

EXTENDED TO NOVEMBER 15, 2021
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No. 1545-0047

2020

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or tax year beginning

, and ending

Name of foundation METTA FUND		A Employer identification number 94-2992640
Number and street (or P.O. box number if mail is not delivered to street address) 101 MONTGOMERY ST.,	Room/suite 2200	B Telephone number 415-660-7361
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94104		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 78,325,664.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		2,604,671.	2,604,671.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		2,115,941.			
b Gross sales price for all assets on line 6a 5,455,940.					
7 Capital gain net income (from Part IV, line 2)			2,115,941.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		104,908.	408.		STATEMENT 2
12 Total. Add lines 1 through 11		4,825,520.	4,721,020.		
13 Compensation of officers, directors, trustees, etc.		509,124.	250,756.		258,368.
14 Other employee salaries and wages		655,107.	307,900.		347,207.
15 Pension plans, employee benefits		138,688.	65,183.		73,505.
16a Legal fees STMT 3		12,640.	6,320.		6,320.
b Accounting fees STMT 4		37,050.	2,170.		34,880.
c Other professional fees STMT 5		200,089.	60,416.		139,673.
17 Interest					
18 Taxes STMT 6		129,417.	35,641.		40,191.
19 Depreciation and depletion		79,576.	0.		
20 Occupancy		392,067.	184,271.		207,796.
21 Travel, conferences, and meetings		15,541.	0.		15,541.
22 Printing and publications					
23 Other expenses STMT 7		228,567.	36,401.		114,822.
24 Total operating and administrative expenses. Add lines 13 through 23		2,397,866.	949,058.		1,238,303.
25 Contributions, gifts, grants paid		2,285,500.			2,503,000.
26 Total expenses and disbursements. Add lines 24 and 25		4,683,366.	949,058.		3,741,303.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		142,154.			
b Net investment income (if negative, enter -0-)			3,771,962.		
c Adjusted net income (if negative, enter -0-)				N/A	

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only.

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	447,082.	440,830.	440,830.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	91,024.	80,273.	80,273.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	71,692,023.	76,983,148.	76,983,148.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶ 870,585.			
	Less: accumulated depreciation STMT 9 ▶ 176,518.	75,654.	694,067.	694,067.
	15 Other assets (describe ▶ SECURITY DEPOSIT)	46,888.	127,346.	127,346.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	72,352,671.	78,325,664.	78,325,664.
	17 Accounts payable and accrued expenses	98,367.	117,454.	
	18 Grants payable	812,500.	595,000.	
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 10)	265,700.	268,500.	
	23 Total liabilities (add lines 17 through 22)	1,176,567.	980,954.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	71,176,104.	77,344,710.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	29 Total net assets or fund balances	71,176,104.	77,344,710.	
	30 Total liabilities and net assets/fund balances	72,352,671.	78,325,664.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	71,176,104.
2 Enter amount from Part I, line 27a	2	142,154.
3 Other increases not included in line 2 (itemize) ▶ NET UNREALIZED GAINS	3	6,026,452.
4 Add lines 1, 2, and 3	4	77,344,710.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	77,344,710.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAIN TRANSACTIONS		P	07/01/00	12/31/20
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,455,940.		3,339,999.	2,115,941.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			2,115,941.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	2,115,941.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	52,430.
b Reserved			
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	52,430.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	52,430.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a 70,000.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 6,000.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	76,000.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	23,570.
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax 23,570. Refunded		11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. CA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.METTAFUND.ORG	X	
14 The books are in care of ► H. HUYNH Telephone no. ► 415-660-7361 Located at ► 101 MONTGOMERY ST., STE. 2200, SAN FRANCISCO, CA ZIP+4 ► 94104		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► , , b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► , ,	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	X

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check here	<input checked="" type="checkbox"/>	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b X
If "Yes" to 6b, file Form 8870.		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		509,124.	16,345.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
B. GARCIA - 101 MONTGOMERY ST., STE 2200, SAN FRANCISCO, CA 94104	DIRECTOR OF ADMINISTRATION 40.00	167,810.	10,234.	0.
C. COLLEN - 101 MONTGOMERY ST., STE 2200, SAN FRANCISCO, CA 94104	PROGRAM AND GRANTS OFFICER 40.00	144,722.	8,731.	0.
H. HUYNH - 101 MONTGOMERY ST., STE 2200, SAN FRANCISCO, CA 94104	ACCOUNTANT 40.00	108,377.	6,581.	0.
A. KARRER - 101 MONTGOMERY ST., STE 2200, SAN FRANCISCO, CA 94104	DIRECTOR OF COMMUNICATIONS 32.00	108,418.	6,505.	0.
R. ESPINOZA - 101 MONTGOMERY ST., STE 2200, SAN FRANCISCO, CA 94104	DIRECTOR OF PROGRAM STRATEGY 40.00	53,328.	3,230.	0.
Total number of other employees paid over \$50,000				0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
VANGUARD P.O. BOX 3009, MONROE, WI 53566-8309	INVESTMENT MANAGEMENT	55,940.

