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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A			lendar year, or tax year beginning ${ m JUL}$	1, 2	008	ā	and end	ling JUN	30,	2009
B 	Check if applicab Addres change	ole Please	C Name of organization					C	Employer	identification number
F	chang Name chang	label or	MOUNTAIN VIEW EDUCATION	AL FO	UNDAT	ION			77-0	0006770
一	Initial	type	Number and street (or P O box, if mail is not deliv				1	Room/suite E		
Ē	Term	nn- Specific	P.O. BOX 391557		·					-526-3500
F	Amer	nded tions	City or town, state or country, and ZIP + 4		_	_		F	Group Ex	
F	returi Applic pendir	ation	MOUNTAIN VIEW, CA 9403	9-155	7			["	Number	
_			(3) organizations and 4947(a)(1) nonexempt charita			a compl		G Accounts		X Cash Accrual
	- 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Schedule A (Form 990 or 990-EZ)			u comp.	Ciou	Other (sp		
<u> </u>	Wohsil	te· > WW	W.MVEF.ORG					H Check		the organization is not
			(check only one)— X 501(c) (3) ◀ (inse	rt no)	4947(a)(1	i) or [527	1		dule B (Form 990, 990-EZ, or 990-PF)
	Check		the organization is not a section 509(a)(3) supporting							
			organization chooses to file a return, be sure to file a	-	-		o.pto aro		ioro tilali q	20,000 71 1010111 10 1101
1			nd 7b, to line 9 to determine gross receipts, if \$1,000			990 inst	ead of Fo	orm 990-F7	→ 3	435,990.
_	art I		nue, Expenses, and Changes in Net							
<u></u>	1		ns, gifts, grants, and similar amounts received		·····		<u>`</u>		1	334,849.
	2		ervice revenue including government fees and contrac	ets					2	
	3	•	p dues and assessments						3	
	4	Investment	•						4	
	5a		unt from sale of assets other than inventory	STM	T 2	5a		2,06		
	h		or other basis and sales expenses			5b	_	14,64		
			ss) from sale of assets other than inventory (Subtract	line 5b from	ם m line 5a) /a		nedule)		5c	<12,583.>
ā	6	-	ents and activities (complete applicable parts of Sched				-	heck here	\ -	122,000
enc	a	•	• • • • • • • • • • • • • • • • • • • •	f contributi	•	, g .	y , o.		_	
ě	-	reported or	· · · · · · · · · · · · · · · · · · ·		1	6a		94,48	3.	
≝	l h	•	t expenses other than fundraising expenses			6b		29,90	6.	
2010Revenue	C		or (loss) from special events and activities (Subtract	line 6b fro	m line 6a)			7	6c	64,577.
_	7a		s of inventory, less returns and allowances			7a			55	
- N	Ь		of goods sold		<u> </u>	7b				
	C		t or (loss) from sales of inventory (Subtract line 7b fr	om line 7a\		_ `			70	
JAN	8		ine (describe > INTERESTS) 8	4,597.
-	g		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	R	ECEN	VED)		9	391,440.
exabaraned	10		similar amounts paid (attach schedule)	4		1	10		10	
\mathbf{Z}	11		id to or for members	E2-674	IANI M M	2010	RS-OSC		11	0.
	12	•	her compensation, and employee benefits	12	JAN 2 2	2010	ည်		12	19,500.
©	13	· ·	al fees and other payments to independent contractor				_기뉴[13	7,411.
∰	14		, rent, utilities, and maintenance		GDEN	l. U	T		14	
ω	15	-	iblications, postage, and shipping		<u> </u>				15	22,754.
	16		nses (describe		SI	EE S	TATE	MENT 1		355,098.
	17		nses. Add lines 10 through 16	-		-			17	404,763.
	18		deficit) for the year (Subtract line 17 from line 9)						18	<13,323.>
ets	19		or fund balances at beginning of year (from line 27, c	olumn (A))						
1SS	'		e with end-of-year figure reported on prior year's retu						19	348,750.
Net Assets	20	-	ges in net assets or fund balances (attach explanation	•	SI	EE S	TATE	MENT 3	20	<21,558.>
Z	21		or fund balances at end of year. Combine lines 18 thre	-					▶ 21	313,869.
P	art II		ce Sheets. If Total assets on line 25, column (00,000 or m	ore, file l	Form 990	Instead of Fo		
			(See the instructions for Part II)					Beginning of y		(B) End of year
22	? Cas	sh, savings. a	and investments			Ì		148,3		148,203.
23		d and buildi						- · · · · · · · · · · · · · · ·	23	·
24			escribe INVESETMENT		_)		200,4		165,886.
25		al assets						348,7		314,089.
26			(describe ► SALES TAX LIABIL	ITIES		,		<u></u>	0.26	200
27			and balances (line 27 of column (8) must agree with i					348,7		
	171 17-08		or Privacy Act and Paperwork Reduction Act Notice,		structions fo	r Form 9	90.		•	Form 990-EZ (2008)

