provide the estimated percentage of the curre		(line 1g. column (a)		-					
а	Board designated or quasi-endowment	46.7000	%	,						
	Permanent endowment 53.3000	%								
	Term endowment %									
•	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	•	tion that are held an	nd administered fo	or the					
	organization by:	5,5,, 5, 1,,5 5, ga _ a.						ſ	Yes	No
	(i) Unrelated organizations?							3a(i)		Х
	(m) = 1 · · · · · · · · · ·							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizati							3b		
4	Describe in Part XIII the intended uses of the o									
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or of basis (investm	ther (b) Cost	or other (c) Accı	umulated ciation		(d) Bool	k value	,
	Land	`	nent) basis	(Otrier)	uepre	CIALIUII				
	Land									
	Buildings						_			
	Leasehold improvements			7 420		E 601	_		0 1	7
	Equipment		9	7,438.	9	5,601	•	-	L,83) / •
_	Other						_		. ^^	7 7
Tota	l. Add lines 1a through 1e. (Column (d) must eg	ual Form 990. Part 2	X. line 10c. column	(B))				-	L,83)/•

Part VIII Investments - Other Securities	n Form 990 Part IV line	a 11h Soo Form 000 Part V Jino 12	Jan 1995
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(4) Figure in Laborations	(b) Book value	(c) Wethod of Valuation. Gost of Circ	Tor year market value
(0) 01 1 1 1 1 1 1 1			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	(2))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" o	n Form 900 Part IV line	110 or 11f Soo Form 990 Bart V line 25	
	111 01111 990, 1 211 17, 11116	THE OF THE GEET OF THE 25.	(b) Book value
"			(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			96,427.
			JO, 427 •
(4) (5)			
(5) (6)			
(6) (7)			
(9)			
	/D))		96,427.
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(<i>D))</i>		JU, 44/•

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

Par	τ ΧΙ	Reconciliation of Revenue per Audited Financial Statement	s with i	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Г	4 025 505
1					1	4,235,585.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	402 517		
a		nrealized gains (losses) on investments	2a	-403,517.		
b		ted services and use of facilities	2b			
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			400 E17
		ines 2a through 2d			2e	$\frac{-403,517}{4,639,102}$
3		act line 2e from line 1			3	4,039,104.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	ا ما	122 004		
a		tment expenses not included on Form 990, Part VIII, line 7b		123,984.		
b		(Describe in Part XIII.)	4b			122 004
		ines 4a and 4b			4c	123,984. 4,763,086.
Par	rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nte With	Eynansas nar B	5 Poturr	4,703,000.
ı uı	t XII	•	ito with	Expenses per i	cturi	•
_	Takal	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	2,754,363.
1		expenses and losses per audited financial statements			1	2,754,505.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	2a			
_		ted services and use of facilities	2b			
b		year adjustments				
C		losses	2c			
d		(Describe in Part XIII.)			0-	0
		ines 2a through 2d			2e	2,754,363.
3		act line 2e from line 1			3	2,734,303.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	الما	122 004		
		tment expenses not included on Form 990, Part VIII, line 7b		123,984.		
		(Describe in Part XIII.)	4b		4-	123,984.
		ines 4a and 4b			4c 5	2,878,347.
5 Par	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information			5	2,070,547
			lines 1h	and Ohi Dort V. line 4	Dort V	/ line Or Dort VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, Part A	A, IIIIe 2, Part XI,
111165	Zu and	a 4b, and Part Ail, lines 2d and 4b. Also complete this part to provide any addition	onai inioni	iation.		
PAF	א ע	, LINE 4:				
	<u> </u>	I TIME 4.				
тнг	. OR	GANIZATION'S ENDOWMENT FUNDS ARE INTENDE	от С	BE USED FO	R MI	EDTCAL
			10 10	<u>DL 00LD 10</u>		20112
RES	SEAR	CH GRANTS.				
PAF	гт х	, LINE 2:				
		·/				
THE	E FO	UNDATION DOES NOT BELIEVE ITS FINANCIAL	STATE	EMENTS INCL	UDE	ANY
MΑΊ	ERI	AL, UNCERTAIN TAX POSITIONS. TAX FILINGS	FOR	PERIODS EN	DING	DECEMBER
		,				
31.	. 20	20 AND LATER ARE SUBJECT TO EXAMINATION	BY AF	PLICABLE T	IIXA	I G
ĽUA	AUTHORITIES.					