Total number of others receiving over \$50,000 for professional services 0**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 12	183,967.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
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Total. Add lines 1 through 3 0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	68,429,293.
b	Average of monthly cash balances	1b	510,296.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	68,939,589.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	68,939,589.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,034,094.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,905,495.
6	Minimum investment return. Enter 5% of line 5	6	3,395,275.

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

1	Minimum investment return from Part X, line 6	1	3,395,275.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	52,430.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	52,430.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,342,845.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,342,845.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,342,845.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,741,303.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3,741,303.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,741,303.

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

Form 990-PF (2020)

Part XIII Undistributed Income (see instructions)


	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				3,342,845.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015	1,134,328.			
b From 2016	871,384.			
c From 2017	187,924.			
d From 2018	343,583.			
e From 2019	561,342.			
f Total of lines 3a through e	3,098,561.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	3,741,303.			
a Applied to 2019, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				3,342,845.
e Remaining amount distributed out of corpus	398,458.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,497,019.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	1,134,328.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	2,362,691.			
10 Analysis of line 9:				
a Excess from 2016	871,384.			
b Excess from 2017	187,924.			
c Excess from 2018	343,583.			
d Excess from 2019	561,342.			
e Excess from 2020	398,458.			

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
a Paid during the year				
BAYVIEW HUNTERS POINT MULTIPURPOSE SENIOR SERVICES, INC. 1753 CARROLL AVE SAN FRANCISCO, CA 94124	NONE	PC	SUPPORT BHPMSS STAFF TO ATTEND ASA LEADERSHIP INSTITUTE IN MARCH 2020	4,000.
BAYVIEW HUNTERS POINT MULTIPURPOSE SENIOR SERVICES, INC. 1753 CARROLL AVENUE SAN FRANCISCO, CA 94124	NONE	PC	GENERAL OPERATING SUPPORT	75,000.
BEND THE ARC 330 SEVENTH AVE., 19TH FLOOR NEW YORK, NY 10001	NONE	PC	HAND IN HAND THE DOMESTIC EMPLOYERS NETWORK 2020 STORYTELLING FELLOWSHIP PROGRAM	75,000.
BERNAL HEIGHTS NEIGHBORHOOD CENTER 515 CORTLAND AVENUE SAN FRANCISCO, CA 94110	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	5,000.
BERNAL HEIGHTS NEIGHBORHOOD CENTER 515 CORTLAND AVENUE SAN FRANCISCO, CA 94110	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
Total SEE CONTINUATION SHEET(S) ▶ 3a				2,503,000.
b Approved for future payment				
CATHOLIC CHARITIES 1555 39TH AVENUE SAN FRANCISCO, CA 94122	NONE	PC	OMI SENIOR CENTER	35,000.
COVIA FOUNDATION 2185 N. CALIFORNIA BLVD, SUITE 215 WALNUT CREEK, CA 94596	NONE	PC	WELL CONNECTED ESPANOL	35,000.
KIMOCHI, INC 1715 BUCHANAN SAN FRANCISCO, CA 94115	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
Total SEE CONTINUATION SHEET(S) ▶ 3b				595,000.

Form 990-PF (2020)

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check <input checked="checked" type="checkbox"/> if self-employed	PTIN
	WARD S. PYNN	WARD S. PYNN	07/19/21		P00184378
	Firm's name ▶ RGP LLP			Firm's EIN ▶ 81-0742089	
	Firm's address ▶ 3478 BUSKIRK AVE., STE. 308 PLEASANT HILL, CA 94523			Phone no. 925-954-0100	

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form **8879-EO**

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

METTA FUND

94-2992640

Name and title of officer or person subject to tax

JANET Y SPEARS
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b 52,430.
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **RGP LLP** to enter my PIN **55555**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6873235555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **RGP LLP**