Form 990-EZ (2008) MOUNTAIN VIEW EDUCATION			<u> 77-</u>	<u> 00067</u>	70 Page 2
Part III Statement of Program Service Accomplish	ments (See the instructions for	Part III)		E	penses
What is the organization's primary exempt purpose? SEE STATEME				(Required	for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purpose		escribe the services			ganizations and) trusts, optional
provided, the number of persons benefited, or other relevant information for ea		oscillo the solvious		for others	
28 SEE STATEMENT 5				 	
(Grants \$) If this amount includes fore	Ign groots, shook have			28a	301,500.
	ign grants, check here		لسيسا	204	301,300.
29				1 1	
(Grants \$) If this amount includes fore	ign grants, check here	<u> </u>		29a	
30					
			_		
(Grants \$) If this amount includes fore	ign grants, check here			30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes fore	ign grants, check here		<u> </u>	31a	201 500
32 Total program service expenses (add lines 28a through 31a)				32	301,500.
Part IV List of Officers, Directors, Trustees, and Ke	EY Employees. List each one en	ven if not compensated			or Part IV)
	(b) Title and average hours	(c) Compensation		ntributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		mployee fit plans &	account and
	position	-0)		eferred	other allowances
			com	pensation	
ROSE FILICETTI, PO BOX 391557,	EXECUTIVE DIR				
MOUNTAIN VIEW, CA 94039	15.00	19,500.		0.	0.
LAURA BLAKELY, PO BOX 391557,	PRESIDENT				
MOUNTAIN VIEW, CA 94039	3.00	0.		0.	0.
KATHY THIBODEAUX, PO BOX 391557,	· · · · · · · · · · · · · · · · · · ·	PONSOR	1		
MOUNTAIN VIEW, CA 94039	3.00	0.		0.	0.
GREG FOWLER, PO BOX 391557, MOUNTAI	SECRETARY		i		
VIEW, CA 94039	3.00	0.		0.	0.
JESSICA WORTHY, PO BOX 391557,	TREASURER				
MOUNTAIN VIEW, CA 94039	3.00	0.		0.	0.
MIKE COBB, PO BOX 391557, MOUNTAIN	DIRECOTOR				
VIEW, CA 94039	3.00	0.	<u> </u>	0.	0.
RICHARD MARQUEZ, PO BOX 391557,	DIRECOTOR				
MOUNTAIN VIEW, CA 94039	3.00	0.		0.	0.
TODD MCCOMB, PO BOX 391557, MOUNTAI	N DIRECOTOR	·			
VIEW, CA 94039	3.00	0.		0.	0.
PHIL PALMER, PO BOX 391557, MOUNTAI	N DIRECOTOR				
VIEW, CA 94039	3.00	0.	}	0.	0.
AMANDA KELLY	DIRECOTOR				
	3.00	0.		0.	0.
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			<u> </u>		
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832172 12-17-08				Form	990-EZ (2008)

