990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Form 990 (201

2018

<u>A</u>	For the	2018 calend	dar year, or tax year beginning , 2018, and e	nding	, 20
В	Check if a	pplicable	C Name of organization MONA Foundation	_	D Employer identification no
	Address c	• •	Doing business as	-	91-1968512
Ē	Name cha		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
Ħ	Initial retur	-	218 Main Street	404	(425) 743-4550
ĭ		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts
Ħ.	Amended		Kirkland, WA 98033		\$ 1,906,987
H	Application		F Name and address of principal officer Mahnaz Javid	H(a) Is this a group return	
_	Application	ii perioling	Same as C above	H(b) Are all subordina	
_	Tay ayam	pt status		─ ''	h a list (see instructions)
<u>'</u>	Tax-exem		w.monafoundation.org	H(c) Group exemption	
<u>. </u>				1	
K ID	Form of or	rganization 🛚		.999 M State of le	gai domicile WA
1120		Summar	<u> </u>		an to mains the
		·-		sroots educati	on, to raise the
ė		status o	f women and girls in the U.S. and abroad.		
ם ב					<u> </u>
2 5				···	
Activities & Governance			ox ► ☐ If the organization discontinued its operations or disposed of more than 25%	I .	1
_ ~			roting members of the governing body (Part VI, line 1a)		
n se			ndependent voting members of the governing body (Part VI, line 1b)		
₹,	- 1		er of individuals employed in calendar year 2018 (Part V, line 2a)		
S &	- 1		er of volunteers (estimate if necessary)		-
-	7a	Total unrelat	ted business revenue from Part VIII, column (C), line 12	<u> 7</u>	<u>0</u>
<u> </u>	b	Net unrelate	nd business taxable income from Form 990-T, line 38 RECEIVED	7	0
Z				O Prior Year	Current Year
Revenue AININED	8	Contributions	s and grants (Part VIII, line 1h)	Ý 2,667,9	1,890,589
	9	Program ser	rvice revenue (Part VIII, line 2g)		0
Ž.	10	Investment in	s and grants (Part VIII, line 1h)	4,5	8,329
æ	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1te) OGDEN, UT.	(40,5	48) (49,129)
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,631,9	1,849,789
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)	2,087,6	721,435
	14	Benefits paid	d to or for members (Part IX, column (A), line 4)		0
	15	Salaries, oth	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	79,7	198,938
Expenses	16a	Professional	I fundraising fees (Part IX, column (A), line 11e)	•	0
Ë	ь	Total fundra	ısıng expenses (Part IX, column (D), line 25) ► 233, 388		
X			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	322,3	77 415,317
		·-	ses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,489,7	1,335,690
	1	•	s expenses Subtract line 18 from line 12	142,1	
	_			Beginning of Current Yea	r End of Year
ets o	20	Total assets	(Part X, line 16)	1,971,7	
Asse	21		es (Part X, line 26)	30,3	
Net Assets or	22		or fund balances Subtract line 21 from line 20	1,941,3	
_	irtiii)		re Block		2,201,303
Unc	er penaltie	es of periury. I dec	clare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief, it is	_
true	, correct, a	ind complete De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge		
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	parer	—	► 501 Commons \30C93D2E98E6422	205 55	089631
US	e Only	Firm's addres	s ▶ 1200 12th Ave S, Suite 1101, Seattle, WA 98144	Phone no 206-68	32-6704
		1			
Мау	the IRS	discuss this	return with the preparer shown above? (see instructions)	<u></u>	U Yes U No

For Paperwork Reduction Act Notice, see the separate instructions.

_	n 990 (2018) MONA Foundation 91-1968512 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	* Check if Schedule O contains a response or note to any line in this Part III
•	To support grassroots education, to raise the status of women and girls in the U.S. and
	abroad.
	abroad.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 113,511 including grants of \$ 113,376) (Revenue \$)
	Barli Institute (India): 235 girls trained in literacy skills (reading, writing in Hindi and
	simple arithmetical skills), health & hygiene, environmental education, and personal &
	community development. They were also trained in income generating and vocational skills
	including: cutting and tailoring, solar food processing, medicinal plants cultivation and
	management, organic farming. Total up from 218 girls last year. A Solar-powered water pump
	has been installed, giving the trainees and their families first-hand experience and training
	about saving the environment through solar power for irrigation. In order to increase the
	groundwater recharge capacity and to store rainwater, a small pond was made in Barli
	Institute's organic farms - 30ft x 60ft x 8 ft deep. Visited 25 Bari graduates to see how
	they have progressed. Most of the trainees are now married and still pursuing stitching and
	tailoring in their villages, while some have taken up higher education.
4b	(Code) (Expenses \$109,135 including grants of \$109,000) (Revenue \$)
	ADCAM (Brazil): 70 students received scholarships thanks to the Mona Foundation. 180 youth
	trained in the Young Apprentice Program, graduates employed in over 17 different companies
	"Joint Effort Towards Citizenship" provided, at no cost, basic services for the community in the areas of health (dental and vision), education, legal assistance, exercise classes, First
	Aid workshops and assistance in issuance of personal documents to 2,136 individuals.
	Aid workshops and assistance in issuance of personal documents to 2,150 individuals.
4c	(Code) (Expenses \$ 100,090 including grants of \$ 100,000) (Revenue \$)
	Digital Study Hall (India): 109 videos produced on teacher trainings, critical dialogues and
	on-site videos of school activities. 2,502 teachers from 746 schools were trained in the
	Aarohini program. 93% of girls finishing class 8 (13,256 girls) transitioned to class 9, as
	result of teachers efforts and perseverance. No child marriages were reported amongst girls
	upon completing grade 8 (32 underage girls forced into marriage in 2017). In 2011, 53% girls
	demonstrated vulnerability to child marriage as per a sample study. 74,600 girls participated
	in 1,550 marches for girls rights which have reached out to over 1,800 villages. Opened 10
	new GyanSetu centers, now totaling 20. The total number of children increased to 856 in
	December, from 567 students in June 2018. 12,547 girls in KGBV schools were connected to
	government scholarships.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 672,631 including grants of \$ 399,059) (Revenue \$)
4e	Total program service expenses ▶ 995, 367
	Form 990 (2018)

