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 2018

Department of the Treasury

Do not enter social security numbers on this form as it may be made publication

Open to Public

inte		nue Service	So to www.irs.gov/Formsso for instructions and the latest information	ation. 1 /	inspection
A	For the	e 2018 cale	ndar year, or tax year beginning JULY 1, 2018, and ending	JUNE 30	, 20 19
B	Check I	f applicable:	C Name of organization FRIENDS OF THE MOUNTAIN VIEW PUBLIC LIBRARY	D Employ	er identification number
	Address	s change	Doing business as		23-7255217
	Name c	hange	Number and street (or P O. box if mail is not delivered to street address) Room/suite	E Telepho	ne number
	Initial re	iturn	585 FRANKLIN ST	ł	650-526-7031
	Final retu	.rm/terminated	City or town, state or province, country, and ZIP or foreign postal code		
	Amende	ed return	MOUNTAIN VIEW CA 94041	G Gross re	eceipts \$ 218,831
	Applicat	tion pending			subordinates? Yes No
			7, 4	• .	s included? Yes No
	Tax-exe	mot status:	□ 501(c)(3) □ 501(c) () ◀ (insert no) □ 4947(a)(1) or □ 527		a list (see instructions)
<u> </u>	Website			Group exemption	number b
<u>у</u> К			Corporation ☐ Trust ☐ Association ☐ Other ►		
	art I	Summ		1975 W 3/8/8	of legal domicile. CA
	1		scribe the organization's mission or most significant activities: To foster clos	o rolations boti	upon the Mountain View
a	'	-			**********
Š	l		rary and the citizens of Mountain View to promote knowledge of the functions, re		
Ē	ĺ _		aid in the development of Library programs, and to aid in the development of ad		
Activities & Governance	2		s box > if the organization discontinued its operations or disposed of more	1 1	its net assets
Ğ	3		of voting members of the governing body (Part VI, line 1a)	3	11
ø	4		of independent voting members of the governing body (Part VI, line 1b)	4	11
įį	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
ş	6		nber of volunteers (estimate if necessary) . /	. 6	72
ĕ	7a		elated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrel	ated business taxable income from Form 990-7, Hige 38	7b	0
Revenue				rior Year	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)	128.312	104,231
	9	Program	service revenue (Part VIII, line 2g)		
ě	10	Investme	ions and grants (Part VIII, line 1h)	25	1,328
Œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c+10c and 11e)	19,847	18,301
	12		nue-add lines 8 through 11 (must equal Part VIII, couldn't (A) line 12)	148,184	123,860
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	98,856	104,384
	14		paid to or for members (Part IX, column (A), line 4)		
•	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		
툿	Ь			and the Control of the Same	编辑·图象和概念。
Ä	17				
	18		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,267 131,123	29,680 134,064
	19	•	less expenses. Subtract line 18 from line 12	17,061	
_ 07	 	Nevenue		g of Current Year	(10,204) End of Year
Net Assets or Fund Balances	20	Total ser	ets (Part X, line 16)	96,268	85,162
34	20				
Ì	21		lities (Part X, line 26)	286	267
			s or fund balances. Subtract line 21 from line 20	95,982	84,895
	art II		ure Block		
Une	der penal	ities of perjur	y, I deciare that I have exemined this return, including accompanying schedules and statements, at the Declaration of preparer (other than officer) is based on all information of which preparer has any	nd to the best of n knowledge	ny knowledge and belief, it is
		1 2	At 1	- diz	1
	_		Will Aller	7/5	<u> </u>
Sig		Signa	thre of officer	Date	
łe	r e	 4	' Patricia U. Kassner		
	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		or print name and title		
Рa	id	Print/Typ	e preparer's name . Preparer's signature Date	Check [
	epare	C DAVID F	MENDENHALL Sand P. Mulell 9/9/1	9 self-emp	P01053994
	e Oni			Firm's ElN ▶	26-0278348
<i>-</i> -		Firm's ac	dress ► 995 HAYMAN PL LOS ALTOS CA 94024	Phone no.	650-906-0646
/lay			this return with the preparer shown above? (see instructions)		☐ Yes 🗸 No
				• •	En. 000 (2010)