Schedule D (Form 990) 2023	THE GLAUCOMA	FOUNDATION,	INC.	13-3174839	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	mation (continued)				
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

THE GLAUCOMA FOUNDATION, INC. 13-3174839 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES GRANTS GRANTS 230,000. EAST ASIA AND THE PACIFIC GRANT GRANTS 120,000.

0 0 350,000. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 350,000. and 3b)

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

Schedule F (Form 990) 2023

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	MEDICAL RESEARCH	100,000.	WIRE	0.		
		SINGAPORE	MEDICAL RESEARCH	60,000.	WIRE	0.		
		SINGAPORE	MEDICAL RESEARCH	60,000.	WIRE	0.		
		CANADA	MEDICAL RESEARCH	70,000.	WIRE	0.		
		CANADA	MEDICAL RESEARCH	60,000.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

_____3

3 Enter total number of other organizations or entities .

Part III				ites. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
(a) ┐	Part III can be duplicated if a Type of grant or assistance	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization								
		UCOMA FOUNDATION,				13-317		
	sing Activities. complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-E	Z filers are not	
		sed funds through any of the followir	ng activ	ities.	Check all that apply.			
a X Mail solicitat	-	- · · <u>—</u>	-		overnment grants			
b Internet and	email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solici	itations	g X Specia	fundra	aising	events			
d In-person so	licitations							
		or oral agreement with any individual		-				
		art VII) or entity in connection with p				X Y		
		viduals or entities (fundraisers) pursu	ant to	agree	ments under which t	ne fundraiser is to	be	
compensated at le	east \$5,000 by the	organization.						
(2.5)			(iii) fundr	Did		(v) Amount paid	(vi) Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity	to (or retained by fundraiser	to (or retained by)	
or criticy (luric	araiser)		or cor contrib	utions?	ITOM activity	listed in col. (i)	organization	
FAIRCOM NEW YORK -	12 W. 27TH		Yes	No				
ST, FL. 13, NY, NY	10001	DIRECT MAIL & FUNDRAISING		Х	514,143.	61,750	452,393.	
							+	
-							+	
					514,143.	61,750		
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	utions	s or has been notified	it is exempt from	registration	

Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2023 THE GLAUCOMA FOUNDATION, INC. 13	3174839	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
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:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
С	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	THE GLAUCOMA	FOUNDATION,	INC.	13-3174839	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
					_	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE GLAUCOMA FOUNDATION, INC.							Employer identification number 13-3174839	
Part I General Information on Grants a		ATTON, INC.					13-31/4039	
Does the organization maintain records to criteria used to award the grants or assistance. Describe in Part IV the organization's process.	o substantiate the stance?	oring the use of grant	funds in the United	l States.			X Yes No	
Part II Grants and Other Assistance to I recipient that received more than \$	•			, ,	anization answered "	res" on Form 990, Pan	: IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ICAHN SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	100,000.	0.			MEDICAL RESEARCH	
THE REGENTS OF THE UNI CALI. 1111 FRANKLIN ST OAKLAND, CA 94607	95-6006143	501(C)(3)	189,750.	0.			MEDICAL RESEARCH	
UNIVERSITY OF PITTSBURG 203 LOTHROP ST. PITTSBURGH, PA 15213	25-0965591	501(C)(3)	60,000.	0.			MEDICAL RESEARCH	
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVENUE ST LOUIS, MO 63110	43-0653611		60,000.	0.			MEDICAL RESEARCH	
GEORGIA TECH RESEARCH CORPORATION 901 ATLANTIC DR. NW ATLANTA , GA 30332-0400	58-0603146	501(C)(3)	60,000.	0.			MEDICAL RESEARCH	
JOHN HOPKINS UNIVERSITY 400 N. BROADWAY BALTIMORE, MD 21287 2 Enter total number of section 501(c)(3) and	52-0595110		60,000.	0.			MEDICAL RESEARCH	