Form 990 (2018)

Part IV

MONA Foundation

Checklist of Required Schedules

ADD G IMO 91-1968512 Page 3

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Χ assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 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 Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," R Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............ 13 14a 14a 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?....... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

Ра	rt IV Checklist of Required Schedules (continued)			
00	Deliberation of the Control of the C		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22_		$\vdash $
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	22		Х
04-	employees? If "Yes," complete Schedule J	23		^
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			v
	through 24d and complete Schedule K If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			i I
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ı
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			17
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	_		v
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	056		
	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			v
.=	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-00	v	
Devi	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		<u> </u>
	Estable combanada Davo efferm 1990 E to 0 feat collection		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	- - X	
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 4

Page 5

Form		968512	F	Page !
Pa	rt V: Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		is play	d :
	Statements, filed for the calendar year ending with or within the year covered by this return	6		200
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		100	Priest.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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 (such as a bank account, secunties account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country		1000000	##Y.3
	See 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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	200	张约 点	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			2.7
-	and services provided to the payor?	7a	Х	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	* ````` 1839	- }	232.
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		ĺ (*)	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		L Link	
•	sponsoring organization have excess business holdings at any time during the year?	8	2.200,3074	
9	Sponsoring organizations maintaining donor advised funds.		. ,	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	A-F-ANIIII	tidak-asia
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	(1994)	32.15	16 0 / 12
а	Initiation fees and capital contributions included on Part VIII, line 12	78		. oc
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		٠٠ غار داري داري	1000
11	Section 501(c)(12) organizations. Enter		3,25	No.
''	Gross income from members or shareholders	1305 1305	1.00	
b	Gross income from other sources (Do not net amounts due or paid to other sources		沙阴	B 14
J	against amounts due or received from them)		's 3	25
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	···	- Endeline
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		· · · · · ·	à, · · · ·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10.00	1994	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Military Mark	Designations.
a	Note. See the instructions for additional information the organization must report on Schedule O	2.61	2 Sir-1 28	Tree of
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b		", 'S		
_	the organization is licensed to issue qualified health plans			
C 1/12	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- xx	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1
_b	The second of th	140		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) duning the year	13	3032	A 2.45
16	If "Yes," see instructions and file Form 4720, Schedule N	16	<u> </u>	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	48, 385	
	If "Yes," complete Form 4720, Schedule O	.205,207	144,735	<u>e≆ 1</u>

17	List the states with which a copy of this Form 990 is required to be filed	>
	• • • • • • • • • • • • • • • • • • • •	
	O	

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Another's website Other (explain in Schedule O) Own website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records 20

McBooks Inc (206) 571-1225, 2039 34th Ave S, Seattle, WA 98144

Form	aan	(2018)	

MONA Foundation

91-1968512

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

Officer this box in the organization for any terate	a organizacio	00	••••			00110111				
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	1 '				han one s both an		Reportable	Reportable	Estimated
	hours per					r/trustee)		compensation	compensation from	amount of
	week (list any hours for						_	from the	related organizations	other compensation
	related	or director	Inst	Officer	<u>@</u>	활평	9	organization	(W-2/1099-MISC)	from the
	organizations below dotted	rect	Institutional trustee	cer	key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related
	line)	악	na r		Joye	e co				organizations
		slee	ruste		Ď	pens				
			ř			aled				
							_			
(1) Peter Neuman	1.00	.,						_		
Board Member	1 25	X			<u></u>	\vdash	\dashv		0_	0
(2) Patrick A Javid	1.00							_		
Board Member		X					\dashv		0	0_
(3) Tammy Wood	4.00	3.7						,		
Board Member	-	X					_	<u> </u>	0	0
(4) Diane Samandi	3.00	v						_		
Board Member		Х			<u> </u>		-		0_	0
(5) Duy-Loan Le	2.00	.,						_		
Board Member		Х					-		0	0
(6) Sima Mobini	2.00	.,,						_		
Board Member		X	_						0	0_
(7) Nikki Meshkin	3.00	.,,		٠,				_		
Vice President		X		Χ		-	_		0	0_
(8) Kim Clark	5.00	,,,		٠,				_		
Secretary		X		Χ		 			0_	0
(9) David Wood	5.00	,,,		٠,				_		
Treasurer		X		Χ		 -			0	0
(10)Mahnaz Javid	_60.00_			٠,			ĺ			
President				Χ		 	-	75,000	0	0
(11)										
<u>(12)</u>								_		
<u>(13)</u>										
(14)										
				<u> </u>	<u></u>	Щ.			L	L