Date ▶ **07/19/21**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER 800 PRESIDIO AVENUE SAN FRANCISCO, CA 94115	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	5,000.
BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER 800 PRESIDIO AVENUE SAN FRANCISCO, CA 94115	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
CARA EDUCATION FUND 600 GRAND AVE, SUITE 410 OAKLAND, CA 94610	NONE	PC	CARA LEADERSHIP ACADEMY AND TECHNOLOGY EXPANSION	35,000.
CARA EDUCATION FUND 600 GRAND AVE, SUITE 410 OAKLAND, CA 94610	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
CATHOLIC CHARITIES 1555 39TH AVENUE SAN FRANCISCO, CA 94122	NONE	PC	OMI SENIOR CENTER	35,000.
CATHOLIC CHARITIES 1555 39TH AVENUE SAN FRANCISCO, CA 94122	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
COMMUNITY LIVING CAMPAIGN 1663 MISSION ST., STE 525 SAN FRANCISCO, CA 94103	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
COMMUNITY LIVING CAMPAIGN 1663 MISSION ST., STE 525 SAN FRANCISCO, CA 94103	NONE	PC	CLC STUDIO PROJECT	5,000.
COMMUNITY LIVING CAMPAIGN 1663 MISSION ST., STE 525 SAN FRANCISCO, CA 94103	NONE	PC	SF TECH COUNCIL	37,500.
COMMUNITY LIVING CAMPAIGN 1663 MISSION ST., STE 525 SAN FRANCISCO, CA 94103	NONE	PC	TECH EQUITY AND INNOVATION PILOT PROJECT	75,000.
Total from continuation sheets				2,342,500.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY LIVING CAMPAIGN 1663 MISSION ST., STE 525 SAN FRANCISCO, CA 94103	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
COMMUNITY TECH NETWORK 1390 MARKET STREET, SUITE 200 SAN FRANCISCO, CA 94102	NONE	PC	SUNSET TECH CONNECT AND SENIOR DIGITAL APPRENTICESHIP	35,000.
COMMUNITY TECH NETWORK 1390 MARKET STREET, SUITE 200 SAN FRANCISCO, CA 94102	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
COVIA FOUNDATION 2185 N. CALIFORNIA BLVD, SUITE 215 WALNUT CREEK, CA 94596	NONE	PC	IMMEDIATE NEEDS FOR THE WELL-CONNECTED PROGRAM RELATED TO OLDER ADULTS DURING THE COVID-19 PUBLIC	10,000.
COVIA FOUNDATION 2185 N. CALIFORNIA BLVD, SUITE 215 WALNUT CREEK, CA 94596	NONE	PC	WELL CONNECTED ESPANOL	35,000.
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	NONE	PC	SURVEY OLDER ADULTS TO ASSESS THE IMPACT OF COVID-19 ON SOCIAL WELL-BEING, PSYCHOLOGICAL HEALTH	5,000.
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	NONE	PC	SUPPORT THE DEVELOPMENT OF THE DESIGN OF A MENTAL HEALTH TELE-HEALTH PILOT PROGRAM SERVING	10,000.
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	NONE	PC	GENERAL OPERATING SUPPORT	75,000.
DONALDINA CAMERON HOUSE 920 SACRAMENTO STREET SAN FRANCISCO, CA 94108	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	5,000.
DONALDINA CAMERON HOUSE 920 SACRAMENTO STREET SAN FRANCISCO, CA 94108	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES 1801 VICENTE STREET SAN FRANCISCO, CA 94116	NONE	PC	TO SUPPORT THE KINSHIP SUPPORT PROGRAM	7,500.
FAMILY CAREGIVER ALLIANCE 101 MONTGOMERY ST., SUITE 2150 SAN FRANCISCO, CA 94104	NONE	PC	ADDRESSING THE IMPACT OF SOCIAL ISOLATION AND LONELINESS ON FAMILY CAREGIVERS AND OLDER ADULTS	75,000.
FELTON INSTITUTE 1500 FRANKLIN STREET SAN FRANCISCO, CA 94109	NONE	PC	VISITACION VALLEY SENIOR HEALTH AND WELLNESS PROGRAM	50,000.
FIVE KEYS SCHOOLS AND PROGRAMS 70 OAK GROVE STREET SAN FRANCISCO, CA 94107	NONE	PC	PROJECT HOME FREE	5,000.
FOOD RUNNERS 2579 WASHINGTON STREET SAN FRANCISCO, CA 94115	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
GOOD SAMARITAN FAMILY RESOURCE CENTER OF SF 1294 POTRERO AVENUE SAN FRANCISCO, CA 94110	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	5,000.