3 Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSACHUSETTS EYE AND EAR							
NFIRMARY - 243 CHARLES ST							
OSTON, MA 02114	04-2103591	501(C)(3)	60,000.	0.			MEDICAL RESEARCH
·			,				
ESEARCH FOUND.FOR THE STATE							
NIV.OF NY - 750 E. ADAMS STREET -							
YRACUSE, NY 13210	14-1368361	501(C)(3)	60,000.	0.			MEDICAL RESEARCH
	-						

(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
Part IV Supplemental Information. Provide the information red		e 2; Part III, column	(b); and any other ac	l Iditional information.	<u> </u>
PART I, LINE 2:			•		
RECIPIENTS MUST SUBMIT SEMI-ANNUAL	REPORTS	SHOWING PF	ROGRESS AND		
EXPENDITURES.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

do to www.ii.s.gov/i oriii.sso for iii.sti detions and the latest iii.oriii.a

THE GLAUCOMA FOUNDATION, INC.

 $Employer\ identification\ number \\ 13-3174839$

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			l
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only position 504(a)(2), 504(a)(4), and 504(a)(90) aggregations must consulate lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			l
•		5a		х
		5b		X
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
·	contingent on the net earnings of:			l
а	The organization?	6a		Х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELENA STURMAN	(i)	350,733.	0.	0.	10,522.	0.	361,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i) (ii)							
	(i)							
	(') (ii)							
	(i)							
	(י) (ii)							
	(i)							
	(') (ii)							

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE GLAUCOMA FOUNDATION, INC.

Employer identification number 13-3174839

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE GLAUCOMA FOUNDATION IS AN INTERNATIONAL NOT-FOR-PROFIT ORGANIZATION
DEDICATED TO ERADICATING GLAUCOMA, THE LEADING CAUSE OF PREVENTABLE
BLINDNESS. THE STRATEGY TO ACHIEVE THIS GOAL IS TWO-FOLD: RAISE PUBLIC
AWARENESS CONCERNING THE NECESSITY OF ROUTINE EYE EXAMS, AND FUND
CRITICAL RESEARCH TO FIND CURES FOR GLAUCOMA.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATION:
1) MULTIPLE WEBINARS:
WHAT DO COLD HANDS HAVE TO DO WITH GLAUCOMA?
THE PROMISE OF OPTIC NERVE REGENERATION;
THE BODY-EYE RELATIONSHIP HOW TO SAVE THE SIGHT OF PATIENTS WITH
GLAUCOMA WHILE MINIMIZING ADVERSE REACTION FROM EYE DROPS;
INSIGHTS INTO GLAUCOMA & WOMEN'S HEALTH: EXPLORING THE IMPACT OF
MENOPAUSE AND VISUAL FUNCTION;
GLAUCOMA AND LIFESTYLE.
2) THE 28TH ANNUAL OPTIC NERVE RESCUE AND RESTORATION THINK TANK "A
PATIENT-CENTRIC APPROACH WHILE INCORPORATING THE LATEST SCIENCE"
GLAUCOMA DATA INTEGRATION:
OVERVIEW OF DATABASES AVAILABLE TO ADVANCE GLAUCOMA KNOWLEDGE;
LESSONS LEARNED ABOUT GLAUCOMA FROM THE UK BIOBANK;
POAG GENOMIC ARCHITECTURE;