91-1968512

Part	VIII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Com	per	sated Employees	(continued)		
	•				(C							
	(A)	(B)	(do n	ot che	Posi		an one		(D)	(E)		(F)
	Name and title	Average	,				both an		Reportable	Reportable		mated ount of
		hours per week (list any				ector/t	rustee)		compensation from	compensation from related	ı	ther
		hours for	Individual trustee or director	Insti	Officer	ξ ey	Highest compensated employee	Former	the	organizations		ensation
		related organizations	recto	utio	ě	Key employee	est c loyer	H.	organization (W-2/1099-MISC)	(W-2/1099-MISC)	ı	m the nization
		below dotted	ı Tiruş	nal tr		oye	dmo		,			related
		line)	lee	Institutional trustee		"	ensa				orgar	nizations
				"		İ	ē					
									-			
(15)						Ì						
(16)												
7,0,												
(17)												
7.7.												
(18)												-
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(19)										-		
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(20)												
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<u>(21)</u>												
										10		
(22)												
					H							
(23)												
(0.4)												
(24)												
(25)										•		
(22)												
1b	Sub-total					<u>_</u> _				-		
С	Total from continuation sheets to Part VII, Sectio											
d	Total (add lines 1b and 1c)						٠		75,000	0		0
2	Total number of individuals (including but not limited								e than \$100,000 of			
	reportable compensation from the organization									0		
												/es No
3	Did the organization list any former officer, directo		-				-		•			
	employee on line 1a? If "Yes," complete Schedule										3	X
4	For any individual listed on line 1a, is the sum of rep											
	organization and related organizations greater than										4	v
_	Individual										4	X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes,"										5	Х
Section	on B. Independent Contractors	complete 30	Jriedui		01 30	<u> </u>	Derson			<u> </u>	<u> </u>	11
1	Complete this table for your five highest compensate	d independer	nt cont	racto	ors th	nat re	eceive	d m	ore than \$100.000	of		
•	compensation from the organization. Report comper											
	year				,		- · · · · ·		.			
	(A)								(B)		(0	;)
	Name and business address			_					Description of s	services	Compe	nsation
											_	
										_		
2	Total number of independent contractors (including				liste	d ab	ove) w	/ho				
	received more than \$100,000 of compensation from	The organiza	TION									

Page 9 Form 990 (2018) 91-1968512 MONA Foundation Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Revenue excluded from tax Related or Unrelated Total revenue exempl business revenue Federated campaigns Giffs, Grants illar Amounts 1b Membership dues . Fundraising events 1c 415,183 С 1d Related organizations Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1,475,406 Noncash contributions included in lines 1a-1f \$ 159,958 Total. Add lines 1a-1f 1,890,589 **Business Code** 2a f All other program service revenue g Total.. Add lines 2a-2f . . . Investment income (including dividends, interest, 8,329 8,329 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses c Rental income or (loss) . . . d Net rental income or (loss) . (i) Securities 7a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising Other Revenue \$_ events (not including of contributions reported on line 1c) See Part IV, line 18 5,985 **b** Less direct expenses 52,662 (46,677) (46,677)c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses **b** c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less 2,084 returns and allowances . . 4.536 **b** Less cost of goods sold **b** c Net income or (loss) from sales of inventory . . . **Business Code** Miscellaneous Revenue 11a d All other revenue . . .

1,849,789

(38, 348)

e Total. Add lines 11a-11d

Total revenue. See instructions

91-1968512

Statement of Functional Expenses | Part IX |

Form 990 (2018)

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 (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, Fundraising Management and Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 106,000 and domestic governments. See Part IV, line 21 106,000 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 615,435 615,435 4 Benefits paid to or for members 5 Compensation of current officers, directors, 75,000 24,932 25,136 24,932 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 107,916 70,492 9,063 28,361 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 4,547 16,022 8,451 3,024 10 11 Fees for services (non-employees) 37,635 C 37,635 Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column 43,935 36,900 (A) amount, list line 11g expenses on Schedule O) 80,835 12 Advertising and promotion 10,528 10,528 645 18,068 4,527 12,896 13 59,065 30,104 2,337 26,624 14 Information technology 15 5,548 2,196 3,094 16 10,838 3,877 12,645 2,315 17 18,837 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. . . 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 359 147 68 144 2,763 23 2,763 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 16,840 588 17,428 Fees, Permits, etc 8,734 Site Visits 8,734 76,302 138,482 60,227 1,953 ¢ In-Kind Expense 6,745 Misc. Expenses 11,745 5,000 All other expenses е 233,388 Total functional expenses. Add lines 1 through 24e 1,335,690 995,367 106,935 25 -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

[Insert content is not content in the conte following SOP 98-2 (ASC 958-720)

Page 11

*Par	t [®] X	Balance Sheet				
		*Check if Schedule O contains a response or note to any line in this Part X		<u></u>		<u> </u>
				(A)		(B)
		,		Beginning of year		End of year
	1	Cash - non-interest-bearing		686,776	1	1,117,064
	2	Savings and temporary cash investments	[814	2	21
	3	Pledges and grants receivable, net	[68,690	3	84,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors,	*		7.3	
		trustees, key employees, and highest compensated employees	د		1 100	
		Complete Part II of Schedule L	• • •	3.00	5	A STATE OF THE STA
	6	Loans and other receivables from other disqualified persons (as defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	d away			
		-sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	2	AND STREET, ST		
		organizations (see instructions) Complete Part II of Schedule L	• • •		6	_
y)	7	Notes and loans receivable, net	_		7	
Assets	8	Inventories for sale or use]_		8	
As	9	Prepaid expenses and deferred charges	[4,988	9	3,088
	· 10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D 10a 12,7				
	ь	Less accumulated depreciation 10b 12;3	343	752	10c	393
	11	Investments - publicly traded securities	\cdots	1,208,239	11	957,801
	12	Investments - other secunties See Part IV, line 11	\cdots		12	50,625
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	`
	15	Other assets See Part IV, line 11		1,473	15	1,473
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,971,732	16	2,214,465
	17	Accounts payable and accrued expenses	• • •	3,013	17	3,661
•	18	Grants payable		21,000	18	
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities		······	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	: • •	J AT Y to X bhase	21	107 (21 1 to Ne t. 858 to
ies	22	Loans and other payables to current and former officers, directors,	-			
Liabilities		trustees, key employees, highest compensated employees, and	Ē		, in the	
Lia		disqualified persons Complete Part II of Schedule L	⊢		22	,
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties	\cdots		24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24) Complete Part X	ł		25	2 224
		of Schedule D		6,346	25	3,301
	26	Total liabilities. Add lines 17 through 25		30,359	26	6,962
		Organizations that follow SFAS 117 (ASC 958), check here in and and and and and and and and and an				
Ses	07	complete lines 27 through 29, and lines 33 and 34.	-	1,317,882	27	
auc	27	Unrestricted net assets	, –		27	1,515,078
Ba	28	Temporarily restricted net assets		308,266	28 29	325,759
미	29	Permanently restricted net assets		315,225	-Aidi	~ 300,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here accomplete lines 20 through 24	iiu			
ls o	20	complete lines 30 through 34.	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	N. A. T.
sse	30	Capital stock or trust principal, or current funds			31	
Ä	31	Paid-in or capital surplus, or land, building, or equipment fund	⊢	*	32	
Š	32	Total net assets or fund balances		1,941,373	33	2,207,503
	33				34	
	34	Total liabilities and net assets/fund balances	• • • • •	1,971,732	J4_	2,214,465

