Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

ax year beginning JUL 1 , 2021 and ending JUN 30 .

ч .	OI III	e 2021 Calendar year, or tax year beginning OOD 1, 2021 and	enumy U	OIN 30,	4044						
	heck if pplicab	C Name of organization		D Employer	identific	cation number					
	Addre										
	Name Chang	Doing business as		**_*	**17	23					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	numbe	r					
	Final return	6701 KOLL CENTER PARKWAY, SUITE 250		(925) 37	3-1642					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	s \$	56,755,539.					
	Amen return	ded PLEASANTON, CA 94566		H(a) Is this a	group re	eturn					
	Applie tion	F Name and address of principal officer: ROBBEE BAKER KOSAK		for subo	rdinates	? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all sub	ordinates in	cluded? Yes No					
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	lf "No," a	attach a	list. See instructions					
		te: ► WWW.HERTZFOUNDATION.ORG		H(c) Group exemption number ▶							
K F	orm o	f organization: X Corporation Trust Association Other	L Year	of formation: 1	945 <u>r</u>	1 State of legal domicile: IL					
Pa	art I	Summary									
4	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{{\bf TO}}}$	DENTIF	Y, SUPPO	ORT A	AND MENTOR					
Activities & Governance		THE TOP US PHD STUDENTS IN SCIENCE, MATH	AND E	IGINEERI	NG						
r	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its	s net ass						
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	19					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				19					
es 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5	14					
Ϋ́È	6	Total number of volunteers (estimate if necessary)			6	35					
Λcti	l				_	0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		7b	0.					
				Prior Year		Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		3,898,		9,889,719.					
Revenue	9	Program service revenue (Part VIII, line 2g)		1 475	0.	0.					
3e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,475,		6,610,167.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		F 272	0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,373, 1,913,		16,499,886. 1,773,180.					
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,913,	0.5						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,617,		0. 1,693,084.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,017,	0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 755,73	3.4		0.	0.					
Exp	17			949,	196	802,659.					
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,480,		4,268,923.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		893,		12,230,963.					
_ S		Revenue less expenses. Subtract line 18 from line 12		ginning of Curre		End of Year					
Net Assets or und Balances	20	Total assets (Part X, line 16)	100	29,213,		31,929,987.					
Asse Bals	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	·····	2,631,		2,010,575.					
-Ret	22	Net assets or fund balances. Subtract line 21 from line 20		26,582,		29,919,412.					
	rt II	Signature Block									
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the b	est of my	knowledge and belief, it is					
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			-	,					
Sign	n	Signature of officer		Date							
Her	е	ROBBEE BAKER KOSAK, PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date	Check [PTIN					
Paid	l	SCOTT R. SMEAD			self-employ						
	arer	Firm's name ROBERT LEE AND ASSOCIATES, LLP		Firm's	EIN 🛌	<u>**-***5496</u>					
Jse	Only	Firm's address > 999 W TAYLOR STREET, SUITE A				0 055 6550					
		SAN JOSE, CA 95126		Phone	e no. 4 0	8-855-6770					
Иay	the I	RS discuss this return with the preparer shown above? See instructions				X Yes No					

