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F990-

	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							
	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019							
partment of the Treasury	Go to www.irs gov/Form990 Do not enter SSN numbers on this form as				Open to Public Insp	pection fo		
Check box if	· · · · · · · · · · · · · · · · · · ·				501(c)(3) Organization number identification			
address changed	Name of organization (Check box if name changed and see instructions.) GERMAN INTERNATIONAL SCHOOL OF SILICON Demployee's functional (Employee's functions)							
Exempt under section	Print VALLEY 77-053070							
501(c)(3)	or Number, street, and room or suite no. If a P.O box, see instructions. E Unrelated business activity code (See instructions)							
408(e) 220(e)	310 EASI STREET							
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code MOUNTAIN VIEW, CA 94043 900099							
Book value of all assets	MOUNTAIN VIEW, CA F Group exemption number (See instruction			В	00033			
it end of vear	02. G Check organization type ► X 501		501(c) trust	401(a) tr	ust Othe	r trust		
nter the number of the	organization's unrelated trades or businesses.	1	Describe	the only (or first) unre				
rade or business here 🛙	AMOUNT PAID FOR FRINGE	BENEFIT	S If only one,	complete Parts I-V. If	more than one,			
	lank space at the end of the previous sentence, comp	plete Parts I and II	, complete a Schedule	M for each additional	trade or			
usiness, then complete					\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	the corporation a subsidiary in an affiliated group or nd identifying number of the parent corporation.		ry controlled group?	•	Yes X Nu			
	VIVIAN WONG		Telenh	one number 🕨 (6	50) 254-0	748		
	Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
Gross receipts or sale	s							
Less returns and allo	vances c Balance	▶ 1c						
Cost of goods sold (S	• •	2		·				
Gross profit. Subtract		3						
	ne (attach Schedule D)	48						
 Net gain (loss) (Form Capital loss deduction 	4797, Part II, line 17) (attach Form 4797)	4b 4c	·-····································					
•	partnership or an S corporation (attach statement)	5			n 11 1			
Rent income (Schedu	•	6						
Unrelated debt-finance	ed income (Schedule E)	7						
Interest, annuities, roy	alties, and rents from a controlled organization (Scho	edule F) 8						
	a section 501(c)(7), (0), or (17) organization (School							
,	vity income (Schedule I)	10						
Advertising income (S	structions; attach schedule) $\sigma 7/5 \ge \sigma$	11						
Total. Combine lines	di deliona, attachi schedule)	13	0.		-			
	ns Not Taken Elsewhere (See instruct					*		
(Except for a	contributions, deductions must be directly con	nected with the	unrelated business	income)				
•	cers, directors, and trustees (Schedule K)			L	14			
Salaries and wages					15			
Repairs and mainten	ance				16			
Bad debts	dule) (see instructions)				17			
Taxes and licenses	dully (300 man denons)				19	-		
	ons (See instructions for limitation rules)				20	-		
Depreciation (attach	Form 4562)		21					
Less depreciation cla	imed on Schedule A and elsewhere on return		22a		22b			
Depletion				 	23			
	erred compensation plans			· ·	24			
Employee benefit pro				ļ 	25			
Excess exempt expe Excess readership co	•				26 27			
Other deductions (at	· ·				28			
•	dd lines 14 through 28			j	29	0		
TOTAL GEODETIONS. A	axable income before net operating loss deduction. S	Subtract line 29 fro	om line 13		30	0		
Unrelated business t	erating loss arising in tax years beginning on or after	r January 1, 2018	(see instructions)	L	31	0		

GERMAN INTERNATIONAL SCHOOL OF SILICON

Form 990-				77-05	<u>307</u> 03	Page 2		
Part I	II Total Unrelated Business Taxable	e Income						
33	Total of unrelated business taxable income computed	from all unrelated trades or businesses	(see instructions)		33	0.		
34	Amounts paid for disallowed fringes	`	,		34			
35		duction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)						
36	Total of unrelated business taxable income before spe	35						
30	lines 33 and 34	cone deduction. Obbitact line 33 iron tr	ic sum of		26			
				20	36	1,000.		
37	Specific deduction (Generally \$1,000, but see line 37 i			38	287	1,000.		
38	Unrelated business taxable income. Subtract line 37	7 from line 36. If line 37 is greater than l	ine 36,			•		
	enter the smaller of zero or line 36				38	0.		
Part I								
39	Organizations Taxable as Corporations. Multiply line			>	39	0.		
40	Trusts Taxable at Trust Rates. See instructions for ta	ax computation. Income tax on the amou	ınt on line 38 from					
	Tax rate schedule or Schedule D (Form	1041)		>	40			
41	Proxy tax. See instructions			>	41			
42	Alternative minimum tax (trusts only)				42			
43	Tax on Noncompliant Facility Income. See instruction	ons			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, which	ever applies			44	0.		
Part \								
45a	Foreign tax credit (corporations attach Form 1118, tru	ists attach Form 1116)	45a					
ь	Other credits (see instructions)		45b		7			
	General business credit. Attach Form 3800		45c		1 I			
ď	Credit for prior year minimum tax (attach Form 8801)	or 8827\	45d		1			
	Total credits. Add lines 45a through 45d	01 0027)	[400]		45e			
	Subtract line 45e from line 44					0.		
46		0044			46	<u></u>		
47		orm 8611 Form 8697 Form	8866 Other	(attach schedule)	47	0.		
48	Total tax. Add lines 46 and 47 (see instructions)	005 0 0 111 1 111 1			48	0.		
49	2018 net 965 tax liability paid from Form 965-A or For	rm 965-8, Part II, column (k), line 2	1 1		49			
	Payments A 2017 overpayment credited to 2018	C.	50a	5 000	-l l			
	2018 estimated tax payments	511		5,280.	4			
	Tax deposited with Form 8868	•	50c		4			
d	Foreign organizations: Tax paid or withheld at source ((see instructions)	50d		4 1			
е	Backup withholding (see instructions)		50e		4			
f	Credit for small employer health insurance premiums	(attach Form 8941)	50f		1 1			
g	Other credits. adjustments, and payments. Form	n 2439			1 1			
	Form 4136 Othe	r Total	► 50g					
51	Total payments. Add lines 50a through 50g				51	5,280.		
52	Estimated tax penalty (see instructions). Check if Form	n 2220 is attached 🕨			52			
53	Tax due if line 51 is less than the total of lines 48, 49	, and 52, enter amount owed		>	53			
54	Overpayment. If line 51 is larger than the total of lines	s 48, 49, and 52, enter amount overpaid		▶ 3	\$\$	5,280.		
55	Enter the amount of line 54 you want: Credited to 201	9 estimated tax	Re	funded 💽	\$ 656	5,280.		
Part \			tion (see instru	ctions)				
56	At any time during the 2018 calendar year, did the org	anization have an interest in or a signati	ure or other authorn	tv		Yes No		
	over a financial account (bank, securities, or other) in	· · · · · · · · · · · · · · · · · · ·		•				
	FinCEN Form 114, Report of Foreign Bank and Financi		-					
	here GERMANY	a, 1000011101 11 100, 01101 110 110110 01	and for origin occuracy			x		
57	During the tax year, did the organization receive a disti	ribution from or was it the granter of o	r transferor to a fee	rolan truct?		— X		
37	If "Yes," see instructions for other forms the organization		ii iiaiisieidi id, a idi	eigii ii usi '				
58	Enter the amount of tax-exempt interest received or ac	-						
		<u> </u>	Letatements, and to the	heat of my knowle	ados and hali	ind it is true		
Sign	Under penalties of perjury 1 deplare that 1 de examined this correct, and complete Declaration to produce (other transits)	per pased on all information of which prep	parer has any knowledge	9	and nen	GI, IS 10 11 00,		
Here		1 July 9, 2020 DRESTI	~	•	May the IRS d	liscuss this return with		
11016		PRESI	DENT			hown below (see		
	Signature of officer	Date Filte			nstructions)?	X Yes No		
	Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN			
Paid	1	tailean 1	06/30/2020	self- employed				
Prepa	rer ROGER BULOSAN	MANATAN	<u>_</u>			0221282		
Use C	nly Firm's name ► MARCUM LLP		•	Firm's EIN	11	-1986323		
	1 MONTGOMER	Y STREET SUITE 170	0					
	Firm's address ► SAN FRANCIS	CO, CA 94104		Phone no.	(415)	432-6200		
	09-19					Form 990-T (2018)		

Schedule A - Cost of Goods	s Sold. Enter metho	d of inventory v	valuation ► N/A	<u> </u>				
Inventory at beginning of year 1			Inventory at end of year	6				
2 Purchases	2	7 Cost of goods sol			ine 6			
3 Cost of labor	3	from line 5. Enter here				, <u>, , , , , , , , , , , , , , , , , , </u>		
4a Additional section 263A costs			line 2		, l	7		
(attach schedule)	4a	8	Do the rules of section	1263A (\	with respect to	Yes No		
b Other costs (attach schedule)	4b		property produced or a		•			
5 Total. Add lines 1 through 4b	5		the organization?		, , , , ,			
Schedule C - Rent Income (see instructions)	(From Real Prope	erty and Per	sonal Property L	.ease	d With Real Propo	erty)		
1. Description of property								
(1)					<u> </u>			
(2)	······································				···			
(3)					•			
(4)								
	2. Rent received or accr	ued						
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	of rent for personal	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)		•						
(2)					Î			
(3)								
(4)	j							
Total	O . Total			0.	ì			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column				0.	(b) Total deductions. Enter here and on page 1 Part I line 6, column (B)	> 0.		
Schedule E - Unrelated Deb	t-Financed Incor	ne (see instru	ictions)		· · · · · · · · · · · · · · · · · · ·	Z		
			2. Gross income from			ictions directly connected with or allocable to debt-financed property		
Description of debt-financed property			or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)								
(2)								
(3)				1				
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocable to debt-financed of or allocable to		5. Column 4 divided by calumn 5	reportable (column (column 6 x total		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1) • • •			%					
(2)			%					
(3)			%					
(4)			%		** **			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			>	<u></u>	0.			
Total dividends-received deductions in	cluded in column 8				>	0.		
						Form 990-T (2018)		

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0.

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

Total. Enter here and on page 1, Part II, line 14

Form 990-1 (2018) VALLEY						-053070	3 Page
Part II Income From Perio columns 2 through 7 on a			rate Basis (For each	ch period	dical listed in F	art II, fill in	
Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		culation 6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (fines 1-5)	0.	0.					0.
Schedule K - Compensation	of Officers, C	Directors, and	Trustees (see in:	struction	s)		
1 Name			2. Title 3. Perc time dev busin			Compensation attributable to unrelated business	
(1)					٥	6	
(2)					9	6	
(3)	_				9,	6	
(4)					٥	4	

Form 990-T (2018)

0.