Forn	1 990 (2018) MONA Foundation	91-196	8512	Pa	age 12
<u>P</u> a	rt XI. Reconciliation of Net Assets	,			_
	* Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>	<u>. [] </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,8	3 4 9,7	789
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,3	35,6	590
3	Revenue less expenses Subtract line 2 from line 1	. 3	5	14,0	199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,9	41,3	373
5	Net unrealized gains (losses) on investments	. 5	(2	247,9	3 69)
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	2,2	207,5	503
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🐰 Accrual 🔲 Other			المارية المارية المارية	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		5 1, y	مدالتين پار مع	
	Schedule O		130° 1 12	1 1 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		3 3 5 3 4 5	£ 1,1	300
	reviewed on a separate basis, consolidated basis, or both		7.5,	124	57,77,9
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		**- 1	V	: 3 6
	separate basis, consolidated basis, or both		7.5	. 33125.	I
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		, `	1. 1.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		, ,	. +",	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. '	2c	,	
	If the organization changed either its oversight process or selection process during the tax year, explain in		- 11	17 1	55.55
	Schedule O				11.5
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		i
EEA	required area of account to provide the control of a cont	i_	Form	990 (2	2018)
			. =/		- /

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2018

Open to Public Inspection

Intern	al Rev	enue Service	▶	Go to www.irs.go	v/Form990 for instruc	tions and	the latest	information.	Inspe	ction
Name	of the	e organization						Employer identifi	cation number	
MON	IA F	oundation						91-19685	12	
Pa	rt'l	Reason	for Public Charit	y Status (All or	ganizations must c	omplete	this part	t.) See instruction	าร.	
The	orga	nization is not a	private foundation bed	ause it is (For lines	1 through 12, check on	ly one box)			
1		A church, con	vention of churches, or	r association of chu	rches described in sect	ion 170(b))(1)(A)(i).		. —	
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ))		h	
3		A hospital or a	cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	۸)(iii).		\cup I	
4		A medical res	earch organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1)(A)(iii). Enter the	_ (
			e, city, and state							
5				efit of a college or u	iniversity owned or opera	ated by a g	jovernmen	ital unit described in		
)(1)(A)(iv). (Complete							
6		· · · · · · · · · · · · · · · · · · ·			nit described in section	170(b)(1)	(A)(v).			
7	$\overline{\mathbb{X}}$		-		of its support from a gov			m the general public		
·	6.0	-	ection 170(b)(1)(A)(vi							
8			rust described in sect							
9	П	-			on 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant col	leae	
•		-	-		ee instructions) Enter th				- 3 -	
		university	a non land grant cone	ge of agricultate (a	00 moradione, 2 mor m	o, o.	.,,			
10		· –	n that normally receive		1/3% of its support from	a contributi	ons. memb	pership fees, and gros	ss	
	ш	-	· · · · · · · · · · · · · · · · · · ·		ubject to certain excepti					
		•		•	siness taxable income (le					
		٠			section 509(a)(2). (Com					
11	П		•		est for public safety Se	-				
12	Ħ	•	•	•	he benefit of, to perform				es	
12	Ш				ed in section 509(a)(1)					
					e type of supporting org					
	а		•		sed, or controlled by its					
	a				appoint or elect a major				·g	
					IV, Sections A and B.	inty of the c		11451665 01 116		
	h	_	-		ntrolled in connection w	ith ite eiinr	onted ora:	anization(s), by havin	na	
	b	_ ••		•	n vested in the same pe					
			on(s) You must com			isons man	30111101 01 1	manage the supporte	o .	
	_		• •		nization operated in co	nnection w	uth and fu	nctionally integrated	with	
	С								vv iti 1,	
					I must complete Part I organization operated				tion(e)	
	d									
					enerally must satisfy a d			it and an attenuvenes		
	_	_			e Part IV, Sections A a determination from the If			Type II. Type III		
	е	_	•				a Type I,	Type II, Type III		
					tegrated supporting org				٣	
	f		ber of supported organ lowing information abo		anaration(s)				[
	<u>g</u>			1	· · ·	(vv) la tha a		(v) Amount of manatani	(vi) Amoun	• • •
	()) Name of supported	organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amoun other suppor	
					above (see instructions))	docum	-	instructions)	instruction	
						Vac	No.	-		
						Yes	No			
(A)										
										··· ·
(B)										
(C)								,		
						 				•
(D)										
						 		1		

(E)

Page 2 Schedule A (Form 990 or 990-EZ) 2018 MONA Foundation Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support-(c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) > (a) 2014 (b) 2015 Gifts, grants, contributions; and, membership fees received (Do not 1,121,388 1,199,313 2,711,619 1,896,574 7,972,826 1,043,932 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities fumished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 1,121,388 1,896,574 7,972,826 1,043,932 1,199,313 2,711,619 The portion of total contributions by each person (other, than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,525,628 Public support. Subtract line 5 from line 4 . . . 5,447,198 Section B. Total Support (c) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (d) 2017 (e) 2018 7,972,826 1,199,313 2,711,619 1,896,574 1,121,388 1,043,932 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from 2,767 14,475 8,329 28,801 1,718 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) (9.933) Total support. Add lines 7 through 10 . 7,991,694 11 12 2,084 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 68.16 % 72.24 15 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a X b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