A 360-DEGREE BIOMEDICAL PROFILE OF HEALTH: LESSONS FROM CARDIOVASCULAR

Schedule O (Form 990) 2023 Page **2**

Name of the organization THE GLAUCOMA FOUNDATION, INC.	Employer identification number 13-3174839
DISEASE.	
2) PRICE DE DURDOGING IN GLANGONA.	
3) DRUG RE-PURPOSING IN GLAUCOMA:	
INSULIN SIGNALING AND;	
METFORMIN AND GLAUCOMA;	
GLP-1R AGONISTS AND GLAUCOMA;	
4) OVERVIEW OF GLAUCOMA NEUROPROTECTION AGENTS:	
WHY DO WE NOT HAVE A NEUROPROTECTION AGENT FOR GLAUCOMA?	
HOW CAN AI HELP FACILITATE RANDOMIZED CLINICAL TRIALS IN	
NEUROPROTECTION?	
5) SEX HORMONES AND GLAUCOMA:	
THE ROLE OF SEX HORMONES IN THE PATHOGENESIS OF OPEN-ANGLE	E GLAUCOMA:
EVIDENCE FROM EPIDEMIOLOGICAL STUDIES;	
ESTROGEN SIGNALING PATHWAYS IN GLAUCOMA;	
THE BIOMECHANICAL ARGUMENT THAT ESTROGEN PLAYS A ROLE IN G	LAUCOMA;
6) NON-IOP FACTORS OF IMPORTANCE IN GLAUCOMA:	
DIET AND GLAUCOMA;	
HYPERTENSION, ANTIHYPERTENSIVE DRUGS AND GLAUCOMA;	
THE IMPACT OF GLAUCOMA ON ACTIVITIES OF DAILY LIVING.	
7) WHAT CAN TGF DO TO HELP PATIENTS, RESEARCHERS, AND EYEC	CARE PROVIDERS
TACKLE GLAUCOMA? :	
WHAT IS THE GLAUCOMA FOUNDATION DOING NOW?	
WHAT DO PATIENTS WANT TO SEE IN GLAUCOMA RESEARCH?	

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** 13-3174839 THE GLAUCOMA FOUNDATION, INC. 8) START WITH THE YOUNG INFO SESSION ON GLAUCOMA FOR MIDDLE AND HIGH SCHOOL STUDENTS; IN COORDINATION WITH THE STEM INSTITUTE AT THE CITY COLLEGE OF NEW YORK. 9) NEWSLETTERS: TGF PRODUCED SIX ELECTRONIC NEWSLETTERS THAT WERE DISTRIBUTED TO MORE THAN 16,000 HOUSEHOLDS. TGF'S QUARTERLY PRINTED NEWSLETTERS WERE AVAILABLE FOR CONSTITUENTS WHO DO NOT USE COMPUTERS OR WHO PREFER TO READ PAPER DOCUMENTS. NEWSLETTERS INCLUDE INTERVIEWS WITH DOCTORS, RESEARCHERS, AND PATIENTS. THEY COVER TOPICS SUCH AS ADVANCEMENTS IN DIAGNOSIS AND TREATMENT, PERSPECTIVES ON CARE, AND PERSONAL STORIES OF LIVING WITH THE DISEASE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MEDICAL RESEARCH: 1) GENETIC PREDISPOSITION AND OPHTHALMIC OUTCOMES; 2) OPTIC NERVE REGENERATION; 3) USING ARTIFICIAL INTELLIGENCE TO REVEAL BLOOD PRESSURE'S ROLE IN GLAUCOMA PROGRESSION; 4) EE-PURPOSING AN "OLD" DRUG FOR A NEW INDICATION: ELUCIDATING THE PERIPHERAL AND CENTRAL EFFECTS OF GLUCAGON-LIKE PEPTIDE 1 RECEPTOR AGONISTS TO TREAT GLAUCOMA; 5) SEARCH FOR FUNCTIONAL LOXL1 RISK ALLELES WITH BIT-STARR; 6) VASCULAR GENOTYPE-PHENOTYPE ASSOCIATION IN PRIMARY OPEN-ANGLE GLAUCOMA; 7) INVESTIGATING THE ROLE OF IMPAIRED MITOCHONDRIAL DYNAMICS IN

EXFOLIATION GLAUCOMA;

Schedule O (Form 990) 2023 Page **2**

Name of the organization THE GLAUCOMA FOUNDATION, INC. Employer identification number 13-3174839

8) UNCOVERING THE POTENTIAL OF PERICYTES AS THERAPEUTIC TARGETS FOR

GLAUCOMA;

9) NICOTINAMIDE AND PYRUVATE FOR NEUROENHANCEMENT IN OPEN-ANGLE

GLAUCOMA: A PHASE 2 RANDOMIZED CLINICAL TRIAL.