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FANNIE AND JOHN HERTZ FOUNDATION IS COMMITTED TO ENHANCING OUR
	NATION'S SECURITY AND ECONOMIC VITALITY, WHILE FUELING ITS GLOBAL
	LEADERSHIP IN SCIENCE AND TECHNOLOGY. (SEE SCHEDULE O)
	Did the annualization and adults are also if and an annual and a during the annual black of an the
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 773, 180including grants of \$1, 773, 180) (Revenue \$
ти	THE FOUNDATION'S LARGEST ANNUAL EXPENSE IS FELLOWS' TUITION AND
	STIPEND. IN FISCAL YEAR 2022, COMPENSATION PACKAGES TOTALED \$1.9M FOR
	70 STUDENTS, 43 PERCENT OF TOTAL EXPENSE. THE FOUNDATION'S GOAL IS TO
	RAISE ENOUGH SUPPORT TO FUND ALL WORTHY CANDIDATES EACH YEAR; HOWEVER,
	CURRENT RESOURCES ALLOW FOR ONLY ONE-THIRD OF ALL WORTHY CANDIDATES TO
	RECEIVE A FELLOWSHIP. TO ACHIEVE THIS GOAL, THE HERTZ FOUNDATION BOARD
	OF DIRECTORS AUTHORIZED A SIGNIFICANT BUDGET INCREASE TO BUILD THE
	CAPACITY TO MOUNT A SUCCESSFUL NATIONAL FUNDRAISING AND PUBLIC
	RELATIONS EFFORT. SOME DONORS RESTRICTED THEIR GIFTS FOR THIS PURPOSE.
	TANGIBLE RESULTS CAME QUICKLY, WITH FISCAL YEARS 2016 -2022 PRODUCING
	RECORD FUNDRAISING CASH RESULTS FROM \$2.3M IN FISCAL YEAR 2016 TO
	\$9.58M IN FISCAL YEAR 2022. (SEE SCHEDULE O)
4b	(Code:) (Expenses \$ 783, 455. including grants of \$) (Revenue \$)
	THE FOUNDATION'S TIME-TESTED PROCESS FOR SELECTING FELLOWSHIP
	RECIPIENTS IS THE MOST RIGOROUS IN THE US. 650 APPLICATIONS WERE
	RECEIVED AND REVIEWED BY THE SELECTION COMMITTEE, COMPRISED OF THE
	NATION'S LEADING SCIENTISTS, ENGINEERS, AND MATHEMATICIANS, MANY OF
	THEM HERTZ FELLOWS. FOLLOWING TWO ROUNDS OF IN-PERSON INTERVIEWS, THE
	FOUNDATION AWARDS FELLOWSHIPS TO A GROUP OF 12 OR MORE CANDIDATES; MORE
	IF THE FOUNDATION'S RESOURCES ALLOW. THE PROGRESS OF THE IN-SCHOOL
	FELLOWS IS MONITORED IN A VARIETY OF WAYS, INCLUDING A REQUIRED ANNUAL
	MEETING WITH A MEMBER OF THE SENIOR SELECTION COMMITTEE MID-YEAR
	CHECK-INS WITH STAFF AND INTERVIEWERS, AND COMPLETION OF ANNUAL
	PROGRESS REPORTS.
	F60 00F
4c	(Code:) (Expenses \$560,905. including grants of \$) (Revenue \$) THE FOUNDATION PROVIDES A LIFELONG NETWORK TO THE 1200+ FELLOWS,
	INCLUDING MENTORING, PROFESSIONAL DEVELOPMENT WORKSHOPS, AND
	COLLABORATION OPPORTUNITIES. THE ANNUAL SUMMER WORKSHOP AND ANNUAL
	RETREATS HAVE LED TO SIGNIFICANT BREAKTHROUGHS IN RESEARCH, DEVELOPMENT
	OF GAME-CHANGING TECHNOLOGIES AND NEW CONNECTIONS WITH OTHER TOP
	SCIENTISTS AND INNOVATORS. THE FOUNDATION ALSO FACILITATES MENTORING
	RELATIONSHIPS AMONG FELLOWS TO SUPPORT THEIR PROFESSIONAL GROWTH AND
	WORKS WITH FELLOWS TO BUILD TAILORED INTERNSHIP EXPERIENCES. A LARGE
	PORTION OF THESE EXPENSES ARE OFFSET BY RESTRICTED GIFTS FROM HERTZ
	FELLOWS. (SEE SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,117,540.
	- 000

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		X
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ ₃₇
	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		<u> X</u>
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х

132003 12-09-21

Form **990** (2021)

Form 990 (2021) FANNIE AND JOHN HERTZ FOUNDATION
Part IV Checklist of Required Schedules (continued)

	- Issuerius -		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
12200	1 12 00 21	Eorm	990	(2021)

Form 990 (2021) FANNIE AND JOHN HERTZ FOUNDATION

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

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	14							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ıs								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		_X_				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).	5a		Х				
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	anization solicit	6a		Х				
	any contributions that were not tax deductible as charitable contributions?									
р	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
-	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).	rviceo :	provided to the payor?	70		X				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	i vices	orovided to the payor?	7a 7b						
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	oc roa	uirod	7.5						
·	to file Form 8282?	as req	ulleu	7c		х				
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		•	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X				
g										
_										
8										
	sponsoring organization have excess business holdings at any time during the year?									
9										
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:		1							
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:	1	I							
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	l								
	amounts due or received from them.)	11b	•	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a						
а	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								
c	Enter the amount of reserves on hand	13c								
	Did the consideration and the constant of the fact of the control		1	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		Х				
	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	t incoi	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any								
	activities 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		1					
		_	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	9						
	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 1b1	9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		7.7					
	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			37				
_	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		_X_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v				
	more members of the governing body?	7a		<u>X</u>				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		х				
•	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	00	Х					
a h		8a 8b	X					
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 23					
9	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.)	9		21				
	This Section B requests miormation about policies not required by the internal nevertile Code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
-	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					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
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	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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	Х					
	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		<u>X</u>				
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							
800	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure	\ шт	тт	IZ C				
17	List the states with which a copy of this Form 990 is required to be filed >CA, AL, AK, AR, AZ, CO, CT, FL, GZ							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(5)	ys only)	avallat	ые				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)							
10	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finan	oial					
19		ıu ıınan	uai					
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records							
20	THOMAS ROISUM - (925) 390-3834							
	6701 KOLL CENTER PARKWAY, SUITE 250, PLEASANTON, CA 94566							
10000	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2021)				