, 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here... Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (Form 990 or 990-EZ) 2018

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.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 . . . Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 (f) Total Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents. royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11 and 12) First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 16 % Section D. Computation of Investment Income Percentage % 18 18 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. . . b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

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)
- 8 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**
- c 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)

	Yes	No
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Schedule A (Form 990 or 990-EZ) 2018

MONA Foundation

Pa	rt{IV <u>}</u> Supp	porting Organizations (continued)			
	• .			Yes	No
		nization accepted a gift or contribution from any of the following persons?			AGL.
а	•	directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the gov	verning body of a supported organization?	11a		
b	A family mem	ber of a person described in (a) above?	11b	<u> </u>	
С	A 35% contro	lled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	tion B. Type	I Supporting Organizations			
				Yes	No
1	Did the director	ors, trustees, or membership of one or more supported organizations have the power to			
	regularly appo	oint or elect at least a majority of the organization's directors or trustees at all times during the	多年200 60000000000000000000000000000000000		
		No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			10.1
	•	organization's activities. If the organization had more than one supported organization,	1 - 2 - 4		¥.
		the powers to appoint and/or remove directors or trustees were allocated among the supported			
		and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
,		,	5500 A	+ 1. C	SESS.
2	Did the organi	ization operate for the benefit of any supported organization other than the supported	KON.		
-		s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		ling such benefit carried out the purposes of the supported organization(s) that operated,			
	•	r controlled the supporting organization	2	148664	
Sec		Il Supporting Organizations			<u>. </u>
<u> </u>	tion o. Type	. Outporting Organizations		Yes	No
1	Were a majori	ity of the organization's directors or trustees during the tax year also a majority of the directors		4.5%	54
•	•	each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		each of the organization's supported organization(s). If No., describe in Part Viriow controlled or managed	5,3		
	_	In the supporting organization was vested in the same persons that controlled of managed organization(s).	1		المقديقي وأبيع
500		/pe III Supporting Organizations			<u> </u>
<u>360</u>	COLL D. All Ty	the in Supporting Organizations		Yes	No
1	Did the organi	ization provide to each of its supported organizations, by the last day of the fifth month of the	3.20	- 20to	···
•		tax year, (i) a written notice describing the type and amount of support provided during the prior tax	§	د کوروگری در سال اوروگری	
		by of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		4	
		governing documents in effect on the date of notification, to the extent not previously provided?	1	المخالفات	المششف
	organizations	governing documents in effect on the date of notification, to the extent not previously provided.	**************************************	n Start	N-783
2	Were any of th	he organization's officers, directors, or trustees either (i) appointed or elected by the supported	1-0r, :		
	organization(s	s) or (II) serving on the governing body of a supported organization? If "No," explain in Part VI how	: V/V		
	the organization	on maintained a close and continuous working relationship with the supported organization(s)	2		
_	D	the welstanders described in (0), slid the expensions of expensions broken	۱۹ مراه المراه المر المراه المراه المرا		
3		the relationship described in (2), did the organization's supported organizations have a	Trest		
		ce in the organization's investment policies and in directing the use of the organization's			
		sets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>		anizations played in this regard ,	3		<u> </u>
		III Functionally Integrated Supporting Organizations	otruo	tions	
1		x next to the method that the organization used to satisfy the Integral Part Test during the year (see in	Siruci	ions	, .
a		ization satisfied the Activities Test. Complete line 2 below			
b		ization is the parent of each of its supported organizations. Complete line 3 below	lana ir	otruo	tions)
C		ization supported a governmental entity. Describe in Part VI how you supported a government entity (ווו טטט		
2		. Answer (a) and (b) below.		Yes	No
а		ally all of the organization's activities during the tax year directly further the exempt purposes of			
		organization(s) to which the organization was responsive? If "Yes," then in Part VI identify.			
		rted organizations and explain how these activities directly furthered their exempt purposes,			
		nization was responsive to those supported organizations, and how the organization determined			
_		ivities constituted substantially all of its activities	2a	C COMMO	3.5.327
b		es described in (a) constitute activities that, but for the organization's involvement, one or more			
		ation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		e organization's position that its supported organization(s) would have engaged in these			
		or the organization's involvement	2b	د مورد و المورد المورد و المورد و ا	y lingue Dates, slight
3		ported Organizations. Answer (a) and (b) below.			
а	-	zation have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
		ch of the supported organizations? Provide details in Part VI.	3a	un primare :	NAME OF THE PARTY OF
b	-	zation exercise a substantial degree of direction over the policies, programs, and activities of each	200		
	of its supporte	ed organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

MONA Foundation

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			
instructions. All other Type III non-functionally integrated supporting organi	zatio	ns 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	1 1	
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		1
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	120		TOTAL PROPERTY.
instructions for short tax year or assets held for part of year).		MARKATAN	
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	, jir		
factors (explain in detail in Part VI)	. 6		
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 Ýear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	物。这些经验基件开始	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	等的。 表面是 14 20 20 20 20 20 20 20 20 20 20 20 20 20	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	图 图 选 播 电	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	SA SPECIFICAÇÃO	
7 Check here if the current year is the organization's first as a non-functionally	ınteç	grated Type III supporting	organization (see
instructions)			
EEA '		Schedul	e A (Form 990 or 990-EZ) 2018