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

THE CHIEF EXECUTIVE OFFICER AND THE ASSISTANT TREASURER REVIEW THE FORM 990

IN DETAIL AND THEN MAKE IT AVAILABLE TO THE GOVERNING BOARD PRIOR TO BEING

FILED.

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

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH

BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO

CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15A:

EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A
RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR TO
DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A
DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS
VOTED ON. THE MINUTES OF THE BOARD OF DIRECTORS REFLECT THE NATURE OF THIS
PROCESS

EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A
RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE PRESIDENT/CEO TO

DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A

DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS

VOTED ON. THE MINUTES OF THE BOARD OF DIRECTORS REFLECT THE NATURE OF THIS

Schedule O (Form 990) 2023 Page **2**

Name of the organization THE GLAUCOMA FOUNDATION, INC.		Employer identification number 13-3174839
FORM 990, PART VI, LINE 17, LIST OF STATES RE	ECEIVING COPY	OF FORM 990:
NY, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD	,MA,MI,MN,MS,N	H,NJ,NM,NC,ND,OH
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS PUBLIC DOCUMENTS,	CONFLICT OF I	NTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC	•	
FORM 990 PART XII LINE 2C		
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YE	EAR.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

	nic filing (e-file). You can electronically file Form 8868 to			-		
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts. A	An extension	
request	for Form 8870 must be sent to the IRS in a paper format ((see instrud	ctions). For more details on the elect	tronic filing	of Form	
8868, v	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.				
Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-T	E for payment
instruct	ions.					
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	
must us	e Form 7004 to request an extension of time to file income	e tax returi	าร.			
Part I -	Identification			r		
Type or	Name of exempt organization, employer, or other filer, see instructions.				identification	number (TIN)
Print						
File by the	THE GLAUCOMA FOUNDATION, INC.				13-3174839	
due date the filling your return. Se instruction						
	80 MAIDEN LANE, #700					
	only, to min or poor omes, state, and an observe of a foreign address, occurrence					
	NEW YORK, NY 10038					
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Application Is For		Return	Application Is For			Return
		Code				Code
Form 990 or Form 990-EZ			Form 4720 (other than individual)			09
Form 4720 (individual)		03	Form 5227			10
Form 990-PF		04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			12
Form 990-T (trust other than above)		06	Form 5330 (individual)			13
Form 990-T (corporation)		07	Form 5330 (other than individual)			14
Form 1041-A						
• After	you enter your Return Code, complete either Part II or Part	t III. Part III	, including signature, is applicable o	nly for an	extension of	
	file Form 5330.					
If this	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
	lan Name		· ·			
Р	lan Number					
Р	lan Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
	books are in the care of ELENA STURMAN		•			
		SUITE	700 - NEW YORK, NY	7 1003	8	
Telei	phone No. 212-285-0080		Fax No.			
	e organization does not have an office or place of business	in the Uni				
	s is for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of			
1 1	request an automatic 6-month extension of time until				pt organization	
	 ne organization named above. The extension is for the orga					
X	calendar year 20 23 or					
		. 20	, and ending			, 20
_		,	,			_ , ==
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reaso	n: Initial return	Final retur	n	
_ <u> </u>	Change in accounting period					
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
	ny nonrefundable credits. See instructions.	, 5.1.5. 1.10		За	\$	0.
_	•			 5u	-	
				3h	\$	0.
·	stimated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa	ayment all	owed as a credit.	3b	\$	0.