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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 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) Name and title	(B) Average	(do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box, offic	, unles	ss per	son is	s both	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID GALAS	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) STEPHEN FANTONE	2.00									•
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CARLA NEWMAN	0.50									•
SECRETARY	0.50	Х		Х			<u> </u>	0.	0.	0.
(4) PAUL M YOUNG	0.50			,,						_
TREASURER	10.00	X		Х				0.	0.	0.
(5) PHILLIP WELKOFF	10.00	7,7		3,7						0
SENIOR FELLOWSHIP INTERVIE	0.50	X		Х				0.	0.	0.
(6) M MICHAEL ANSOUR	0.50									0
DIRECTOR CANADA	0.50	Х						0.	0.	0.
(7) ELISE CAWLEY	0.50	7.7								0
OIRECTOR (8) ROGER FALCONE	0.50	Х						0.	0.	0.
	0.50	Х							0.	0
DIRECTOR (9) SAMUEL FULLER	0.50	Λ						0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(10) DANIEL GOODMAN	0.50	Λ						· ·	0.	0.
DIRECTOR	0.30	Х						0.	0.	0.
(11) ROSEMARIE HAVRANEK	0.50	Λ						0.	0.	0.
DIRECTOR	0.50	х						0.	0.	0.
(12) RICHARD B MILES	0.50	21						0.	0.	<u> </u>
DIRECTOR	0.30	х						0.	0.	0.
(13) AMIR NASHAT	0.50							•		
DIRECTOR	0.00	х						0.	0.	0.
(14) HAROLD J NEWMAN	0.50								•	• •
DIRECTOR	1133	х						0.	0.	0.
(15) COOPER RINZLER	0.50							1		
DIRECTOR		Х						0.	0.	0.
(16) MONIKA SCHLEIER-SMITH	0.50									
DIRECTOR		Х						0.	0.	0.
(17) RAY SIDNEY	0.50									
DIRECTOR		Х						0.	0.	0.

Form **990** (2021)

Form 990 (2021) FANNIE A									**_*	**1	723	Pa	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average	. Danitian							(E)		Γ0	(F)	. d
Name and title	hours per week (list any hours for related organizations below line)	tee or director box	not c	heck ess per nd a d	more rson i	than dis both	tee)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on amount of other compensat SC/ from the			of tion e ion ed
(18) LEE SWANGER DIRECTOR	0.50	X						0.		0.			0.
(19) ROBBEE BAKER KOSAK PRESIDENT	35.00	^		x				391,587.		0.	58	3,7	
(20) CHARLES WINGARD CHIEF FINANCIAL OFFICER	17.50	_		х				93,248.		0.		3,98	
		-											
		-											
								484,835.		0.	7	2,72) E
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 484,835.		0.		2,72	0.
2 Total number of individuals (including but a compensation from the organization							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable			,	1
3 Did the organization list any former officer	•		•	•	•		•		•	1		Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	Х	X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor 	accrue comper	nsati	on f	rom	any	unre	elate	ed organization or individ	dual for services		5	^	Х
Section B. Independent Contractors													
Complete this table for your five highest countries the organization. Report compensation for	•	•						the organization's tax y	•	bensar			
(A) Name and business	address	N	INC	Ξ				(B) Description of s	services	C	(Comper		n
Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lir	nited	d to	thos (_	ted	above) who received me	ore than				
											Form 9	990 (2	2021)