Sched	ule A (Form 990 or 990-EZ) 2018 MONA Foundation		91-19	68512 Page 7
Pai	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			,
	organizations, in excess of income from activity	_		-
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6 .	Other distributions (describe in Part VI). See instructions			,
7	Total annual distributions. Add lines 1 through 6		٠,	
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	
	(provide details in Part VI) See instructions	_		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· , , ,		*.
		(1)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
		Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions		, , , , ,	
3	Excess distributions carryover, if any, to 2018			以为是中国国际公司
	From 2013	建筑过海 维以为镇理	TAKING THE PROPERTY OF THE PARTY OF THE PART	は、経験に決議して
b	From 2014			TO BE LESS TO BE LUB
	sFrom 2015			
	From 2016	量的 "公主"		の特殊が、対象をは有
е	From 2017		· 通過 · · · · · · · · · · · · · · · · · ·	144. 184. 184. 184. 184. 184. 184. 184.
f	Total of lines 3a through e		"这是 你会都是小多都的	計算を表現を表現を表現
g	Applied to underdistributions of prior years	整的主义的人,这个人	•	4、14数点点機能を製
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)	•	公司 公司	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4.	Distributions for 2018 from			
	Section D, line 7.			
а	Applied to underdistributions of prior years			是主要的 经基础
b	Applied to 2018 distributable amount			-
С	Remainder Subtract lines 4a and 4b from 4			
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			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			, ,
	Part VI. See instructions.		10 Page 14-5	
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c			
8	Breakdown of line 7.	AND THE THEFT		
а	Excess from 2014			
b	Excess from 2015		阿里斯罗尔斯 亚	
С	Excess from 2016	地震では一般に対象を		
d	Excess from 2017		经验证证明的	
_	Excess from 2018			CALL STATE OF THE

Schedule A (For	m 990 or 990-EZ) 2018
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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	Schodula A (Form 990 or 990-F7) 201
P* P* A	Schadula A /Form 990 or 990-F7) 201

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name	of the organization	Employer identification number
MOI	NA Foundation	91-1968512
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ad	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year) .	
3	Aggregate value of grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise	d
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u	
_	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		prically important land area
	Protection of natural habitat Preservation of a cert	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation
_	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
3	tax year	organization daming the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
3	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	
O	Start and volunteer flours devoted to mornitoring, inspecting, maidling of violations, and emorning consci	valion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
′	> \$	on casements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statemen	
	organization's accounting for conservation easements	is that describes the
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, o	r Other Similar Assets
· a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	Total Samuel Account
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statem	nent and halance sheet
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	
b		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	ii iii loitherance or
	public service, provide the following amounts relating to these items	► ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. •
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> >

Sched	ule D (Form 990) 2018 MONA Foundation	ı				91-196	8512	Page 2
Pa	rt III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, o	or Oth	er Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the follow	ing that are a	a signific	ant use of its		
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loar	n or exchange progra	ams				
b	Scholarly research	e 🗌 Othe	r					
С	Preservation for future generations			-				
4	Provide a description of the organization's collect	ctions and explain ho	w they further the org	ganization's e	exempt p	urpose in Part		
	XIII	·	,	•	, ,	•		
5	During the year, did the organization solicit or re-	ceive donations of an	t, historical treasures	s, or other sim	nılar			
	assets to be sold to raise funds rather than to be						٠ 🗆 ،	res 🗌 No
Pa	rt IV Escrow and Custodial Arrang	jements.						
	Complete if the organization an	swered "Yes" or	Form 990, Parl	t IV, line 9,	or rep	orted an amo	ount on Fo	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian of	r other intermediary f	or contributions or o	ther assets n	ot			
							🗆 `	res 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	ng table					
						A	mount	
С	Beginning balance				10	:		
đ	Additions during the year				10	1		
е	Distributions during the year				Te	•		
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow or custod	lial account lia	ability?		۱ 🗌	res 🗌 No
b	If "Yes," explain the arrangement in Part XIII Ch	neck here if the explai	nation has been prov	ided on Part	XIII			🗆
Pai	rt V Endowment Funds.		-					
	Complete if the organization an	swered "Yes" or	Form 990, Part	t IV, line 10).			
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance	332,274	317,045	370	,590	428,24	5	105,321
b	Contributions	51,441	3,600	31	,500	72,80	0	322,810
С	Net investment earnings, gains, and					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	losses	(12, 356)	40,988	2	, 930	(35	6)	114
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs		29,359	87	, 975	130,09	9	
f	Administrative expenses		······································			•		
g	End of year balance	371,359	332,274	317	,045	370,59	0	428,245
2	Provide the estimated percentage of the current	year end balance (lin	e 1g, column (a)) he		***************************************			
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► 98.74 %							
С	Temporarily restricted endowment ▶	1.26 %						
	The percentages on lines 2a, 2b, and 2c should	equal 100%						
3a	Are there endowment funds not in the possession	on of the organization	that are held and ac	dministered fo	or the			
	organization by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	on Schedule R?				. 3b	
4	Describe in Part XIII the intended uses of the or	ganization's endowm	ent funds					
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization an	swered "Yes" or	Form 990, Part	t IV, line 1	1a. Se	e Form 990, F	Part X, lin	e 10.
	Description of property	(a) Cost or othe	rbasis (b) Cost o	r other basis	(c)	Accumulated	(d) Boo	k value
		(investme	nt) (d	other)	d	epreciation		
1a	Land					CONTRACTOR OF THE CONTRACTOR O		
b	Buildings							
С	Leasehold improvements							
d	Equipment			12,736		12,343		393_
е	Other							
Total	. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X	, column (B), line 10	Oc)				393