GOOD SAMARITAN FAMILY RESOURCE CENTER OF SF 1294 POTRERO AVENUE SAN FRANCISCO, CA 94110	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HWY, STE. 1101 ARLINGTON, VA 22202	NONE	PC	GIA'S FUND FOR THE FUTURE	15,000.
HOMEBRIDGE 1035 MARKET STREET, L-1 SAN FRANCISCO, CA 94103	NONE	PC	GENERAL OPERATING SUPPORT	100,000.
HOMEBRIDGE 1035 MARKET STREET, L-1 SAN FRANCISCO, CA 94103	NONE	PC	ON THE JOB CERTIFIED NURSING ASSISTANT CERTIFICATION PILOT	100,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HUNTERS POINT FAMILY 1800 OAKDALE AVE., #406 SAN FRANCISCO, CA 94124	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
INSTITUTE ON AGING 3575 GEARY BLVD. SAN FRANCISCO, CA 94118	NONE	PC	FRIENDSHIP LINE	35,000.
INSTITUTE ON AGING 3575 GEARY BLVD. SAN FRANCISCO, CA 94118	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
JUSTICE IN AGING 1330 BROADWAY, SUITE 525 OAKLAND, CA 94612	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
JUSTICE IN AGING 1330 BROADWAY, SUITE 525 OAKLAND, CA 94612	NONE	PC	TO SUPPORT THE PLANNING AND HIRING OF A DIRECTOR OF EQUITY AND RACIAL JUSTICE ADVOCACY	75,000.
KIMOCHI, INC 1715 BUCHANAN SAN FRANCISCO, CA 94115	NONE	PC	COVID 19 SUPPORT OF OLDER ADULTS' IMMEDIATE NEEDS	10,000.
KIMOCHI, INC 1715 BUCHANAN SAN FRANCISCO, CA 94115	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
LITTLE BROTHERS FRIENDS OF THE ELDERLY 909 HYDE STREET, STE. 628 SAN FRANCISCO, CA 94109	NONE	PC	GENERAL OPERATING SUPPORT	35,000.
LITTLE BROTHERS FRIENDS OF THE ELDERLY 909 HYDE STREET, STE. 628 SAN FRANCISCO, CA 94109	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	PC	GENERAL OPERATING SUPPORT	100,000.
MISSION NEIGHBORHOOD CENTERS, INC. 362 CAPP STREET SAN FRANCISCO, CA 94110	NONE	PC	GENERAL OPERATING SUPPORT	5,000.
NATIONAL DOMESTIC WORKERS ALLIANCE 45 BROADWAY, STE 320 NEW YORK, NY 10006	NONE	PC	CARING ACROSS GENERATION'S STRENGTHENING THE CARE INFRASTRUCTURE	75,000.
OPENHOUSE 65 LAGUNA STREET SAN FRANCISCO, CA 94102	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
OPENHOUSE 65 LAGUNA STREET SAN FRANCISCO, CA 94102	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
RENAISSANCE PARENTS OF SUCCESS 1800 OAKDALE AVE, STE 510 SAN FRANCISCO, CA 94124	NONE	PC	WISE HEALTH PROJECT	5,000.
RENAISSANCE PARENTS OF SUCCESS 1800 OAKDALE AVE, STE 510 SAN FRANCISCO, CA 94124	NONE	PC	WISE HEALTH PROJECT	5,000.
RICHMOND NEIGHBORHOOD CENTER 741 30TH AVENUE SAN FRANCISCO, CA 94121	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	5,000.
RICHMOND NEIGHBORHOOD CENTER 741 30TH AVENUE SAN FRANCISCO, CA 94121	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
RICHMOND NEIGHBORHOOD CENTER 741 30TH AVENUE SAN FRANCISCO, CA 94121	NONE	PC	HEALTHY BEHAVIORS FOR AGING AND OLDER ADULTS	115,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SAGE 305 SEVENTH AVE., 15TH FLOOR NEW YORK, NY 10001	NONE	PC	THE DIVERSE ELDERLY COALITION ADVOCACY TRAINING PROGRAM	75,000.
SAN FRANCISCO INTERFAITH COUNCIL PO BOX 29055 SAN FRANCISCO, CA 94129	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
SAN FRANCISCO INTERFAITH COUNCIL PO BOX 29055 SAN FRANCISCO, CA 94129	NONE	PC	EXPANSION OF TECHNOLOGY AND COMMUNICATIONS INFRASTRUCTURE	35,000.
SAN FRANCISCO PUBLIC HEALTH FOUNDATION 1 HALLIDIE PLAZA, SUITE 808 SAN FRANCISCO, CA 94102	NONE	PC	SUPPORT FOR SAN FRANCISCO AFRICAN AMERICAN FAITH-BASED COALITION	5,000.