132008 12-09-21

Form 990 (2021) FANNIE Part VIII Statement of Revenue

			Check if Schedule O c	onta	nins a r	esnonse (or note to any lin	e in this Part VIII			
			Officer if Octricadic O c	Onta	uns an	СЭРОПЭС	or flote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenuè excluded
									function revenue	business revenue	from tax under sections 512 - 514
											Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns			1a					
iz a			Membership dues			1b					
s, C		С	Fundraising events			1c					
ä		d	Related organizations			1d					
s, C		е	Government grants (contri	butio	ons)	1e	446,891.				
is is		f	All other contributions, gifts,	grants	s, and						
he			similar amounts not included			1f	9,442,828.				
를		а	Noncash contributions included in I		Г	1g \$	247,972.				
Son		•	Total. Add lines 1a-1f		_		•	9,889,719.			
<u> </u>			Totall / Ida iii ioo Ta Ti				Business Code	, ,			
_	•	_					Buomoco Goud				
ice	2										_
er ne		b									
n S		С									_
Ja Se		d									
Program Service Revenue		е									
Δ.			All other program service r								
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)					565,807.			565,807.
	4		Income from investment of	f tax	-exemp	ot bond p	roceeds				
	5		Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)								
			Gross amount from sales of	ΠÏ		ecurities	(ii) Other				
	•	u	assets other than inventory	7a	- ' '	00,013.	()				
		h	Less: cost or other basis	74		, , , , , ,					
ø)		D	and sales expenses	76	40 2	48 851	6,802.				
ň		_	Onin and (lane)	70	6 0	51,162.	-6,802.				
Revenue			Gain or (loss)					6,044,360.			6044360.
Ä			Net gain or (loss))	6,044,360.			6044360.
ther	8	а	Gross income from fundraisin		-						
٥			including \$			I .					
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from f								
	9	а	Gross income from gamine	g act	tivities.	. See					
			Part IV, line 19			<u>9a</u>					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from (gami	ng act	ivities	<u> </u>				
	10	а	Gross sales of inventory, le	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from s								
							Business Code				
snc	11	а									
ine Due		b									
ella		С				_					
Miscellaneous Revenue			All other revenue								
≥			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					16,499,886.	0.	0.	6610167.

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,773,180.	1,773,180.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F21 100	201 100	142 060	06 021
	trustees, and key employees	531,100.	301,109.	143,960.	86,031.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	000 713	442 421	10 071	255 201
7	Other salaries and wages	809,713.	443,421.	10,971.	355,321.
8	Pension plan accruals and contributions (include	186,370.	102,827.	21,716.	61 007
_	section 401(k) and 403(b) employer contributions)			10,513.	61,827. 36,885.
9	Other employee benefits	75,999. 89,902.	28,601. 48,917.	10,513.	30,885.
10	Payroll taxes	03,304.	40,91/•	10,343.	30,030.
11	Fees for services (nonemployees):				
a	Management	23,865.	5,015.	9,028.	9,822.
	F	44,068.	13,220.	24,238.	6,610.
	Accounting	44,000.	13,220.	24,250.	0,010.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	65,443.		65,443.	
g	Other. (If line 11g amount exceeds 10% of line 25,	03/1130		03,1131	
9	column (A), amount, list line 11g expenses on Sch 0.)	283,937.	195,472.	35,077.	53,388.
12	Advertising and promotion	9,895.	6,067.	1,449.	2,379.
13	Office expenses	64,927.	19,866.	13,406.	31,655.
14	Information technology	10,933.	8,179.	1,386.	1,368.
15	Royalties	,	·		•
16	Occupancy	132,585.	63,055.	34,732.	34,798.
17	Travel	91,855.	56,954.	410.	34,491.
18	Payments of travel or entertainment expenses	-	-		-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,173.	20,073.	1,165.	4,935.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,036.	3,518.	1,759.	1,759.
23	Insurance	17,005.	8,502.	4,251.	4,252.
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.)	10 564	10 564		
а	AWARDS AND CONTRIBUTION	19,564. 5,373.	19,564.	E 100	1 77
b	BANK FEES	5,5/5.		5,196.	177.
C					
d	All other evenesses				
		4,268,923.	3,117,540.	395,649.	755,734.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±,200,323•	J, 111, J4U•	333,0430	133,134.
∠0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				
	11 Tollowing Got 30-2 (AGO 300-720)				000