Part	Statement of Program Service		is Part III	7
1	Briefly describe the organization's miss		is raitin	<u> </u>
•	To foster close relations between the Mo		tizens of Mountain View, to promote kr	lowledge of the
	functions, resources, services, and need			
	of additional funding for the Library			
	or account of the control of the con			
2	Did the organization undertake any sig prior Form 990 or 990-EZ?			☐ Yes ☑ No
	If "Yes," describe these new services of			
3	Did the organization cease conducting		in how it conducts, any program	
	services?			☐ Yes ☑ No
	If "Yes," describe these changes on So	hedule O.		
4	Describe the organization's program se			
	expenses. Section 501(c)(3) and 501(c)			cations to others,
	the total expenses, and revenue, if any,	, for each program service reported	l.	
	(0.1.)		00 001 \ (D)	
4a	(Code.) (Expenses \$			
	Provide additional funding for the library			
	a) Purchase 923 books and 487 DVDs to a			
	b) Provide funding for Califa Group datab	pase management		
	c) Purchased laptop computers for the lib	prary		
	d) Fund the World Book and Book Page o	online subscriptions		
4b	(Code) (Expenses \$	20 416 including grants of \$	20.416 \ /Revenue \$	0)
	Aid the development of programs for the			/
	a) Fund the books and entertainment for the second se			
	b) Fund parenting classes presented at the			
	c) Fund children and teen programs and			
	d) Fund adult programs and workshops			
	***************************************		·	
4c	(Code) (Expenses \$	13,445, including grants of \$	13,445) (Revenue \$	544)
	Foster close relations between the Mount	ain View Public Library and the citize	ns of Mountain View and environs	
	a) Provide funding for the Bookmobile Th	nere were 536 stops for the year, with	a total of 13,705 visits to the bookmon	ule
	a) Provide funding for the Bookmobile Th b) Provide funding for Brainfuse, Inc. onli			
		ne homework assistance. This service		
	b) Provide funding for Brainfuse, Inc. onli	ne homework assistance. This service ey Reads".	e was used 2,420 times during the yea	<u> </u>
	b) Provide funding for Brainfuse, Inc. onli c) Contribute to the program "Silicon Vall d) Provide funding for the books sold at t	ne homework assistance. This service ey Reads".	e was used 2,420 times during the yea ents and children attended the event a	<u> </u>
	b) Provide funding for Brainfuse, Inc. onli c) Contribute to the program "Silicon Vall d) Provide funding for the books sold at ti	ne homework assistance. This servic ey Reads". he Jose Vargas author event. 200 par	e was used 2,420 times during the yea ents and children attended the event a	<u> </u>
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	b) Provide funding for Brainfuse, Inc. onli c) Contribute to the program "Silicon Vall d) Provide funding for the books sold at ti	ne homework assistance. This servic ey Reads". he Jose Vargas author event. 200 par	e was used 2,420 times during the yea ents and children attended the event a	<u> </u>
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	b) Provide funding for Brainfuse, Inc. onli c) Contribute to the program "Silicon Vall d) Provide funding for the books sold at ti books were sold	ne homework assistance. This servic ey Reads". he Jose Vargas author event. 200 par	e was used 2,420 times during the yea ents and children attended the event a	<u> </u>
	b) Provide funding for Brainfuse, Inc. onli c) Contribute to the program "Silicon Vall d) Provide funding for the books sold at ti books were sold Other program services (Describe in Sc	ne homework assistance. This service ey Reads". he Jose Vargas author event. 200 par	e was used 2,420 times during the year	<u> </u>
4d	b) Provide funding for Brainfuse, Inc. onli c) Contribute to the program "Silicon Vall d) Provide funding for the books sold at ti books were sold	ne homework assistance. This service ey Reads". he Jose Vargas author event. 200 par	e was used 2,420 times during the year	<u> </u>



Part	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	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		✓.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		√
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		✓
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		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 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 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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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		1
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
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	✓	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22 `	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		1
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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
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		1
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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ا ا
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," $complete\ Schedule\ M$	30		✓
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 Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and Part V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		✓
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38_	✓	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
		, <u> </u>	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	 1c	1	