SAN FRANCISCO SENIOR AND DISABILITY ACTION 1360 MISSION STREET #400 SAN FRANCISCO, CA 94103	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
SAN FRANCISCO SENIOR AND DISABILITY ACTION 1360 MISSION STREET #400 SAN FRANCISCO, CA 94103	NONE	PC	GENERAL OPERATING SUPPORT	35,000.
SAN FRANCISCO SENIOR AND DISABILITY ACTION 1360 MISSION STREET #400 SAN FRANCISCO, CA 94103	NONE	PC	TO SUPPORT 2020 CENSUS WORK	15,000.
SAN FRANCISCO STATE UNIVERSITY FOUNDATION 1600 HOLLOWAY AVE, ADMIN RM 154D SAN FRANCISCO, CA 94132	NONE	PC	SCHOLARSHIP FOR STUDENTS WITH HEALTH RELATED MAJOR/MINORS-WILLIE L BROWN FELLOWSHIP	2,500.
SELF-HELP FOR THE ELDERLY 731 SANSOME STREET, SUITE 100 SAN FRANCISCO, CA 94111	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
SELF-HELP FOR THE ELDERLY 731 SANSOME STREET, SUITE 100 SAN FRANCISCO, CA 94111	NONE	PC	CERTIFIED HOME HEALTH AIDE AND CAREGIVERS TRAINING @ SHE	100,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SF CARES 1541 POLK STREET SAN FRANCISCO, CA 94109	NONE	PC	SINGERS OF THE STREET	5,000.
SHANTI PROJECT 3170 23RD STREET SAN FRANCISCO, CA 94110	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
SHANTI PROJECT 3170 23RD STREET SAN FRANCISCO, CA 94110	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
SOUTHWEST COMMUNITY CORPORATION 446 RANDOLPH STREET SAN FRANCISCO, CA 94132	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	5,000.
SOUTHWEST COMMUNITY CORPORATION 446 RANDOLPH STREET SAN FRANCISCO, CA 94132	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
STEPPING STONE ADULT DAY HEALTH CENTER 930 FOURTH STREET, 2ND FLOOR SAN FRANCISCO, CA 94158	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULT'S IMMEDIATE NEEDS	10,000.
STEPPING STONE ADULT DAY HEALTH CENTER 930 FOURTH STREET, 2ND FLOOR SAN FRANCISCO, CA 94158	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
TELEGRAPH HILL NEIGHBORHOOD CENTER 660 LOMBARD STREET SAN FRANCISCO, CA 94133	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	5,000.
TELEGRAPH HILL NEIGHBORHOOD CENTER 660 LOMBARD STREET SAN FRANCISCO, CA 94133	NONE	PC	GENERAL OPERATING SUPPORT	1,500.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST., SUITE 315 SAN FRANCISCO, CA 94143	NONE	PC	ASSESSING THE IMPACT OF COVID-19 ON SOCIAL WELL-BEING, PSYCHOLOGICAL HEALTH, AND HEALTH CARE USE	35,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY, STE 100 LONG BEACH, CA 90806	NONE	PC	MASTER PLAN ON AGING PLANNING	50,000.
URBAN ED ACADEMY 1485 BAY SHORE BLVD., SUITE 317 SAN FRANCISCO, CA 94124	NONE	PC	GREEN HACKER HUB, A STEM ENRICHMENT PROGRAM	2,500.
WALK SAN FRANCISCO FOUNDATION 333 HAYES ST, STE. 202 SAN FRANCISCO, CA 94102	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS	10,000.
WALK SAN FRANCISCO FOUNDATION 333 HAYES ST, STE. 202 SAN FRANCISCO, CA 94102	NONE	PC	GENERAL OPERATING SUPPORT	35,000.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS THROUGH BAYVIEW HUNTERS POINT YMCA	7,500.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS THROUGH CHINATOWN YMCA	10,000.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	COVID 19 SUPPORT FOR OLDER ADULTS' IMMEDIATE NEEDS THROUGH MISSION YMCA	7,500.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	BAYVIEW HUNTERS POINT YMCA	3,500.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	MISSION YMCA'S SENIOR, AGING AND ACTIVE OLDER ADULTS PROGRAM	75,000.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	BAYVIEW HUNTERS POINT YMCA'S HOLISTIC WELLNESS FOR ACTIVE OLDER ADULTS	75,000.
Total from continuation sheets				