account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X 47 X 48 X 49 X 49 X	Pa	ort V Other Information (Note the statement requirements in the instructions for Part VI)			<u> </u>
34				Yes	No
35 If the organization had income from business activities, such as those reported on firms 2, 6a, and 7a (among others), but not reported on Form 990-T. a Did the organization have unrisited business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b) If Yes, first is the data tax return on Form 990-T for this year? b) If Yes, first is the data tax return on Form 990-T for this year? b) If Yes, first is the data tax return on Form 990-T for this year? b) If Yes, first is the data tax return on Form 990-T for this year? 23 Enter amount of political expenditures, direct or indirect, as described in the instructions b) Did the organization bile Form 1120-POL for this year? 23 Did the organization bile Form 1120-POL for this year? 23 Did the organization borrow from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in an aprior year and still unpact at the stant of the period covered by this return? b) If Yes, complete Schedule L, Part II and enter the total amount involved 38 Did the organization borrow from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpact at the stant of the period covered by this return? b) If Yes, complete Schedule L, Part II and enter the total amount involved 38 Did the organizations before the total amount involved 39 Section 501(c)(3) organizations Enter amount of tax miposed on the organization during the year under section 4911 ₱	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrisited business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, has it filled a fax return on Form 990-T for this year? 359 Was there a fluiduation, dissolution, terimiation, or substantial contraction during the year? If Yes, complete applicable parts of Sch N 372 Enter amount of political expenditures, direct or indirect, as described in the instructions 373 b Utile the organization brief form 1120-PCL for this year? 374 b Utile the organization brief form 1120-PCL for this year? 375 b If Yes, complete Schedule L, Part II and enter the total amount involved 386 b N/A 386 b N/A 387 b If Yes, complete Schedule L, Part II and enter the total amount involved 388 b N/A 389 Section 501(c)(?) organizations Enter 390 a N/A 390 Gross receipts, included on line 9 391 b N/A 391 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under sections 4912, 4955, and 4958 4 c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 c Enter amount of tax which a copy of this return is filed b CA 4 List the states with which a copy of this return is filed b CA 4 The books are in care of b JESSTCA WORTHY 4 List the states with which a copy of this return is filed b CA 4 The books are in care of b JESSTCA WORTHY 5 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ. In leu of Form 1041 - Check here and enter the amount of tax-exempt interest received or	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
a Did the organization have unrebited business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b 11 'Yes', has it filed a tax return on Form 990-T for this year? 25	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			ĺ
tax requirements? Mas there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N. 36		reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			l
b If Yes, has it fliefd a bix return on Form 999-T for this year? 5 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch N 5 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete spenditures, direct or indirect, as described in the instructions 5 Did the organization bit form 1120-POL for this year? 5 Did the organization bit form, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still unique at the start of the pendic covered by this return? 5 Did Yes, complete Schedule L, Part II and enter the total amount involved 5 Section 501(c)(7) organizations Enter 6 International tees and capital contributions included on line 9 7 Section 501(c)(3) organizations between the organization of the organization during the year under section 4911	а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			ĺ
36 Was there a liquidation, dissolution, leimination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N Did the organization obtriow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 37		tax requirements?	35a		
The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization hie Form 1120-PDL for this year? 37a	þ	·	35b	N/	
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still ungroal at the start of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 38c II "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(?) organizations included on line 9 99a N/A 40a Section 501(c)(3) organizations included on line 9 b Gross receipts, included on line 9, for public use of club facilities 50 Section 501(c)(3) organizations Enter amount of 12x imposed on the organization during the year under section 4911 ► 0. section 4912 ► 0. section 4912 ► 0. section 4915 ► 0. 50 Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year under sections 4912. 4955, and 4958 d Enter amount of tax imposed on organization inform a prior year? If "Yes," complete Schedule L, Part I center amount of tax in line 40c reimbursed by the organization or a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40c Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ► CA 42a The books are in care of ▶ JESSICA WORTHY 42a The books are in care of ▶ JESSICA WORTHY 42b Alany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ 2 58e the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ 3 Section 4947(a)(1) nonexemptic ch	36				X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38b N/A 39 Section 501(c)(7) organizations. Enter 39a N/A 39 Section 501(c)(7) organizations. Enter 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0, section 4912 ► 0 section 4955 ► 0 5 Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 Exceedible 1, Part I are amount of tax imposed on the organization during the year under sections 4912, 4955, and 4958 d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization engage in any section 4956 Exceedible 1, Part I are sections 4912. 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization engage in any section 4956 Exceedible 1, Part I are sections 4912. 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization engage in any section 4956 Exceedible 1, Part I are sections 4912. 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization engage in any section 4956 Exceedible 1, Part I are sections 4912. 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization engage in any section 4956 Exceedible 1, Part I are sections 4912. 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If 'Yes, complete Form 8886-T L St the states with which a copy of this return is filled ► CA Telephone no ▶ 650-559-5100 2(PP+4 ▶ 94040 ▶			<u>.</u>		
b if Yes', complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9 for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. section 4912 ▶ 0. section 4955 ★ 0. B Section 501(c)(3) and (4) organizations Did the organization engage in any section 4956 excess benefit transaction during the year under sections 4911 ★ 0. section 4912 ▶ 0. section 4912 ▶ 0. section 4956 Excess benefit transaction during the year under sections 4912, 4955, and 4958 C Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes', complete Schedule L, Part I List the states with which a copy of this return is filled ▶ CA 42a The books are in care of ▶ DESSICA WORTHY Located at ▶ P. O. BOX 391557, MOUNTAIN VIEW, CA Telephone no ▶ 650-559-5100 DAY A tany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If Yes, enter the name of the foreign country ▶ 3. Section 4917(4)(1) nonexempt charitable futurist filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year P 43 Section 4917(3)(1) nonexempt charitable futurist filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year P 45 Section 4917(3)(1) nonexempt charitable futurists filing Form 990-EZ in lieu of Form 1041 - Check he	b	Did the organization file Form 1120-POL for this year?	37b		<u> X</u>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b N/A 39 Section 501(c)(7) organizations included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4912 \(\) Q., section 4912 \(\) Q., section 4915 \(\) Q., section 4915 \(\) Q. b Section 501(c)(3) and (4) organizations bid the organization engage in any section 4956 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled \(\) CA 1 List the states with which a copy of this return is filled \(\) CA 1 List the states with which a copy of this return is filled \(\) CA 1 Located at \(\) P.O. BOX 391557, MOUNTAIN VIEW, CA 2 IP + 4 \(\) 94040 4 At any time during the calendar year, did the organization have an interest in or a signature or other financial account; If "Yes," enter the name of the foreign country \(\) See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country \(\) Section 4947(a)(1) nonexempt charidable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued du	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			i
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			45		х
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Form 990-		FOUNDATION		77-0006			Page 4
Part V	Section 501(c)(3) organizations only. All section tables for lines 50 and 51.	501(c)(3) organizations mus	t answer question	s 46·49 and co	mple	te the	
46 Did ti	ne organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to o	candidates for public			Yes	No
	? If "Yes," complete Schedule C, Part I			[46		X
47 Did tl	ne organization engage in lobbying activities? If "Yes," complete Sche	dule C, Part II		Ì	47		Х
	organization operating a school as described in section 170(b)(1)(A)(ii)		ule E		48		X
	ne organization make any transfers to an exempt non-charitable related o				49a		Х
	s," was the related organization(s) a section 527 organization?			Ì	49b		
	olete this table for the five highest compensated employees (other than o ompensation from the organization of there is none, enter "None"	fficers, directors, trustees and	key employees) who	each received m	ore th	an \$100	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	ac	E) Expe ccount er allow	and
		-					
		-			\dagger		
Total numb	er of other employees paid over \$100,000						
	olete this table for the five highest compensated independent contractors ne, enter "None"	who each received more than	\$100,000 of compen	sation from the o	rganiz	ation	If there
	NONE						
	(a) Name and address of each independent contractor paid more the	nan \$100,000	(b) Type of sen	vice (c) Com	pensati	ion
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				İ			
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· · · · · · · · · · · · · · · · · · ·							
<u> Total numb</u>	er of other independent contractors each receiving over \$100,000						
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorded, and complete Declaration of preparer (other than officer) is based on all inf	ormation of which preparer has any	s, and to the best of my knowledge	1-12-			
	Signature of officer	- JT		Date			
	LAURA BLAKELY, PRESIDE Type or pnnt name and title	<i>N</i> (· · · · · · · · · · · · · · · · · · ·				
Paid Preparer's	Preparer's signature ►	1 1 - 4	ck if self-	rer's Identifying Nu	mber (S	ee instr)
Jse Only	Firm's name (or yours RSM MCGLADREY, INC		EIN D	• · · · · · · · · · · · · · · · · · · ·			
	il sell-employed), 100 W SAN FERNANDO ST,		Phone	>			
	address, and ZIP+4 SAN JOSE, CA 95113-2219		no	408.57	2.	144(<u>) </u>

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

			N VIEW EDUCA						7	7-0006770	
Part I	Reason	for Public Char	rity Status (All organ	ızatıons mu	ust comple	te this pa	rt) (see ins	structions)			
The organ	nization is not	a private foundation	because it is. (Please c	heck only	one organi	zation)		<u> </u>		· · · · ·	
1 🔲	A church, co	onvention of churche	s, or association of chu	rches desc	cribed in se	ection 170)(b)(1)(A)(i).			
2 🔲			70(b)(1)(A)(ii). (Attach S								
з 🗀	A hospital or	r a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii), (Ai	tach Sch	edule H.)		
4			operated in conjunction							the hospital's name.	
	city, and sta		,						2	mo moophar o mamo,	
5			benefit of a college or u	iniversity o	wned or o	perated by	v a novern	mental un	ıt describ	ned in	_
		0(b)(1)(A)(iv). (Compl		, 0		poru.00 0,	, a govern	momai on	it describ	oca III	
6 🔲			ent or governmental un	ut describe	d in sectio	n 170/h\/	11/81/64				
7 🗂			eives a substantial part					ar fram the			
		(b)(1)(A)(vi). (Comple		or its supp	JOIN HOITI A	governin	entar unit t	יוו וויטוו וכ	generar	public described in	
8			section 170(b)(1)(A)(vi).	(Complete	Dort II \						
9 X		-		•	•						
9 [21]			eives: (1) more than 33								
			nctions - subject to cert								nt
			axable income (less sec	tion 5 i i ta	ax) irom bu	Isinesses	acquired t	by the orga	anization	after June 30, 1975.	
40 🗀		509(a)(2). (Complete	•								
10			perated exclusively to te							•	
11			perated exclusively for t								
			ations described in sect				2) See see	ction 509	(a)(3). Ch	eck the box that	
			organization and comp		•					1	
	a Type				e III · Fund		-		d	Type III - Other	
e []			t the organization is no								
			han one or more public						9(a)(1) or	section 509(a)(2).	
f			ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		_	
		organization, check th		_						L	
9			organization accepted a			-					_
			rectly controls, either a	ilone or tog	ether with	persons o	described	ın (II) and ((III) below,		0
	_		upported organization?							11g(i)	
	•	•	n described in (i) above?							11g(ii)	
			person described in (i)							11g(iii)	
h	Provide the f	following information	about the organizations	s the organ	ization sup	oports.					
				1							
(ı) Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the	(vi) Is	the	(vii) Amount of	
orga	anization		(described on lines 1-9		sted in your document?		r support?	organizatı (ı) organiz	ed in the l	support	
			above or IRC section					US		•	
			(see instructions))	Yes	No	Yes	No	Yes	No	-	
				1							
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			<u> </u>	ļ	ļ						
	 	ļ		<u> </u>					<u> </u>		
			,								
F-4-1		1		i .			1	ī	: :		

Schedule	A	(Form	990	or	990-FZ	2008

Page 2

Section A. Public Support						
Calendar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions						•
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public Support. Subtract line 5 from line 4						
Section B. Total Support		T		1	T	
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources			·	 		
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)	,					
11 Total support. Add lines 7 through 10 _		<u></u>		<u> </u>		
12 Gross receipts from related activities, ex	etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	_
organization, check this box and stop		<u>.</u>				<u>▶</u> [
Section C. Computation of Public						
14 Public support percentage for 2008 (lir	ne 6, column (f) c	livided by line 11,	column (f))		14	
5 Public support percentage from 2007					15	
6a 33 1/3% support test - 2008. If the or	-			14 is 33 1/3% or r	more, check this bo	x and
stop here. The organization qualifies a		•				▶ [
b 33 1/3% support test - 2007. If the or	-			i line 15 is 33 1/3%	% or more, check th	is box
and stop here. The organization qualif	ies as a publicly	supported organiz	ation			►L
17a 10% -facts-and-circumstances test	-					
and if the organization meets the *fact			-	•	irt IV how the organ	iization
meets the "facts-and-circumstances" t	•	•		_		►L
b 10% -facts-and-circumstances test	- 2007. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the						
organization meets the *facts-and-circu	umstances" test.	The organization	qualifies as a publi	cly supported org	anization	▶ [
18 Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction:	s ▶L

•						
Schedule A (Form 990 or 990 EZ) 2008 M	OUNTAIN V	IEW EDUCA	TIONAL FO	UNDATION	77-000	6770 Page 3
Part III Support Schedule for	Organizations	Described in	Section 509(a)	(2) (Complete only	if you checked the b	ox on line 9 of Part I
Section A. Public Support	,	·-·				
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
 Gifts, grants, contributions, and 	Ì					
membership fees received (Do not						
include any "unusual grants.")	200,988.	185,542.	198,578.	387,657.	334,849.	1307614.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	·					
the organization without charge						
6 Total. Add lines 1 - 5	200,988.	185,542.	198,578.	387,657.	334,849.	1307614.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						1307614.
Section B. Total Support	1					
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	200,988.	185,542.	198,578.	387,657.	334,849.	1307614.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,999.	4,115.	4,580.	3,407.		15,101.
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b	2,999.	4,115.	4,580.	3,407.		15,101.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is			į			

securities loans, rents, royalties and income from similar sources	2,999.	4,115.	4,580.	3,407.	15,101.
b Unrelated business taxable income					
(less section 511 taxes) from businesses	1				
acquired after June 30, 1975					
c Add lines 10a and 10b	2,999.	4,115.	4,580.	3,407.	15,101.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					
13 Total support (Add lines 9, 10c, 11, and 12)					1322715.
14 First five years. If the Form 990 is for	the organization's t	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organization,

▶[check this box and stop here Section C. Computation of Public Support Percentage 98.86 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 <u>%</u> 98.58 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 1.14 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 1.42 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright \overline{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

5 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶
Private foundation. If the graphization did not check a box on loss 14, 10a, or 10b, check this box and see instructions	-

FORM 990-EZ	OTI	HER EXPENSES		STATEMENT
DESCRIPTION				AMOUNT
EDUCATION PROGRAM EXP	PENSES			301,500
DUES AND SUBSCRIPTION				585
GOVERNMENT FEES				405.
INSURANCE				905.
SUPPLIES				581.
ADVERTISEMENT				2,171.
BANK CHARGES & INVEST	MENT MANAGEMEN!	T FEES		1,828.
CONTRIBUTION FEES				1,609.
FUNDRAISING EXPENSES				40,010.
ADMINISTRATION MISCEL CREDIT CARD USAGE CHA				555. 4,949.
TOTAL TO FORM 990-EZ,	LINE 16			355,098.
FORM 990-EZ GAIN DESCRIPTION	(LOSS) FROM PUR GROSS SALES PRICE	BLICLY TRADED S COST OR OTHER BASIS	ECURITIES EXPENSE OF SALE	STATEMENT 2 NET GAIN OR (LOSS)
INVESTMENT				
RETURN-LONG TERM				
GROWTH POOL	0.	12,583.	0.	<12,583.
APPLE INC	757.	757.	0.	0.
JUNIPER NETWORKS	1,304.	1,304.	0.	0.
TO FORM 990-EZ, LINE	5 2,061.	14,644.	0.	<12,583.
FORM 990-EZ OTHER	CHANGES IN NET	ASSETS OR FUND	BALANCES	STATEMENT 3
DESCRIPTION				AMOUNT
DESCRIPTION UNREALIZED LOSS IN CU	RRENT YEAR			AMOUNT <21,558.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATE	MENT	4
Α)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	МО

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STATEMENT

5

MVEF PROVIDED FUNDING FOR 7 ENRICHMENT PROGRAMS FOR ELEMENTARY AND MIDDLE SCHOOLS AND EDUCATIONAL MATERIALS TO ENHANCE THE SOLID ACADEMIC CURRICULUM AND MAINTAIN THE HIGH QUALITY OF EDUCATION IN THE MOUNTAIN VIEW WHISMAN SCHOOL DISTRICT IN CALIFORNIA. 4,267 STUDENTS WERE SERVED AND BENEFITED FROM THE PROGRAMS.

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STATEMENT

6

MVEF'S MISSION IS TO RAISE MONEY TO FUND ESSENTIAL PROGRAMS FOR ALL STUDENTS IN THE MOUNTAIN VIEW WHISMAN SCHOOL DISTRICT.