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet								
		Check if Schedule O contains a response or r	note to a	ny line in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing		2,397,095.	1	1,615,468.				
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net			4,411,134.	3	4,285,033.			
	4	Accounts receivable, net			4	42,749.				
	5	Loans and other receivables from any current								
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%						
		controlled entity or family member of any of the	nese per	sons		5				
	6	Loans and other receivables from other disqu	Loans and other receivables from other disqualified persons (as defined							
		under section 4958(f)(1)), and persons describ		6						
s,	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
¥	9	Donate Salar and a second of a formal distance of			76,050.	9	280,878.			
	10a	Land, buildings, and equipment: cost or other	-							
		basis. Complete Part VI of Schedule D								
	b	Less: accumulated depreciation	10b	2,336.	14,101. 22,312,492.	10c	13,550. 25,679,969.			
	11	Investments - publicly traded securities		22,312,492.	11	25,679,969.				
	12	Investments - other securities. See Part IV, lin		12						
	13	Investments - program-related. See Part IV, lin		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11	2,938.	15	12,340.					
	16	Total assets. Add lines 1 through 15 (must e			29,213,810.	16	31,929,987.			
	17	Accounts payable and accrued expenses	1	212,121.		194,615.				
	18	Grants payable	2,011,166.	18	1,798,351.					
	19	Deferred revenue			19					
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complet				21				
es	22	Loans and other payables to any current or fo								
Liabilities		trustee, key employee, creator or founder, sul								
ja p		controlled entity or family member of any of the			400 400	22				
_	23	Secured mortgages and notes payable to unr			402,493.	23				
	24	Unsecured notes and loans payable to unrela				24				
	25	Other liabilities (including federal income tax,								
		parties, and other liabilities not included on lin			5,544.	0.5	17,609.			
	06	of Schedule D			2,631,324.	25 26	2,010,575.			
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook bo	ro N Y	2,031,324.	20	2,010,373.			
S		and complete lines 27, 28, 32, and 33.	neck ne	ie ZZ						
ü	27	• • • • • • • • • • • • • • • • • • • •			13,480,422.	27	12,642,017.			
ala	28				13,102,064.	28	17,277,395.			
D D	20	Organizations that do not follow FASB ASC		eck here	15,102,004.	20	17,277,333.			
臣		and complete lines 29 through 33.	, 900, Ci	leck liefe						
<u></u>	29	Capital stock or trust principal, or current fund	de			29				
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30				
Ass	31	Retained earnings, endowment, accumulated		Г		31				
et/	32				26,582,486.	32	29,919,412.			
Z	33	Total liabilities and net assets/fund balances			29,213,810.	33	31,929,987.			
		Total habilitios and not assets/fund balances				_ 50	Form 990 (2021)			

Form **990** (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	<u>,49</u>	9,8	<u>86.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,26	8,9	23.				
3	Revenue less expenses. Subtract line 2 from line 1	3	12	,23	0,9	63.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26									
5										
6	Donated services and use of facilities	6		1	0,4	00.				
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	29	,91	9,4	12.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					X				
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate									
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin									
	Act and OMB Circular A-133?			3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	it							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h						

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization **-***1723 FANNIE AND JOHN HERTZ FOUNDATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		• •	• •			
	membership fees received. (Do not						
	include any "unusual grants.")	4627000.	5269852.	3817029.	3898426.	9889719.	27502026.
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	460000	5060050	2015000	2000406	0000510	0.0000
	Total. Add lines 1 through 3	4627000.	5269852.	3817029.	3898426.	9889719.	27502026.
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,						12541075
_	column (f)						13541875. 13960151.
	Public support. Subtract line 5 from line 4.						<u> тээоотэт.</u>
		(a) 0017	/h) 0010	/=\ 0010	(4) 0000	(=) 0001	(6) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2017 4627000.	(b) 2018 5269852.	(c) 2019 3817029.	(d) 2020 3898426.	(e) 2021 9889719	(f) Total 27502026.
	***************************************	<u> </u>	3203032.	3017023.	3030420.	7007717.	27302020.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	456,159.	488,688.	457,092.	473,805.	565,807.	2441551.
9	Net income from unrelated business	430,133.	400,000.	457,052.	473,003.	303,007.	2441331.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						29943577.
12	Gross receipts from related activities,	etc (see instruction	nne)			12	<u> </u>
	First 5 years. If the Form 990 is for th	•	,				
	organization, check this box and stor						
Sec	tion C. Computation of Publi		centage				<u>, </u>
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	46.62 %
15							
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶∐
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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		
0-		
3a		
3b		
0-		
3с		
4a		
Al.		
4b		
4c		
5a		
5b		
5c		
6		
7		
1		
8		
9a		
30		
9b		
9c		
10a		
10b		

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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% 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 B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.	. د المرسل	اء	
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instactivities Test. Answer lines 2a and 2b below.	truction	S). Yes	No
2			168	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	ΛL		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the experienting base the power to require the power to releast a majority of the officers directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

S - I	dule A (Form 990) 2021 FANNIE AND JOHN HERTZ FO	TINID 7	ATT ON	**-***1723 Page 6		
	dule A (Form 990) 2021 FANNIE AND JOHN HERT'Z FO		nizations	1/23 Page 6		
1						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	Section A - Adjusted Net Income (A) Prior Year (b) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				

1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).				
7	Check here if the current year is the organization's first as a non-functionally in	ntoara	ted Type III supporting organ	nization (see

6

7 8

instructions).

Schedule A (Form 990) 2021

Current Year

Multiply line 5 by 0.035.