3 Grants and Contributions Paid During the Year (Continuation)

023631
04-01-20

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LITTLE BROTHERS FRIENDS OF THE ELDERLY 909 HYDE STREET, STE. 628 SAN FRANCISCO, CA 94109	NONE	PC	GENERAL OPERATING SUPPORT	35,000.
RICHMOND NEIGHBORHOOD CENTER 741 30TH AVENUE SAN FRANCISCO, CA 94124	NONE	PC	HEALTH BEHAVIORS FOR AGING AND OLDER ADULTS	115,000.
SELF-HELP FOR THE ELDERLY 731 SANSOME STREET, SUITE 100 SAN FRANCISCO, CA 94111	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
SHANTI PROJECT 3170 23RD STREET SAN FRANCISCO, CA 94110	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	CHINATOWN YMCA'S AGING WELL TOGETHER	75,000.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	BAYVIEW HUNTERS POINT YMCA'S HOLISTIC WELLNESS FOR ACTIVE OLDER ADULTS	75,000.
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	NONE	PC	MISSION YMCA'S SENIOR, AGING, AND ACTIVE OLDER ADULTS PROGRAM	75,000.
Total from continuation sheets				475,000.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - COVIA FOUNDATION

IMMEDIATE NEEDS FOR THE WELL-CONNECTED PROGRAM RELATED TO OLDER ADULTS
DURING THE COVID-19 PUBLIC HEALTH CRISIS

NAME OF RECIPIENT - CURRY SENIOR CENTER

SURVEY OLDER ADULTS TO ASSESS THE IMPACT OF COVID-19 ON SOCIAL
WELL-BEING, PSYCHOLOGICAL HEALTH AND HEALTH CARE USE

NAME OF RECIPIENT - CURRY SENIOR CENTER

SUPPORT THE DEVELOPMENT OF THE DESIGN OF A MENTAL HEALTH TELE-HEALTH
PILOT PROGRAM SERVING LGBTQ OLDER ADULTS

NAME OF RECIPIENT - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN
FRANCISCO

ASSESSING THE IMPACT OF COVID-19 ON SOCIAL WELL-BEING, PSYCHOLOGICAL
HEALTH, AND HEALTH CARE USE AMONG OLDER ADULTS

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

▶ Attach to the corporation's tax return.

FORM 990-PF

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2020

Name METTA FUND	Employer identification number 94-2992640
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	52,430.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	52,430.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	52,188.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	52,188.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☒ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	07/15/20	07/15/20	09/15/20	12/15/20
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	4,659.	6,294.	4,265.	9,544.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	18,500.		10,000.	47,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		13,841.	7,547.	13,282.
13 Add lines 11 and 12	13		13,841.	17,547.	60,282.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	18,500.	13,841.	17,547.	60,282.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	13,841.	7,547.	13,282.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%.
See instructions.

	(a)	(b)	(c)	(d)
	First 3 months	First 5 months	First 8 months	First 11 months
1 Enter taxable income for the following periods.				
a Tax year beginning in 2017	1a			
b Tax year beginning in 2018	1b			
c Tax year beginning in 2019	1c			
2 Enter taxable income for each period for the tax year beginning in 2020. See the instructions for the treatment of extraordinary items	2			
3 Enter taxable income for the following periods.	First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2017	3a			
b Tax year beginning in 2018	3b			
c Tax year beginning in 2019	3c			
4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4			
5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5			
6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6			
7 Add lines 4 through 6	7			
8 Divide line 7 by 3.0	8			
9a Divide line 2 by line 8	9a			
b Extraordinary items (see instructions)	9b			
c Add lines 9a and 9b	9c			
10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return	10			
11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a			
b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b			
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c			
12 Add lines 11a through 11c	12			
13 Divide line 12 by 3.0	13			
14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14			
15 Enter any alternative minimum tax (trusts only) for each payment period. See instructions	15			
16 Enter any other taxes for each payment period. See instr.	16			
17 Add lines 14 through 16	17			
18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	18			
19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19			

Part II **Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20 Annualization periods (see instructions)	20				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	223,432.	393,989.	729,848.	1,336,066.
22 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22	23a	1,340,592.	1,575,956.	1,459,696.	1,781,417.
23b Extraordinary items (see instructions)	23b				
23c Add lines 23a and 23b	23c	1,340,592.	1,575,956.	1,459,696.	1,781,417.
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24	18,634.	21,906.	20,290.	24,762.
25 Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25				
26 Enter any other taxes for each payment period. See instr.	26				
27 Total tax. Add lines 24 through 26	27	18,634.	21,906.	20,290.	24,762.
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	18,634.	21,906.	20,290.	24,762.
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31	4,659.	10,953.	15,218.	24,762.

Part III **Required Installments**

Note: Complete lines 32 through 38 of one column before completing the next column.		1st installment	2nd installment	3rd installment	4th installment
32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	4,659.	10,953.	15,218.	24,762.
33 Add the amounts in all preceding columns of line 38. See instructions	33		4,659.	10,953.	15,218.
34 Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	4,659.	6,294.	4,265.	9,544.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	13,047.	13,168.	13,108.	13,107.
36 Subtract line 38 of the preceding column from line 37 of the preceding column	36		8,388.	15,262.	24,105.
37 Add lines 35 and 36	37	13,047.	21,556.	28,370.	37,212.
38 Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	4,659.	6,294.	4,265.	9,544.

Form 2220 (2020)

**** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	2,604,671.	0.	2,604,671.	2,604,671.	
TO PART I, LINE 4	2,604,671.	0.	2,604,671.	2,604,671.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PPP LOAN FORGIVEN	104,500.	0.	
MISCELLANEOUS INCOME	408.	408.	
TOTAL TO FORM 990-PF, PART I, LINE 11	104,908.	408.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	12,640.	6,320.		6,320.
TO FM 990-PF, PG 1, LN 16A	12,640.	6,320.		6,320.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND TAX CONSULTING FEES	37,050.	2,170.		34,880.
TO FORM 990-PF, PG 1, LN 16B	37,050.	2,170.		34,880.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER CONSULTING AND PROFESSIONAL FEES	38,641.	1,000.		37,641.	
INVESTMENT MANAGEMENT FEES	55,940.	55,940.		0.	
GRANTMAKING PROGRAM	65,315.	0.		65,315.	
COMMUNICATIONS	22,812.	0.		22,812.	
IT	17,381.	3,476.		13,905.	
TO FORM 990-PF, PG 1, LN 16C	200,089.	60,416.		139,673.	

FORM 990-PF	TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAX	59,651.	28,036.		31,615.	
FEDERAL EXCISE TAXES	53,585.	0.		0.	
PROPERTY TAXES	16,181.	7,605.		8,576.	
TO FORM 990-PF, PG 1, LN 18	129,417.	35,641.		40,191.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
GOVERNMENT FILING FEES	160.	0.		160.	
INSURANCE	37,694.	16,962.		20,731.	
PAYROLL SERVICE FEES	3,575.	1,680.		1,895.	
RECORD STORAGE AND DISPOSAL	1,151.	541.		610.	
OFFICE EXPENSE AND SUPPLIES	23,122.	4,624.		18,498.	
TELEPHONE, INTERNET & UTILITIES	16,044.	7,541.		8,503.	
BUILDING MAINTENANCE	677.	318.		359.	
MEMBERSHIPS	22,929.	0.		22,929.	
PROFESSIONAL DEVELOPMENT	550.	0.		550.	
IT SOFTWARE	10,074.	4,735.		5,339.	
GRANT SOFTWARE	14,960.	0.		14,960.	
WEBSITE	20,288.	0.		20,288.	

METTA FUND

94-2992640

MOVING EXPENSES	29,328.	0.	0.
AMORTIZATION	48,015.	0.	0.
TO FORM 990-PF, PG 1, LN 23	228,567.	36,401.	114,822.

FORM 990-PF CORPORATE STOCK STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD INTERNATIONAL GROWTH ADMIRAL	7,016,580.	7,016,580.
VANGUARD INTERNATIONAL STOCK INDEX INST	14,525,043.	14,525,043.
VANGUARD INTERNATIONAL VALUE FUND	6,323,856.	6,323,856.
VANGUARD PRIMECAP FUND ADMIRAL	7,999,850.	7,999,850.
VANGUARD REIT INDEX FUND ADMIRAL	3,298,668.	3,298,668.
VANGUARD TOTAL BOND MARKET INDEX FUND INST	13,045,479.	13,045,479.
VANGUARD TOTAL STOCK MARKET INDEX FUND INST	16,883,085.	16,883,085.
VANGUARD WINDSOR FUND ADMIRAL	7,890,587.	7,890,587.
TOTAL TO FORM 990-PF, PART II, LINE 10B	76,983,148.	76,983,148.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	99,707.	99,707.	0.
FURNITURE NEW	27,653.	3,226.	24,427.
FURNITURE	14,779.	739.	14,040.
FURNITURE	2,490.	83.	2,407.
OFFICE EQUIPMENT	4,293.	4,293.	0.
OFFICE EQUIPMENT NEW	82,751.	9,655.	73,096.
OFFICE SOFTWARE	13,500.	10,800.	2,700.
LEASEHOLD IMPROVEMENTS	2,120.	70.	2,050.
LEASEHOLD IMPROVEMENTS	623,292.	47,945.	575,347.
TOTAL TO FM 990-PF, PART II, LN 14	870,585.	176,518.	694,067.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED TAX LIABILITY	265,700.	268,500.	
TOTAL TO FORM 990-PF, PART II, LINE 22	265,700.	268,500.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KIMBERLY BRANDON 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	CHAIR & DIRECTOR 6.00	34,500.	0.	0.
ROMA GUY 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	SECRETARY & DIRECTOR 3.00	33,000.	0.	0.
JOE HAFEY 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	VICE CHAIR & DIRECTOR 3.00	36,000.	0.	0.
JARMIN YEH 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	DIRECTOR 4.00	33,000.	0.	0.
JAMES LOYCE 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	DIRECTOR 3.00	33,000.	0.	0.
SONIA MELARA 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	DIRECTOR 3.00	34,500.	0.	0.
JOHN WOODWARD 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	TREASURER & DIRECTOR 4.00	34,500.	0.	0.
JANET Y. SPEARS 101 MONTGOMERY ST., STE 2200 SAN FRANCISCO, CA 94104	CEO 40.00	270,624.	16,345.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		509,124.	16,345.	0.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 12
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ACTIVITY ONE

COMMUNITY ROOM DESCRIPTION: METTA FUND RECOGNIZES THE IMPORTANCE OF PROVIDING SUPPORT TO THE NONPROFIT COMMUNITY BEYOND GRANTMAKING. AS SUCH, THE FOUNDATION PROVIDES ITS STATE-OF-THE-ART CONFERENCE CENTER AT NO COST TO LOCAL NONPROFITS, COMMUNITY PARTNERS, AND KEY STAKEHOLDERS. DURING A NORMAL YEAR, METTA FUND HOSTS DOZENS OF COMMUNITY CONVERSATIONS AND CAPACITY-BUILDING EVENTS TO HELP FURTHER ADVANCE NONPROFITS' MISSION. TO EXPAND MEETING ROOM ACCESS, IN 2020, METTA FUND INTENTIONALLY LEASED NEW, MORE CENTRALLY LOCATED OFFICE SPACE WITH A LARGER CONFERENCE ROOM. THE NEW COMMUNITY ROOM CAN ACCOMMODATE UP TO 99 PEOPLE IN VARIOUS ARRANGEMENTS. IN 2020, PRIOR TO THE OFFICE MOVE - AND PRIOR TO THE PANDEMIC - THE CONVENING SPACE WAS USED FOR APPROXIMATELY 15 MEETINGS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

183,967.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	LEASEHOLD IMPROVEMENTS - FINAL YEAR; DISPOSALS	01/01/12		.000		HY16								62,617.	62,617.
12	FURNITURE	01/01/12	SL	5.00		HY17	99,707.				99,707.	99,151.		556.	99,707.
14	FURNITURE NEW	06/01/20	SL	5.00		HY19B	27,653.				27,653.			3,226.	3,226.
15	FURNITURE	10/01/20	SL	5.00		HY19B	14,779.				14,779.			739.	739.
16	FURNITURE	11/01/20	SL	5.00		HY19B	2,490.				2,490.			83.	83.
17	OFFICE EQUIPMENT	05/01/12	SL	5.00		HY17	4,293.				4,293.	4,293.		0.	4,293.
18	OFFICE EQUIPMENT NEW	06/01/20	SL	5.00		HY19B	82,751.				82,751.			9,655.	9,655.
19	OFFICE SOFTWARE	01/01/17	SL	5.00		HY17	13,500.				13,500.	8,100.		2,700.	10,800.
20	LEASEHOLD IMPROVEMENTS	10/10/20		90M		HY42	2,120.				2,120.			70.	70.
21	LEASEHOLD IMPROVEMENTS	06/01/20		90M		HY42	623,292.				623,292.			47,945.	47,945.
* TOTAL 990-PF PG 1 DEPR & AMORT															
CURRENT YEAR ACTIVITY															
BEGINNING BALANCE															
ACQUISITIONS															
DISPOSITIONS/RETIRED															
ENDING BALANCE															
ENDING ACCUM DEPR															

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING BOOK VALUE											631,450.			

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property) 990-PF

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020Attachment
Sequence No. 179**METTA FUND****FORM 990-PF PAGE 1****94-2992640****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	62,617.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	3,256.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		127,673.	5 YRS.	HY	SL	13,703.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	79,576.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2020 tax year:

LEASEHOLD IMPROVEMENTS	10/10/20	2,120.		90M	70.
LEASEHOLD IMPROVEMENTS	06/01/20	623,292.		90M	47,945.

43 Amortization of costs that began before your 2020 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

48,015.