Foundation	91-	1968512
1.1		

Part VII	Investments - Other Securities.			
	Complete if the organization answer	<u>ed "Yes" on Form 990, Par</u>	t IV, line 11b. See Form 990,	Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
· —	Inc. Stock	50,625	Cost	
(B)				
(C)		,		
(D)			•	
(E)	**	-		
(G)				
(H)				· ·
	must equal Form 990 Part X, col (B) line 12)	50,625	小位的水流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流	
Part VIII	Investments - Program Related.	-		
	Complete if the organization answer	ed "Yes" on Form 990. Par	t IV. line 11c. See Form 990.	Part X, line 13.
			(c) Method of valuation	
•	(a) Description of investment	. (b) Book value	Cost or end-of-year market v	
(1)			<u> </u>	
(2)		`		
(3)	7			
(4)	×		•=	•
(5)				
(6)				1
(7)	***			
(8)				
(9)	,		•.	
•	must equal Form 990, Part X, col (B) line 13)	1		
Part IX	Other Assets.	1		**************************************
***************************************	Complete if the organization answere	ed "Yes" on Form 990. Par	t IV. line 11d. See Form 990.	Part X. line 15
		Description		(b) Book value
(1) Paint:	ings and Framing for Office			1,47
(2)		·		
(3)	,		·	,
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)	· ·		١_	
(6)	•	-		•
(7)			***	· · · · · · · · · · · · · · · · · · ·
(8)	,	· · · · · · · · · · · · · · · · · · ·		
(9)			_	
	n (b) must equal Form 990, Part X, col (B) line	15)		1,47
Part X	Other Liabilities.			
E LINE TARRELL	Complete if the organization answere	ed "Yes" on Form 990, Par	t IV, line 11e or 11f. See Forn	n 990, Part X,
	line 25.	,		•
1.	(a) Description of liability	(b) Book value		
(1) Federal II				
	Tax Payable	49		
	fy Gift Card	122		
	ll Liabilities	3,130		
(5)	i diabilities			
(6)		1		
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.)	3,301		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIIL

Sched	ule D (Form 990) 2018 MONA FOUNDACTON	1-1966512 rage
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements	1 .
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	(500°) (50°)
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	2e
е 3	Subtract line 2e from-line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3 , + 3 , 1 , 2 , 2 , 3 , 3 , 3 , 3 , 3 , 3 , 3 , 3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Other (Describe in Part XIII)	4 7 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b.	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII)	
_C	Add lines 4a and 4b	4c
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b,	rt Y line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	it X, iiilo
_, · u		
01.	Endowment funds intended uses (Part V, line 4)	
Endo	owment Fund earnings may be used at the discrection of the board. It is the	Board's
		,
dec	sion to keep intact the Principal of the funds we receive for Endowment, and	l use the
	•	
earı	ned interest for support of education globally at any time we make such a dec	ision. At
this	s time, it is also the decision of the Board to leave the earned interest als	O INTACT
	,	
and	keep with principal until we grow our Endowment to our goal size of \$5M.	
		•
	·	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
-	•	-
		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2018

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection-

							01 106	0510	
	A Foundation	0 -41141-		- 11-14-4 04-4	No	.6 46	91-196		
Par			es Outside tr	ie United Sta	les. Complete	ii the organizati	on answer	eu res o	11
4	Form 990, Part IV, I For grantmakers. Does the org		ous reserves to	aubataatiata tha	amount of its ar	ents and			
	other assistance, the grantees' e	-							
	award the grants or assistance?							⊠ Yes	∏ No
•	award the grants or assistance.							(A)	
2	For grantmakers. Describe in l	Part V the organ	ization's proce	dures for monito	oring the use of i	ts grants and othe	er assistanc	e	
	outside the United States				, 3	3			
				•					
3 /	Activities per Region (The follow	ving Part I, line 3	table can be d	luplicated if addi	tional space is ne	eeded)			
	(a) Region	(b) Number of offices in	(c) Number of employees.	(d) Activities co	onducted in the type) (such as,	(e) If activity listed in a program serv		(f) Tota expenditur	
		the region	agents, and	fundraising, pro	ogram services,	describe specific ty	pe of	and investi	ments
			independent contractors		ants to recipients i the region)	service(s) in the r	egion	in the req	gion
			in the region						
(1) S	outh Asia			Program s	ervices	Web Develor	ment		15,946
(2)			1	-	-				
(2)									
(3)	. 		<u> </u>			-			•
(4)				-					
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(5)									
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10)			1			 	-		
11)	•		1						
,									
12)					1				
<u> </u>	<u> </u>								
13)	•		İ						
								•	
14)	· · · · · · ·								
			1.						
15)						 			
		~							
16)						 			
471									
17)	Cub total				Mark Catelogae				15,946
	Sub-total			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					13,340
	sheets to Part I			P. S. HER					
	Totals (add lines 3a and 3b)			7/2/2		BRIEN ME			15,946

Schedule F (Form 990) 2018

3 EEA

orm 990) 2018	MONA Foundation	\$	•			91-1968512	512	, Page 2
	and Other Assistance to Organizations or line 15, for any recipient who received more to	_ ==			ete if the organizate organizate	Complete if the organization answered "Yes" if additional space is needed.	"Yes" on Form 990	, 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	nogen (5).	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Academic A	102,000	Wire Trans		,	
		South Asia	Academic A	100,000	Wire Trans			!
er.		Central America and the Caribbean	Academic A	59, 627	Wire Trans	-		
		Frank Asia and the	Academic A	3,160	Wire Trans			;
		South Asia	Academic A	113,376	Wire Trans		,	
(9)		Central America and the Caribbean	Academic A	13,233	Wire Trans			
		East Asia and the Pacific	Academic A	55,295	Wire Trans	•		
		Central America and the Caribbean	Academic A	40,744	Wire Trans			
		South America	Academic A	109,000	Wire Trans			
(10)	The state of the s	Central America and the Caribbean	Academic A	7,000	Wire Trans			
		Sub-Saharan Africa	Academic A	12,000	Wire Trans			
			,		•			2
(13)								
(14)		٠						14
(15)			•					
(16)						,	,	
2 Enter total number of recipient organizations listed above that are recognized by the IRS or for which the crantee or counsel has provided a section 501.	ent organizătions listed abi orantee or counsel has on		ies by the foreign coursiency letter	ed as charities by the foreign country, recognized as tax-exempt (c)(3) equivalency letter	-exempt	•		11
3 Enter total number of other organizations or entities	organizations or entitles							

MONA Foundation Schedule F (Form 990) 2018

Page 3

Schedule F (Form 990) 2018 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III 9 <u>(1</u> (12) (13) (14) (12) (16) (17) **6** F Ξ 3 4 3 9 6 8 6 3

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

EEA

6

Schedule F (Form 990) 2018

No No

Supplemental Information

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
01. Use of grant monitoring procedures (Part I, line 2)
The organization makes site visits and receives a project plan and quarterly report. The
organization releases funds only when it receives proof that funds have been spent for
their intended purposes.
02. Method of accounting for expenditures (Part I, line 3, col f)
Fair Market Value
· · · · · · · · · · · · · · · · · · ·
-
<u> </u>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

2018

	· ·	organization ent	ered more th	an \$15,000 o	n Form 990-EZ. line 6a.		L	2010		
Department of the Treasury		organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.						Open to Publi	C	
		to to www irs.gov/Form990 for instructions and the latest information.					Employer	Inspection over identification number		
Name of the organization							' '			
NONA Foundation Partill Fundraising Activities. Complete if the organization answered "Yes" on Form 99								68512		
					swered "Yes" on	Form 99	00, Part IV	, line 17.		
		required to cor								
1 Indicate whether the	organization raise	ed funds through	any of the fo	llowing activ	ities Check all that ap	ply				
a Mail solicitations			e 🗌	Solicitation of	of non-government gra	ants				
b Internet and email	solicitations		f 🗌	Solicitation of	of government grants					
c Phone solicitation	s		g 🗌	Special fund	fraising events					
d In-person solicitati	ons		• –	•	-				,	
2a Did the organization		oral agreement w	ith anv indiv	idual (includ	na officers, directors,	trustees.				
-		-			sional fundraising sei		\Box	res □ No		
b If "Yes," list the 10 his							draiser is to b	ne —		
compensated at leas			, ,		g					
compansated at load	ι ψο,οσο ο y ι ι ι ο ο	· gameadon								
					(v) Amount paid to		() A			
(I) Name and address of individual or entity (fundraiser)		(il) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (I)	tained by)	(vi) Amount pa (or retained b		
							organization			
			V	34-			01 (1)			
			Yes	No						
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2										
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Total										
3 List all states in which					tions or has been not	fied it is ex	cempt from			
registration or licensin		13 registered of its	Jensea to se	mon oonunoa	tions of has book hot		(O.).ptO			
registration of acensin	y									
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					**					
										
	·									

DocuSign Envelope ID 1A475022-D191-4D4E-9C2B-246BD49ACAA1 91-1968512 Schedule G (Form 990 or 990-EZ) 2018 MONA Foundation Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through 8 Gala Garden col (c)) (event type) (total number) (event type) Revenue 190,280 44,140 186,748 421,168 Gross receipts 185,818 415,183 185,225 44,140 Less Contributions Gross income (line 1 minus 930 5,985 5,055 line 2) Cash prizes Noncash prizes 26,011 3,933 2,950 32,894 Rent/facility costs Direct Expenses 7 Food and beverages Entertainment . 148 10,424 19,768 Other direct expenses 9,196 52,662 (46,677)Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes . . Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor 6 Direct expense summary Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

If "Yes," explain

Schedule I (Form 990) (2018) ĝ (h) Purpose of grant Open to Public Achievement Achievement or assistance OMB No 1545-0047 Inspection 2018 Academic Academic Yes \boxtimes Employer identification number Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 91-1968512 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient space is needed. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-■ Go to www.irs.gov/Form990 for the latest information. cash assistance 22,000 84,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501 (c) 3 501 (c) 3 General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 41-2054712 95-3431367 (p) EIN (a) Name and address of organization (1)Full Circle Learning (2)Sunflower Mission or government 19609 Vision Drive Stafford, TX 77497 Topanga, CA 90290 MONA Foundation Department of the Treasury Internal Revenue Service Name of the organization PO Box 1385 SCHEDULE (Form 990) Part I Part II (OE) 8 8 9 <u>4</u> 9 9

SCHEDULE M (Form 990)

Noncash Contributions

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

Employer Identification number

OMB No 1545-0047

Open to Public inspection :

Department of the Treasury

► Attach to Form 990.

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

Internal Revenue Service Name of the organization

91-1968512 MONA Foundation Types of Property Part I (c) (d) (b) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed noncash contribution amounts applicable Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests . . . 3 Books and publications . . . Clothing and household 5 goods 6 Cars and other vehicles Boats and planes . . : 8 Intellectual property 9 Securites - Publicly traded. . . . 10 Secunties - Closely held stock . . 11 Secunties - Partnership, LLC, or trust interests 12 Securites - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . . 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 119,394 **FMV** 25 Other ►(Google Ads 26 Other > (Unreimbursed Bu) 31,939 **FMV** Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 30a 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

MONA_Foundation 91-1968512 01. Officer, directors, etc. family relationship (Part VI, line 2) Mahnaz Javid, Ali Javid (Mother/Son). David and Tammy Wood (Husband/Wife). 02. Form 990 governing body review (Part VI, line 11) 990 is circulated for review and comments for 3-5 days prior to filing. 03. Conflict of interest policy compliance (Part VI, line 12c) Discussed during regular board meetings and calls where appropriate. 04. Governing documents, etc, available to public (Part VI, line 19) Documents are made available upon request 05. General explanation attachment Form 990, Part III, Line 4D, Other Program Services: Direct Gift of Educational Necessities to enhance student academic achievement in various schools around the world. Expenses: \$672,631 including grants of \$399,059 and Revenue of \$0.