Section C - Distributable Amount

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GATES FOUNDATION	1,366,720.	767,848.
RAYMOND SIDNEY	683,000.	84,128.
NATHAN MYHRVOLD AND ROSEMARIE HAVRANEK	2,026,000.	1,427,128.
PAUL YOUNG	853,359.	254,487.
TANSY CHARITABLE FOUNDATION	4,525,000.	3,926,128.
P MICHAEL FARMWALD	1,422,370.	823,498.
LEE SWANGER	2,456,402.	1,857,530.
ANAOYMOUS	5,000,000.	4,401,128.
Total Excess Contributions to Schedule A, Part II, Line 5		13,541,875.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

FANNIE AND JOHN HERTZ FOUNDATION

Employer identification number

-*1723

Organization type	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990	-EZ X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a sec	ganization is covered by the General Rule or a Special Rule . etion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
section: contribu	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).					

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FANNIE AND JOHN HERTZ FOUNDATION

-*1723

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	DONOR 6701 KOLL CENTER PARKWAY, SUITE 250 PLEASANTON, CA 94566	\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DONOR 6702 KOLL CENTER PARKWAY, SUITE 250 PLEASANTON, CA 94567	\$\$	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	DONOR 6703 KOLL CENTER PARKWAY, SUITE 250 PLEASANTON, CA 94568	\$ <u>1,456,057</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and ZiF + 4	\$	Person Payroll Ocomplete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

FANNIE AND JOHN HERTZ FOUNDATION

-*1723

Part 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
		. \$	
123453 11-11	-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** **-***1723 FANNIE AND JOHN HERTZ FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from

Part I

(b) Purpose of gift

(d) Description of how gift is held

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

FANNIE AND JOHN HERTZ FOUNDATION

Employer identification number **-***1723

Schedule D (Form 990) 2021

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(b) Fun	ds 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 v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	nandling of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	▶ \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r 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	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic 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 treatments	asures, or other simila	ar as	sets for financial	gain, p	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						\$

132051 10-28-21

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

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Sim	ilar Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	ollowing that make	significa	nt use of its	,	
	collection items (check all that apply):			-				
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mpt pu	roose in Part	XIII.	
5	During the year, did the organization solicit or	·	•	•		•		
Ū	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Par		9-			,,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contribution	s or other assets not	include	ed		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
	· · ·	•	-				Amount	
С	Beginning balance				1	С		
	Additions during the year					d		
	Distributions during the year					е		
f	Ending balance					lf		
2a	Did the organization include an amount on Fo						Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XIII	·			
Pai	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four	years back
1a	Beginning of year balance	10,865,275.	9,144,590.	8,792,620.		7,854,321.	5,	656,223.
b	Contributions	5,000,000.	176,617.	178,983.		649,400.	1,	914,326.
С	Net investment earnings, gains, and losses	-986,883.	1,847,879.	453,600.		510,853.		487,440.
d	Grants or scholarships	379,435.	303,811.	280,613.		221,954.	203,668.	
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	14,498,957.	10,865,275.	9,144,590.		3,792,620.	7,	854,321.
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a. column (a) held as:	•		•	
	Board designated or quasi-endowment	10.4000	%	,				
b	Permanent endowment ► .0000	%	—					
		<u></u> , ·						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered for t	he orga	nization		
	by:	Ü			Ü			Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	Х
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule B?				3b	
4	Describe in Part XIII the intended uses of the						0.0	
<u> </u>	t VI Land, Buildings, and Equipm		William Tarido.					
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part X	, line 10).		
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumu	lated	(d) Book	value
	2 coonpains of property	basis (investn			epreciat		(4, 200.	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other		1	5,886.	2 .	336.	13	3,550.
	I. Add lines 1a through 1e. (Column (d) must e					The state of the s		3,550.
<u>. J.u</u>		<u>quai i Uiiii 330, Fäll</u>	n, colullii (b), liile T			···· • I		, = 3 0 .

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FANNIE AND	JOHN HERTZ FO	UNDATION	**-***1723 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		44.1.0 5 000 5 17.1. 45	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(Is) De aleccales
·) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	ne 15.)		>
	Law Farma 000 Dart IV line	11. a. 11. Car Faura 000 Bart V lin	- 05
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			17.600
(2) DEFERRED REVENUES			17,609.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			17 609.
Total (Column (b) must say at Form 000 Port V and (D) lim	0F)		▶ / 609.