Test the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary ware anding with or within the year covered by this return? But at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institutions). The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institutions). The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institutions). The sum of lines 1 and 2a is greater than 250, you may be required to e-file (see institutions). The sum of lines 1 and 2a is greater than 250, you may be required to e-file (see institutions). The sum of lines 1 and 2a is greater than 250, you may be required to e-file (see institutions). The sum of lines 1 and 2a is greater than 250, you may be required to e-file (see institutions). The sum of lines 1 and 2a is greater than 250 you may be required to e-file (see institutions). The sum of lines 1 and 2a is greater than 250 you may be required to e-file (see institutions). The see institutions for this greater (see institutions) and the see organization and see organization and a party to a prohibited tax shelter transaction? The "Yes" to line 5a or 5b, did the organization file form 8886-T? The sum of the organization and an analysis of the sum of the sum of the organization shelf of the sum of the su	Form 990	0 (2018)		ı	Page 5
2a Cffer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year androng with or within the year covered by this return? b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 7b If Wols, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 5c A At any time during the calendar year, did the organization have unrelated to suise an interest in, or a signature or their earthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 1 If "Yes," enter the name of the foreign country. P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). SW as the organization in the form 866-T7. 1 If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the vent is a deductible as charatied contributions? 1 If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8828 (1964 during the year. 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8828? 10 If "Yes," indicate the number of Forms 8282 filed during the year. 11 Did the organization sell exchange, or otherwise dispose of tangible personal benefit contract? 12 If the organization sell exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8828? 12 If "Yes," indicate the numb	Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return 2			(G)5000.	Yes	No
b If at least one is reported on line 2a, dud the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in or a signature or other authority over, a thrancial account; and the second of the foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," erriter the name of the foreign country is or protected tax sheller transaction at any time during the tax year? 5c Bos instructions for fining requirements for finicPR Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5c Was the organization have annual gross receipts that are normally greater than \$100,000 and did the organization held that was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tox sheller transaction? 6c Doss the organization have annual gross receipts that are normally greater than \$100,000 and did the organization seller average in the form 8666-17 and the organization seller average to the foreign 8666-17 and the organization seller average that the series of the form 8262 filed during the year of the foreign 8262? 6c Dos the organization seller average above the contribution of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8262 filed during the year 6c Did the organization seller average accombination of qualified mellecular property, do the organization flexible or the form 8262? 6c Did the organization seller services or shareholder and the organization received a contribution of qualified mellecular property, do the organization flexible property of the property services or shareholder services and the services of the prope	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3a	,		23554.		
Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any 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 account)? If "Yes," enter the name of the foreign country. P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 58 Was the organization apprity 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? 60 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as character transactions or gifs were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization in the payor? 70 Did the organization receive any primous greater than \$100,000, and the organization self the payor? 71 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 61 If "Yes," indicate the number of Forms 8282 filed during the year 62 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8298 are required? 72 If the organization received a contribution of cualified intellectual property, did the organization file Form 8298 are required? 73 If the organization received a contribution of cualified intellectual property, did the organization file Form 8298 are required? 74 If the org	D			1260	138261
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any 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 year as a financial account, and reference of the foreign country. ► 5ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5 b Did any stable party notify the organization flat if was or is a party to a prohibited tax shelter transaction? . 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should not any contributions that the organization should not any contributions that were not tax deductible as charitable contributions? 5b If "Yes," did to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c Did the organization should be seen that the section 170(c). 7c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8592? 7d If "Yes," indicate the number of Forms 8282 filed during the year 6d Did the organization self. exchange, or otherwise dispose of tangible personal benefit contract? 7d Did the organization received a contribution of qualified intellectual property, did the organization file Form 8593 as required? 7f Did the organization received a contribution of cualified intellectual property, did the organization file Form 8593 as required? 7f Did the organization received a contribution of cualified intellectual property, did the organization file Form 8593 as required? 7f Did the sponsoring organization maintaining donor advised funds. Did a denor advised fund maintained by the sponsoring organization maint	32			reces	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 1088-C? The sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? B Did the sponsoring organization make any taxable distributions under section 4966? B Did the sponsoring organizations included on Part VIII, line 12 In a lititation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from embers or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? It is section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves no hand The reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? If "Yes," enter the amount of reserves on hand The reserves the organization is required to maintain by the states in which the organization is locensed to issue qualified health plans in m		in 100; interest to the most of 7 of the older to the great of the first of the fir	70	*11%	
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		250000000000000000000000000000000000000	√
If "Yes," complete Form 4720, Schedule O.					
ii Tee, complete Term 1.20, contection.		• · · · · · · · · · · · · · · · · · · ·		Della 2007	✓
		If "Yes," complete Form 4720, Schedule O.		· QQA	(2018)

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes. Check if Schedule O contains a response or note to any line in this Part VI				ons.
Secti	on A. Governing Body and Management				
			- SEV	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or		1212	ار دام و از ام از ار از ار از ار از	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		10 10 10	3 43	1,50
	·	1b 11	94 (*) 2 - 37 (*)		(%) (24)
b	Enter the number of voting members included in line 1a, above, who are independent .			1 380 F	1. C.
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		√
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		✓
6	Did the organization have members or stockholders?		6	✓	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	\$1000 \$1000	25/45	
	the year by the following:		أ فأشت	, 02, 7.	marte w
а	The governing body?		8a	√	
b	Each committee with authority to act on behalf of the governing body?		8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	:	✓
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode.)	
	•			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemptions are consistent with the organization.	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	✓	3 0 2 1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12	٤٤	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the parameter describe in Schedule O how this was done.		12c		
13	Did the organization have a written whistleblower policy?		13		<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	- ,	√
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by and decision?	18 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	15 July 1	
а	The organization's CEO, Executive Director, or top management official		15a		1
b	Other officers or key employees of the organization		15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		365 w	\$ S.	13 34
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly during the year?	lar arrangement	16a	ر کی کید	الدولة. •
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		3 () ()) . Let	
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	ೆಟ್ 16b	أمدة فحر أنسط	أتأدت
Secti	on C. Disclosure	.,			
17	List the states with which a copy of this Form 990 is required to be filed ► CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable				
.•	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Science)	t apply. nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of int	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords	>	
	PATRICIA KASSNER 585 FRANKLIN ST MOUNTAIN VIEW CA 94041 650-526-7031				

Form	990	(2018)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 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 and/or Box 7 of Form 1099-MISC) 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.
- 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.

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization noi	any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or Girel or The trustee or				e than (is both or/trus	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SARAH DONAHUE	8					!				
PRESIDENT		✓		✓				0	0	0
(2) MARGARET ROGERS	8									
VICE PRESIDENT		\		✓				0	0	0
(3) NAOMI PATNER	10									
SECRETARY		✓		✓				0	0	0
(4) PATRICIA KASSNER	8									
TREASURER		✓		✓				0	0	0
(5) STEVE EVERETT	10						ļ			
DIRECTOR		1						0	0	0
(6) JAN JONES	5								,	
DIRECTOR		✓						0	0	0
(7) RUSS JONES	10									
DIRECTOR		✓			<u> </u>			0	0	0
(8) WILLIAM LOWES	5									
DIRECTOR		✓						0	0	0
(9) DONNA LOWES	8									
DIRECTOR		✓						0	0	0
(10) STEPHANIE RUBY	3									
DIRECTOR								0	0	0
(11) PRAMOD SRIVATSA	3									
DIRECTOR		√						0	0	0
(12)	·									
(13)										
(14)										

Part	Part VII - Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•					•	ان) ition							-	
	(A)	(B)			neck	more	than o		(D) Reportable	(E) Reportab	ا ما		(F) mated	
	Name and title	Average hours per					ıs both or/trusi		compensation	compensation from			unt of	
		week (list any hours for			_	_		·	from the	related organizati			ther ensation	,
		related	divid	stitu	Officer	y er	ng ghes	Former	organization	(W-2/1099-N		fro	n the	1
		organizations below dotted		Institutional trustee		Key employee	Highest compensated employee	=	(W-2/1099-MISC)				nization related	
		line)	trust	al to		yee	mpe						izations	
			tee	ıste			nsat		-					
				τυ.			e e		<u></u>					
(15)														
		ļ												
(16)		<u> </u>									ļ			
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SELT			1											
(25)														
			<u> </u>		<u> </u>		<u> </u>	<u> </u>						
1b	Sub-total								0		0			
C	Total from continuation sheets to Part			•	•	•	•		0		0			
<u>d</u>								<u> </u>	be received to		00,000	0 of		
2	Total number of individuals (including but reportable compensation from the organization)		to tr	ose	IIST	ea	above	e) W		ore than \$1	00,000	U OI		
	reportable compensation from the organ	Zation							0				Yes	No
3	Did the organization list any former of	ficer direc	tor c	or tr	uste	98	kev e	emo	olovee, or high	est compe	ensate	a 🗔	20 5	·
J	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the	e sum of re	portal	ble i	con	npei	nsatio	n a	nd other comp	ensation fr	om th	e	۸. ,	1,3
•	organization and related organizations	greater th	an \$1	150,	000	12 1	f "Ye	s, "	complete Sch	edule J fo	r sucl	h : -		
	individual											4	-	<u> </u>
5	Did any person listed on line 1a receive of										subivit		······································	<u></u>
	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	neau	ile J 1	or s	sucn person	· · ·		5		-
	on B. Independent Contractors										610	0.000 -6		
1	Complete this table for your five highest compensation from the organization. Rep	compensat	ea ind	gepe	ena or th	ent	contr	acto	ors that receive	ea more ina h or within	the or	nanizatıc	nn'e ta	v
	year.	Joil Compe	113011	,,,,,	J1 (1	10 0	arcino	iai y	Car chang wit			gumzum	,,, o ta	
	year. (A) (B) (C)													
	Name and business add	fress							Description of s	ervices		Compens	ation	
NONE														
								<u> </u>						
								ļ						
		,						<u>L.</u>				4.1.		
2	Total number of independent contractor) tn		ovej wno	,		•	1
	received more than \$100,000 of compens	auon momi	me or	yan	ı∠d(וזטו			0					

Par	t VIII	Check if Schedule O contains a response or note to any line in this Part VIII										
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
Grants	1a	Federated campaign	s	1a	5,822		15720234	15 12 34				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	3,770							
	C	Fundraising events .		1c								
Giff	d	Related organizations	s	1d			1.77 (1.515)	4.76	14/27/7			
ž, Ē	е	Government grants (cor	ntributions)	1e								
tior r. S	f	All other contributions, g										
章章		and similar amounts not inc	cluded above	1f	94,639		T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions include	ded in lines 1a-	-1f \$	87,366							
<u>ද</u>	` h	Total. Add lines 1a-1	f		•	104,231						
e					Business Code	-78-18 (MESSE)	A PLANTAGE	THE CHECKING	Miras Albania			
Program Service Revenue	2a											
æ	b	,										
<u>:</u>	С											
ē	d											
E	e	, ,										
gra	f	All other program ser	vice revenu	e .								
2	g	Total. Add lines 2a-2				0						
	3	Investment income				1	THE COLUMN IS NOT THE PARTY.	10.613	S STATE OF THE STA			
		and other similar amo			>	1,328			1,328			
	4	Income from investmen	•	nnt he	and proceeds	1,320		· · · · · · · · · · · · · · · · · · ·	1,320			
	5	- ·	· · · · · · · · · · · · · · · · · · ·		>na proceduc >							
	ļ."	rioyanico	(i) Real	· · ·	(ii) Personal		577 102 142 2 162					
	6a	Gross rents	<u>``</u>									
	b	Less: rental expenses										
	C	Rental income or (loss)										
	d	Net rental income or i	(locs)			**************************************	\$14,289,263,474,774,751,253,253,553,553,553,553,553,553,553,553	STATES AND ACTIONS OF COM	152.35.47.45.05.05.05.05.05.05.05.05.05.05.05.05.05			
			(i) Secunti	 PS	(ii) Other		Propriestly and the state of th	TO DESCRIPTION OF THE S	 			
	7a	Gross amount from sales of	(i) Occurre		(ii) Other							
	_	assets other than inventory										
	b	Less: cost or other basis										
	•	and sales expenses .					I Taran	100				
	C	Gain or (loss)	L									
	d	Net gain or (loss) .		٠.	<u></u> . ▶	SOF WALCON THE STATE OF THE STA	Minus and the property of the state of	downer to the contract of	Section of the property of the			
ø	_											
5	8a	Gross income from fu	ındraısıng									
Š		events (not including \$						100				
Other Revenu	1	of contributions reporte				10.5157(33.55	the analysis of					
ĕ	1	See Part IV, line 18 .		· a					A PARTY SANCE			
₹	b	Less: direct expenses	i` .	. b				All the second				
_	С	Net income or (loss) f			events . 🕨							
	9a	Gross income from ga	ıming actıvıt	ies.								
		See Part IV, line 19 .		a				100	100			
	b	Less: direct expenses	.	. b					ATTENDED TO THE STATE OF			
	C	Net income or (loss) f	rom gamıng	g acti	vities ▶							
	10a	Gross sales of in	ventory, I	ess								
	l	returns and allowance	es	a	101,839							
	b	Less: cost of goods s	old	. b	94,971	CIPATION A TWANTED AND ASSETS						
	C	Net income or (loss) f		f inve		6,868	544		6,324			
`-		Miscellaneous R			Business Code	THE VALUE OF THE PARTY OF THE P	APPROVING STATE					
	11a	AMAZON SHIPPING			492110	11,209	CONTRACTOR AND	The same of the sa	11,209			
	b	AMAZON SERVICE AM	ARDS		519130	224			224			
	c	DIMPTON SERVICE AM	<u> </u>		313130			,				
	d	All other revenue .					· 	<u> </u>				
	_	Total. Add lines 11a-	 11d	۱		11 420	#WWW.	MINERAL CONTROL	TOTAL SETTING TO THE			
	12	Total revenue. See in		•		11,433	544	THE STATE OF THE S	19.085			
		TOTAL PROBLEM. NOO IT	ISTUICHOUS.			177 060	6/1/		, junge			

Part IX • Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
Check if Schedule O contains a response or note to any line in this Part IX										
	o, 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	104,384	104,384							
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign			THE PERSON						
,	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		,							
4	Benefits paid to or for members			THE PROPERTY OF						
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified		*							
٠	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				,					
7 `	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits		,							
10	Payroll taxes									
11	Fees for services (non-employees)		r	-						
а	Management				,					
b	Legal			12 .	*					
C	Accounting	600		600						
ď	Lobbying		POLICE CONTROL AND	ADMINISTRA MEDICALISMOST						
e 4	Professional fundraising services. See Part IV, line 17		96.37.93.46.X30X							
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				 					
, -	(A) amount, list line 11g expenses on Schedule O)				•					
12	Advertising and promotion	- 997		997						
13	Office expenses	12,434		12,434						
14	Information technology	14,691		14,691	•					
15 16	Royalties			•	- :					
17	Travel		<u> </u>		·					
18	Payments of travel or entertainment expenses		, ,							
	for any federal, state, or local public officials	ļ,	•	-						
19	Conferences, conventions, and meetings .									
20	Interest			•						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance	908	#5-30%	908	- Anno 1995 Maritin Indiana (1995)					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If									
c	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
. а	TAXES & LICENSES (NON-PAYROLL)	50	100	50						
b			·		•					
С										
٠d										
· е	All other expenses	, ,	·		<u> </u>					
25	Total functional expenses. Add lines 1 through 24e	-134,064	104,384	29,680						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from, a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)									

Form 990 (2018)
Part X • Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		<u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	9,690	1	6,378
	2	Savings and temporary cash investments	69,725	2	36,743
	3	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net		4	741
	5	Loans and other receivables from current and former officers, directors,	74 T 44 T 45 T		
		trustees, key employees, and highest compensated employees.			1
		Complete Part II of Schedule L		5	And the second s
	6	Loans and other receivables from other disqualified persons (as defined under section			
	ĺ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions). Complete Part II of Schedule L		6	A CONTRACTOR OF THE PROPERTY O
	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use	16,853	8	15,872
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	740-2-741-2-741	公共 党	
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	25,428
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investmentsprogram-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	96,268	16	85,162
	17	Accounts payable and accrued expenses	286	17	267
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
<u> </u>		trustees, key employees, highest compensated employees, and	203624773		
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
ا ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	·
	25	Other liabilities (including federal income tax, payables to related third			
ı		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	286	26	267
Ş		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
2	07		70.000	27	
aga	27	Unrestricted net assets	70,982	28	65,670
8	28 29	Permanently restricted net assets	35,000	29	10.225
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	25,000	<u> </u>	19,225
딘		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>ड</u>	33	Total net assets or fund balances	95,982	33	84,895
ے	34	Total liabilities and net assets/fund balances	96.268		85.162
					Form 990 (2018)

_	4	\boldsymbol{a}
Page	1	_

33, column (B))	J	,			•	<u> </u>
1 Total revenue (must equal Part VIII, column (A), line 12).	Par	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI				. 🗸
Revenue less expenses. Subtract line 2 from line 1	1 `	Total revenue (must equal Part VIII, column (A), line 12)	1		1	23,860
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)			1	34,064
Net unrealized gains (losses) on investments	3				(1	0,204)
Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				95,982
7 Investment expenses	5	Net unrealized gains (losses) on investments				(882)
9 Other changes in net assets or fund balances (explain in Schedule O)	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments	8			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both? ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant If the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?	9	Other changes in net assets or fund balances (explain in Schedule O)	9			(1)
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	10			84.895
 Accounting method used to prepare the Form 990	Part	XII Financial Statements and Reporting				
If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		. 🔲
If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?	1	Accounting method used to prepare the Form 990 🗸 Cash 🔲 Accrual 🔲 Other			1	33
 Were the organization's financial statements compiled or reviewed by an independent accountant?			plaın	ın 🚉		. 1
If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant of the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		Schedule O.		ما المادية		1
reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant if the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>	✓
 □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (or 🄝	, -	7 7
 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant of the organization changed either its oversight process or selection process during the tax year, explaint Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo to 		reviewed on a separate basis, consolidated basis, or both		- 1.3° 7		
If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant of the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		7		الم آرد) لا معدد بد
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant lift the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?	b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant lift the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 💮 🦭	4	1,5
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant of the organization changed either its oversight process or selection process during the tax year, explaint Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		separate basis, consolidated basis, or both		(1)		
of the audit, review, or compilation of its financial statements and selection of an independent accountant if the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		*	. ندنده	1
of the audit, review, or compilation of its financial statements and selection of an independent accountant if the organization changed either its oversight process or selection process during the tax year, explain Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?	C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	nt		
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant'	? 2c		
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🗽		1 9
the Single Audit Act and OMB Circular A-133?				, ,		3
the Single Audit Act and OMB Circular A-133?	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n		
				. За		1
	Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th	ie -		
				3b	<u> </u>	
				For	m 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2018

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Manne	or ule	organization					Employer Identificatio	ii iidiiibei
		F THE MOUNTAIN VIEW PUB						255217
Pai		Reason for Public Cha						ons.
1 2 3 4	A A A	zation is not a private found church, convention of church school described in section hospital or a cooperative homedical research organizatiospital's name, city, and state	ches, or associat 170(b)(1)(A)(ii). Dispital service or on operated in c	ion of churches desci (Attach Schedule E (f ganization described	ribed in s Form 990 in sectio	ection 17 or 990-E n 170(b) (70(b)(1)(A)(i). Z).) 1)(A)(iii).	(iii). Enter the
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described ir
6 7	☐ Ar	federal, state, or local gover n organization that normally escribed in section 170(b)(1	receives a subs	stantial part of its sup				n the general public
8	□ A	community trust described.	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	or	n agricultural research organ university or a non-land-granversity:						
10	re: su	n organization that normally ceipts from activities related apport from gross investment cquired by the organization a	I to its exempt fu it income and un	inctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ Ar	n organization organized and	d operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	of	n organization organized and one or more publicly supp neck the box in lines 12a thro	orted organizatio	ns described in sect	ion 509(a	1)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).
а		Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	yority of t		
b		Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С		Type iil functionally integ its supported organization						ally integrated with,
d		Type III non-functionally that is not functionally inte requirement (see instructionally interesting the contraction of the con	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е		Check this box if the organ functionally integrated, or	Type III non-fund	tionally integrated sup	oporting i			e II, Type III
f		er the number of supported						
<u>g</u>		vide the following informatio	,					
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total			STATE OF THE PARTY AND THE	TO THE STREET STREET, BUT TO	THE PROPERTY OF	2480467257		

Part	Support Schedule for Organize						
	(Complete only if you checked to						alify under
<u> </u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0044	43.0045	4-2-0046	/-N 0017	(-) 0040	(n f))
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		1			ر ا	
	include any "unusual grants.")		1				
2	Tax revenues levied for the				 		
~	organization'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	j	J	J			
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	77.75			E. J. Street	27-7-25-94	
-	each person (other than a				Variable 2		
	governmental unit or publicly						
	supported organization) included on			Z			
	line 1 that exceeds 2% of the amount	739					
•	shown on line 11, column (f)	77		THE PARTY OF THE P	200	发现在	
6 Section	Public support. Subtract line 5 from line 4 on B. Total Support	45544	(CAS)	SEPACES		A STATE OF	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(6) 2013	(6) 2010	(d) 2017	(6) 2010	(i) rotal
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						
1	is regularly carried on		<i>[</i>				
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)	2 Company of State Company	SANGER AND	2. 9.55 Million 1.55 Mar	77546-656-7505-757279-496	THE CANADA SURVEY	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	CONTRACT SAME A CARD & COLUMN T. WOLVE		SAME OF SECURITY OF	12	
13	First five years. If the Form 990 is for the	. //	•	d third fourth	· · · · ·		n 501(c)(3)
,,	organization, check this box and stop he	re /			, <i>o</i>		. ▶ □
Secti	on C. Computation of Public Suppor				. 44.50		
14	Public support percentage for 2018 (line)	<u>. — </u>		1, column (f))		14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test-2018. If the organi	zation did not	check the box	c on line 13, ar	nd line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	-					
b	331/3% support test-2017. If the organi						ore, check
	this box and stop here. The organization	qualifies as a j	publicly suppo	rted organizatı	on		. ▶ 🗆
17a	10%-facts-and-circumstances test-20	-			· ·		
	10% or more, and if the organization me						
	Part VI how the organization/meets the "			=			supported
	organization /						• • •
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization in Part VI how the organization in						
	supported organization	neets the fact			· · · · · ·	•	
18	Private foundation. If the organization di			• • •	-		
. •	unctructions	o,,ook a i		, , ,	, 2 2, 011001	22/, 4/10	b []

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.)

	if the organization falls to quality	y under the te	sis listed bei	ow, please co	implete Fart	11.)	
	on A. Public Support			·			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	107,037	106,703	206.469	128,312	104,231	652,752
2	Gross receipts from admissions, merchandise				-		
	sold or services performed, or facilities furnished in any activity that is related to the	}				}	
	organization's tax-exempt purpose					1,355	1,355
3	Gross receipts from activities that are not an					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000
	unrelated trade or business under section 513	107,602	104,129	109,781	110,545	110,094	542,151
4	Tax revenues levied for the	107,002	104,123	103,761	110,343	110,034	342,131
•	organization'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					' I	
_	organization without charge						
6	Total. Add lines 1 through 5	214,639	210,832	316,250	238,857	215,680	1,196.258
7a	Amounts included on lines 1, 2, and 3					j	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				1		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	0	0	0	o	0	0
8	Public support. (Subtract line 7c from	· · · · · · · · · · · · · · · · · · ·	7. A. 16.	A TOTAL	空间被标准	ALL TO SERVICE	
	line 6.)		美,发生的		李 克斯/201	光水水	1,196,258
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	214,639	210,832	316.250	238,857	215,680	1,196,258
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	65	39	19	25	1,328	1,476
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	65	39	19	25	1,328	1,476
11	Net income from unrelated business	03,	33	19		1,320	1,470
• •	activities not included in line 10b, whether			-			
	or not the business is regularly carried on						
12	Other income. Do not include gain or	J	····				
. ~	loss from the sale of capital assets		<u> </u>	ĺ			
	(Explain in Part VI.)		,				
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)		0.00	048 000	222 222	247.000	4 407 70 :
14	First five years. If the Form 990 is for the	214,704			238,882 or fifth tax ve	217,008	1,197,734
14		_					
<u> </u>	organization, check this box and stop he			 	· · · · ·	<u> </u>	
	on C. Computation of Public Support			0 1 (0)		45	
15	Public support percentage for 2018 (line					15	99 88 %
16	Public support percentage from 2017 Sc			<u> </u>		16	99 98 %
	on D. Computation of Investment In				(0)	T [
17	Investment income percentage for 2018 (-		17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box						
b	331/3% support tests-2017. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h e	ere. The organi	zation qualifies	as a publicly su	ipported organiz	zation 🕨 🗌
20	Private foundation. If the organization di	d not check a l	oox on line 14.	19a, or 19b. c	heck this box a	and see instruc	tions ▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- Did a disqualified person (as defined in 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 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.)

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Part	Supporting Organizations (continued)			
44 '	Lieu the augustation appointed a milt or approximation from any of the following paragraps?	*****	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	THE STATE	PARTIES.
h		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110	<u></u>	<u> </u>
	On B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	MARC.	233	
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	26/22/2	Section 1	
2	Did the organization operate for the benefit of any supported organization other than the supported	OLOG!	55725	
_	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,			
	supervised, or controlled the supporting organization	2	Allega of the	2 35 vg , 32 152
Secti	on C. Type II Supporting Organizations			
	·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100	ALLE .	13.73
	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	TOWN SCHOOL	CORPORATE MINE
Secti	on 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	128		AND
	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	TOO SAME OF IT	TANGEL PER
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	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 in (2), did the organization's supported organizations have a			X 5 X
	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	· rayouana w	,
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ctions	5)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
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			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) 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		100	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	**		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	22	ALL	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	ıst on Nov. 20, 1970 (expla	ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	niza	tions must complete Section	ns A through E
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	4		
instructions for short tax year or assets held for part of year)	300		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Mary A. Prince Continues	
2 Enter 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	TATION OF THE PARTY.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).		tegrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	empt purposeș of supp	orted	
	organizations, in excess of income from activity			
<u>3</u>	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	poses of supported orga	anizations	
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			· · · · · · · · · · · · · · · · · · ·
$-\frac{\sigma}{7}$	Total annual distributions. Add lines 1 through 6.		······································	
8	Distributions to attentive supported organizations to which	the organization is res	sponsive	
•	(provide details in Part VI). See instructions.	o ga		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	THE PARTY OF THE P	15 MARIA STRUCTURE	
2	Underdistributions, if any, for years prior to 2018			
•	(reasonable cause required - explain in Part VI). See			
	instructions.		and mathematical standards. Substitution	Total Market Control of Control o
3	Excess distributions carryover, if any, to 2018	A PERSONAL PROPERTY OF THE PRO		
<u>a</u>	From 2013			
<u>b</u>	From 2014			
<u>c</u>	From 2015	THE RESERVE OF THE PARTY OF THE		THE PARTY AND THE PARTY OF THE
<u>е</u>	From 2017			
— č	Total of lines 3a through e			
.	Applied to underdistributions of prior years		DOWNER ALLEN SERVEY CO. P. SECT. J. SECT. CO. 4. A.	
	Applied to 2018 distributable amount			AND THE STREET, SHEET AND SHEET
ī	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			AND COMPANY OF
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			Andrew Court of Device the Court of the Cour
c	Remainder. Subtract lines 4a and 4b from 4.	Vilare on College Springer 1814 b		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	Control of the Contro	1000年140年1500000000000000000000000000000	
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3	FACUS AND DESCRIPTION OF THE PERSON OF THE P		
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
<u>_</u>	Excess from 2015			THE PERSON NAMED IN
с	Excess from 2016		Warden High	WWW. Profession
d	Excess from 2017		性的视性性系统	PARTICIPATION OF THE PARTICIPA
	Excess from 2018	ALCOHOLOGY SERVICE SERVICES		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<u> </u>	
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SCHEDULE 1 (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No 1545-0047

► Attach to Form 990.

Open to Public Inspection

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

Employer identification number

° U ✓ Yes 23-7255217 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance FRIENDS OF THE MOUNTAIN VIEW PUBLIC LIBRARY Department of the Treasury Internal Revenue Service Name of the organization Part I

N

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do y recipient that I	mestic Organiz	ations and Dom Ian \$5,000. Part I	l estic Governm Il can be duplica	ents. Complete ted if additional	f the organization answ space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MTN VIEW PUBLIC LIBRARY 585 FRANKLIN MTN VIEW CA 94041	94-6000379	MTN VIEW, CA	104,384				SEE PART IV
(2)							
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(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	1 501(c)(3) and government of the state of t	vernment organizat	tions listed in the l	ine 1 table			_ C

Schedule I (Form 990) (2018)

Cat No 50055P

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

Schedule I (Fi	Schedule I (Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	mestic Individual space is needed.	ls. Complete if the	organization answ	iduals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ded.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
7						
9						
4						
5				,		
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, columi	(b); and any other additi	onal information.
OPEN TO	PART I, LINE 2. FUNDS ARE DISBURSED FILITER TO THE LIBRARY LISELF OR TO THE INDIVIDUALS AND VENDORS FROVIDING THE FROGRAMS. THE LIBRARY S USE OF FUNDS ARE	F MOUNTAIN VIEW F	TINANCIAL STATEME	NTS	CONDING THE TROCKAMIS. I	חב נוסאטא א טאב טר דטאטא אתב
PART II, LI	PART II, LINE 1 CHILDRENS' PROGRAMS \$12,489, TEEN PROGRAMS \$1,060, ADULT PROGRAMS \$6,867, DIRECTOR'S DISCRETIONARY FUND \$70,819, LEADERSHIP MOUNTAIN VIEW	I PROGRAMS \$1,060	, ADULT PROGRAMS	\$6,867, DIRECTOR'S I	DISCRETIONARY FUND \$70.8	19, LEADERSHIP MOUNTAIN VIEW
\$1,665, MC	\$1,665, MOBILE LIBRARY SERVICE \$5,000, STAFF HOSPITALITY \$708,	YTALITY \$708, WALL	ACE GRANT PURCH,	WALLACE GRANT PURCHASES, TRAVEL MATERIALS \$5,775	RIALS \$5,775	
						Schedule 1 (Form 990) (2018)

SCHEDULE M (Form 99Q)

Noncash Contributions

OMB No 1545-0047 2018

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Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization Employer identification number

	RIENDS OF THE MOUNTAIN VIEW PUBLIC LIBRARY					23-7255217			
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) of determini intribution an		
1	Art — Works of art								
2	Art—Historical treasures								
3	Art-Fractional interests								
4	Books and publications	✓	THE PERSON NAMED IN COLUMN		87,366	SEE PART I	<u> </u>		
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded								
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					00			
	which the organization completed	Form 8283	s, Part IV, Donee Acknowled	igement	(29	0	No	
30a	During the year, did the organizati	on receive	by contribution any prope	rty reported in P	art I, lines	1 through	Yes	No	
	28, that it must hold for at least the to be used for exempt purposes for	ree years t	from the date of the initial o	contribution, and	which isn		30a	3	
b	If "Yes," describe the arrangement	in Part II.							
31	Does the organization have a contributions?						31	- X	
32a	Does the organization hire or use contributions?						32a	1	
b	If "Yes," describe in Part II.							P.W	
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of prop	perty for which co	olumn (a) is	s checked,	質素		

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

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Name of the organization Employer identification number FRIENDS OF THE MOUNTAIN VIEW PUBLIC LIBRARY 23-7255217 PART III, LINE 4D. STAFF DEVELOPMENT DAY \$4,000, LEADERSHIP MOUNTAIN VIEW \$1,665, STAFF HOSPITALITY \$708, BOOK PAGE \$348 PART VI, LINE 2 JAN JONES AND RUSS JONES, FAMILY RELATIONSHIP WILLIAM LOWES AND DONNA LOWES, FAMILY RELATIONSHIP PART VI, LINES 6 AND 7A THE ORGANIZATION HAS ONLY ONE CLASS OF MEMBERS MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY PART VI, LINE 8B NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY CONVENED IN FY 2018 PART VI, LINE 11B A COPY IS EMAILED TO EACH BOARD MEMBER FOR REVIEW AND DISCUSSION AT THE NEXT MEETING PART VI, LINES 12-14 THE ORGANIZATION DOES NOT HAVE WRITTEN POLICIES OR PROCEDURES FOR THESE AND HAS NEVER HAD ANY ISSUES THAT NEEDED ATTENTION PART VI, LINE 15A AND LINE 15B NO COMPENSATION WAS PAID TO ANYONE, BOARD MEMBER OF OTHERWISE THE ORGANIZATION IS TOTALLY STAFFED BY VOLUNTEERS PART VI, LINE 19. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY PART XI, LINE 9 ADJUSTMENT FOR ROUNDING TO WHOLE DOLLARS