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

Schedule D (Form 990) 2021

	T XI Reconciliation of Revenue per Audited Financial Statement		an moremus per me		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	۱.			
1	Total revenue, gains, and other support per audited financial statements			1	7,540,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ī		
а	Net unrealized gains (losses) on investments	. 2a	-8,904,436.		
b	Donated services and use of facilities	2b	10,400.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	-8,894,036.
3	Subtract line 2e from line 1			3	16,434,443.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,443.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	65,443.
5				5	16,499,886.
De					
ra	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F	Retur	
ra	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per F	Retur	n.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per F	Retur 1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per F		n.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F		n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F		n.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	ith Expenses per F		n.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ith Expenses per F		n.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ith Expenses per F		4,203,480. 0.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per F	1	4,203,480.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per F	1 	4,203,480. 0.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ith Expenses per F	1 	4,203,480. 0.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	ith Expenses per F	1 	0. 4,203,480.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	65,443.	1 	0. 4,203,480. 0. 4,203,480.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	65,443.	2e 3	0. 4,203,480.

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

PART X, LINE 2:

THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND WILL RECOGNIZE A LOSS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS THAT CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. AS OF JUNE 30, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	${ t FANNIE}$	AND	JOHN	HERTZ	FOUNDATION	**-***1723	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	mation /	· · · · · · · · · · · · · · · · · · ·					
Ture Ain Supplemental lines	ination (con	iinuea)					

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

Schedule I (Form 990) 2021

Name of the organization F	Employer identification number **-**1723							
Part I General Informat			RTZ FOUNDAT					1,10
 Does the organization m criteria used to award th Describe in Part IV the o 	ne grants or assist	tance?						on X Yes No
Part II Grants and Other	Assistance to D	Domestic Organiz		Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address or governmen		(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
2 Enter total number of se3 Enter total number of ot	. , , ,	•		e line 1 table	<u> </u>	<u> </u>	<u> </u>	>

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

(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
PELLOWSHIPS	60	1,773,180.	. 0.	FMV	
		, ,			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	n (b); and any other ac	dditional information.	
PART I, LINE 2:					
AFTER FUNDING, THE SENIOR INTERVIE	WER OR A	MEMBER OF	THE SELECT	ION	
COMMITTEE LIAISE WITH THE FELLOWS	TO PROVID	E ADVICE A	AND OVERSIG	HT AS	
NECESSARY. THE STAFF REQUEST PROG	RESS REPO	RTS FROM I	FACULTY ADV	ISORS TWICE	
ANNUALLY AND FORWARD THE REPORTS T	O THE SEN	IOR INTERV	VIEWER FOR	REVIEW.	

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

Employer identification number FANNIE AND JOHN HERTZ FOUNDATION **-***1723

			Yes	No
1 a	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			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
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	Х	
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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	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:			
	Receive a severance payment or change-of-control payment?	4a		X
	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		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			37
a	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			7
a	The organization?	6a		X
b	Any related organization?	6b		
_	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	_		v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			У
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBBEE BAKER KOSAK	(i)	391,587.	0.	0.	58,738.	0.		0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
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	ii)							
	'') (i)							
	ii)							
-	, (i)							
	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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

	FANNIE AND J	OHN HE	RTZ FOUNDA	ATION	**_*	**17	723	
Pai					1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	7	247,972.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II		,, , , , ,		,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

FANNIE AND JOHN HERTZ FOUNDATION

Employer identification number **-**1723

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUR MISSION IS TO IDENTIFY THE NATION'S MOST PROMISING YOUNG INNOVATORS IN SCIENCE AND TECHNOLOGY AND EMPOWER THEM TO PURSUE SOLUTIONS TO THE NATION'S TOUGHEST CHALLENGES. LAUNCHED IN 1963, THE HERTZ FELLOWSHIP IS THE MOST SELECTIVE GRADUATE FELLOWSHIP PROGRAM IN THE US, FUELING MORE THAN 1,200 LEADERS AND DISRUPTERS WHO APPLY THEIR REMARKABLE TALENTS FROM IMPROVING HEALTHCARE AND ADDRESSING CLIMATE WHERE NEEDED MOST CHANGE TO PROTECTING OUR NATION'S CRITICAL INFRASTRUCTURE. THROUGH THIS POWERFUL AND CONNECTED COMMUNITY, HERTZ FELLOWS BUILD LASTING RELATIONSHIPS THAT ACCELERATE THEIR CAREERS AND DEEPEN THE IMPACT OF THEIR WORK. HERTZ FELLOWS INCLUDE NOBEL PRIZE WINNERS, HOLD 3,000+ HAVE FOUNDED 200+ COMPANIES, AND HAVE RECEIVED 200+ MAJOR NATIONAL AND INTERNATIONAL AWARDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MOREOVER, ON AVERAGE 28 PERCENT OF FELLOWS NOW MAKE ANNUAL GIFTS TO THE

FOUNDATION, A LEVEL OF SUPPORT THAT FAR EXCEEDS GRADUATE SUPPORT TO

MOST ELITE RESEARCH UNIVERSITIES. IN FISCAL YEAR 2016, THE BOARD OF

DIRECTORS ESTABLISHED A GOAL OF WITHDRAWING 5 PERCENT OR LESS OF THE

FOUNDATION'S CORPUS (INCLUDING INVESTMENT INCOME AND GAINS IN VALUE) BY

FISCAL YEAR 2020; THIS GOAL WAS ACHIEVED TWO YEARS EARLY IN FISCAL YEAR

2018.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOUNDATION HAS ESTABLISHED SEVERAL AWARDS TO HIGHLIGHT EARLY-CAREER

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

FANNIE AND JOHN HERTZ FOUNDATION

Employer identification number **-***1723

FELLOWS WHO ARE MAKING AN ACCELERATED IMPACT WITH THEIR WORK: THE HERTZ

DOCTORAL THESIS PRIZE, THE PETER STRAUSS AWARD, AND THE HAROLD NEWMAN

AND DAVID GALAS ENTREPRENEURIAL INITIATIVE. THE LATTER TWO ARE FUNDED

BY A DONOR. THE SELECTION AND MENTORING OF IN-SCHOOL FELLOWS

REPRESENTED 21 PERCENT OF TOTAL EXPENSE. WERE \$467,966 (11 PERCENT OF TOTAL EXPENSE).

FORM 990, PART VI, SECTION A, LINE 2:

ONE DIRECTOR IS THE DAUGHTER OF ANOTHER DIRECTOR.

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

THE DRAFT OF THE FORM 990 WAS APPROVED BY THE BOARD OF DIRECTORS. THE FORM 990 IS POSTED ON THE FOUNDATION'S WEBSITE, WWW.HERTZFOUNDATION.ORG.

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

EACH DIRECTOR, OFFICER, AND EMPLOYEE OF THE FOUNDATION SIGNS AN ANNUAL

DISCLOSURE STATEMENT AFFIRMING THAT THE PERSON HAS RECIEVED A COPY OF THE

CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTOOD THE POLICY, HAS AGREED

TO COMPLY WITH THE POLICY, AND DISCLOSES ANY DIRECT OR INDIRECT

AFFILIATIONS. ALL ANNUAL DISCLOSURE STATEMENTS ARE SUBMITTED TO THE

PRESIDENT OF THE FOUNDATION PRIOR TO THE FIRST MEETING OF THE BOARD OF

DIRECTORS IN THE FOLLOWING YEAR.

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

THE PRESIDENT IS UNDER A CONTRACT DATED 7/18/19; THIS YEAR A 3% RAISE WAS

APPROVED BY BOTH THE FINANCE AND EXECUTIVE COMMITTEES. THIS CONTRACT

PROVIDES FOR COMPENSATION INCREASES BASED ON EXTERNAL DATA (GUIDESTAR) AND

DEPENDS ON THE FINANCIAL CONDITION OF THE FOUNDATION IN THE BOARD'S

October 2016

Schedule O (Form 990) 2021	Page 2
lame of the organization FANNIE AND JOHN HERTZ FOUNDATION	Employer identification number **-**1723
DISCRETION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, AL, AK, AR, AZ, CO, CT, FL, GA, HI, IL, KS, KY, MA, ME, MD, MI, MN, MS,	NC, ND, NH, NJ, NM, NY
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	_
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION IRS FORM 990 AND THE INDEPENDENT AUDIT REP	ORT AND FINANCIAL
STATEMENTS ARE PUBLISHED ON ITS WEBSITE AT WWW.HERTZFOUND	ATION.ORG. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE D	ISTRIBUTED TO THE
BOARD MEMBERS AND EMPLYEES. THEY ARE NOT ORDINARILY MADE	AVAILABLE TO THE
PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT	'S DISCRETION.
FORM 990, PART VII, LINE 2:	
THE FOUNDATION MAINTAINS AN AUDIT COMMITTEE THAT ASSUMES	ТНАТ
RESPONSIBILITY OVER THE OVERSIGHT OF THE AUDIT. THE PROCE	SS DID NOT
CHANGE DURING THE FISCAL YEAR.	
	_
	_

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
2	OFFICE EQUIPMENT	01/01/15	SL	5.00		16	15,886.				15,886.	2,336.		0.	2,336.
	* TOTAL 990 PAGE 10 DEPR						15,886.				15,886.	2,336.		0.	2,336.

^{128111 04-01-21}

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone