EEA

Form	99	90	Return of Organization Exempt F	rom In	come Tax	(OMB No 1545-0047
(Rev.	anuan	y 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Reven	ue Code (e	excent private	foundations	2019
			► Do not enter social security numbers on this form				Open to Public
-		the Treasury Le Service	► Go to www.irs.gov/Form990 for instructions an	_	*	1011	Inspection
A F	or the	2019 calendar	year, or tax year beginning	, 2019, a	nd ending		, 20
	eck if a	pplicable	C Name of organizatio MONA Foundation			D Emplo	oyer identification number
X Ac	dress c	hange	91-1968512				
Na	me cha	inge	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telepi	hone number
L In:	tial retui	rn	4150 NE 20th Street		F1-52	27	(425) 743-4550
∐ F"	nal retur	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			G Gross	•
☴	nended		Bellevue, WA 98007			\$	2,133,527
∐ Ap	plication	n pending	F Name and address of principal officer Mahnaz Javid	0	\	this a group return f	
		<u> </u>	Same as C above	1)		e all subordinate	
		pt status X 50					st (see instructions)
	bsite.		nonafoundation.org			Group exemption	
Par		Summary	orporation ☐ Trust ☐ Association ☐ Other ► ☐ ☐ L Y	ear of formati	on 1999	M State of leg	ai domicile WA
T CAL			the organization's mission or most significant activities MONA	Foundat	ion suppor	ete aree	eroot s
	'	-	es around the world that educate all childre				
၌			ansform their own communities.	c.i, emp	OHET MOMEST	<u> </u>	ray and endore
Ē							
Activities & Governance	2	Check this box	▶ ☐ if the organization discontinued its operations or disposed of	more than	25% of its net a	ssets	
Ğ	l		ng members of the governing body (Part VI, line 1a)			1 1	10
φ y	l		pendent voting members of the governing body (Part VI, line 1b)				9
ıtie.	5		findwiduals employed in calendar year 2019 (Part V, line 2a)				4
į	6		f volunteers (estimate if necessary)				2
•	7a	Total unrelated	business revenue from Part VIII, column (C), line 12			7a	0
	ь	Net unrelated b	ousiness taxable income from Form 990-T, line 39			7b	0
					Prior '	Year	Current Year
_	8	Contributions a	nd grants (Part VIII, line 1h)	EIVE	1,	890,589	2,063,368
Revenue	9	Program service	e revenue (Part VIII, line 2g)				0
e	10		me (Part VIII, column (A), lines 3, 4, and 7d)	0 6 202	n 3	8,329	(19,624)
œ	11				· • • • • • • • • • • • • • • • • • • 	(49,129)	(100, 267)
	12		add lines 8 through 11 (must equal Part VIII, column (A), line-1-2)			849,789	1,943,477
	l		alar amounts paid (Part IX, column (A), lines 1-3)OGD	, -	· 1 - 4	721,435	1,035,000
	l .	•	or for members (Part IX, column (A), line 4)			198,938	204 447
Š	l		ndraising fees (Part IX, column (A), line 11e)			190,930	204,447
Expenses	l		g expenses (Part IX, column (D), line 25) ► 1				
EX	1		(Part IX, column (A), lines 11a-11d, 11f-24e)	•		415,317	569,340
	18	•	Add lines 13-17 (must equal Part IX, column (A), line 25)			335,690	1,808,787
	19	' - '	xpenses Subtract line 18 from line 12			514,099	134,690
- SS					Beginning of		End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			214,465	2,547,360
A B	21	Total liabilities	(Part X, line 26)			6,962	17,619
25	22	Net assets or fo	und balances Subtract line 21 from line 20		. 2,	207,503	2,529,741
Par		Signature					
Under	penaltie orrect. a	es of perjury, I declare and complete Declar	e that I have examined this return, including accompanying schedules and statements, a ation of preparer (other than officer) is based on all information of which preparer has an inded by:	nd to the best v knowledge	of my knowledge ar	d belief, it is	
		Docu	Signed by:	,		10	/1 /2020 10 12
Sign		Vavu	d. Wood.				/1/2020 10:42 AM
			25BE8614EE			Dat	8
Here	'		d Wood, Treasurer				
		Print/Type prepar	er's name)ate	···· -	, – , –	PTIN
ام: ح			c $ c $ $ c $)ate /1/2020		^{∦°°} Þ₽₹ "	1
Paid			FOI O			If-employed	P01911167
Prep Use			501 Commons			▶ 94-30	
U36	Uilly	rirm's address	1200 12th Ave S, Suite 1101, Seattle,	WA 981	44 Phone no	206-6	582-6704 J
May	100	discuss this rot	um with the preparer shown above? (see instructions)				☐ Van ☐ Na
			Act Notice, see the separate instructions.	• • • • •	· · · · · · ·	<u></u>	
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	rt III. Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	x
1	Briefly describe the organization's mission:		
	MONA Foundation supports grassroots initiatives around the world that educate	e all childre	en,
	empower women and girls, and enable them to transform their own communities.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the	□ voo F	No.
	prior Form 990 or 990-EZ?	∐ tes La	ח ו אס
	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?	□ vos F	No
	If "Yes," describe these changes on Schedule O.	ica <u>n</u>	J 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d hv	
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	•	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$199,596 including grants of \$185,500) (Revenue	\$)
	Digital Study Hall: 2019 Achievements: Total of 2,320 schools served, empower	ring 405,710	
	students(93% girls) across all of SHEF's programs. Trained 110 teachers, both	h male and fe	emale, i
	the Aarohini Program from 43 schools as part of a 2-year pilot program to br	ing more men	into th
	conversation. DSH Online doubled its subscribers from 45,000 to 89,700 and a		
	views on a total of 167 videos. Provided 150 K-12 scholarships and 20 college		
	Opened 10 new GyanSetu centers. The total number of children increased to 1,		in
	December 2018. India's Daughters Campaign involved 2,320 schools, with 232,0		
	participating in 1,729 marches-reaching out to 1.16 million community members	B across /5	
	districts.		
4b	(Code) (Expenses \$ 156,655 including grants of \$ 142,604) (Revenue	\$	
	Barli Dev Institute: Barli Development Institute for Rural Women (Barli) educ		owers
	young, rural and tribal women and girls to become leaders and agents of social	al change in	their
	communities. Though most girls are illiterate when they arrive, 100% pass the	e national li	iteracy
	exam within six months and can read and write in Hindi (not their native lane	guage.) Along	with
	literacy, the women are trained in cutting and tailoring, in healthcare, agr		
	sustainable community development including women rights, conflict resolution		
	moral education for children. Every student attending the Barli Institute co		
	service projects in their home village (including children's education, fema.		women's
	health, environmental conservation, among others) and is expected to involve	at least 25	
	families. CONTINUED ON SCHEDULE O		
			
4c	(Code) (Expenses \$121,845 including grants of \$121,800) (Revenue	\$)
	ADCAM: In 2019 298 students received a high quality K-12 education. 204 yout	h were traine	ed in th
	Young Apprentice Program. 40 teachers received 8 sessions of training. 35 fam	milies traine	ed on th
	empowerment of the family nucleus as protagonists of social transformation.	1,378 youth,	
	families, and elderly received free access to basic services.		
			
			
			· · · · · · · · · · · · · · · · · · ·
4d	,		
	(Expenses \$ 956, 693 including grants of \$ 585, 096) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 1,434,789		
FFΔ		Form	990 (2019)

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1 A DOG I D M 91-1968512 Page:

Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. X 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 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 X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12h 13 13 X X 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H............. 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

MONA Foundation

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 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 24a Х 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.............. X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2........ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V........... Yes No 8 b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and

Form 990 (2019) 91-1968512 MONA Foundation Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.......... 3a За Did the organization have unrelated business gross income of \$1,000 or more during the year?............. X b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х X 5c C 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b X 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a x 7b X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7¢ ч e 7f x f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... a 7g h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b h Section 501(c)(7) organizations. Enter-10 ٧ а b Section 501(c)(12) organizations. Enter 11 а b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which ь C Did the organization receive any payments for indoor tanning services during the tax year? 14a x 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

16

If "Yes," complete Form 4720, Schedule O

16

	990 (201	· ·	91-1968		F	Page (
Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. See instruction	7 S .		_
		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	• • •	. X
Sec	tion A.	Governing Body and Management				
			1		Yes	No
1a		number of voting members of the governing body at the end of the tax year	1a 10	4		
		re material differences in voting rights among members of the governing body, or				
	_	verning body delegated broad authority to an executive committee or similar				
		e, explain on Schedule O.		ı		
b		number of voting members included in line 1a, above, who are independent	1b 9	-[
2		officer, director, trustee, or key employee have a family relationship or a business relationship with				 —
	•	r officer, director, trustee, or key employee?		2	X	├
3		organization delegate control over management duties customarily performed by or under the direct		-		
	-	on of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4		organization make any significant changes to its governing documents since the prior Form 990 was filed	·	4		X
5		organization become aware duning the year of a significant diversion of the organization's assets?		5	X	
6		rganization have members or stockholders?		6		X_
7a		rganization have members, stockholders, or other persons who had the power to elect or appoint				
		ore members of the governing body?		7a		X
b		governance decisions of the organization reserved to (or subject to approval by) members,				ŀ
		ders, or persons other than the governing body?		7b		X
В		organization contemporaneously document the meetings held or written actions undertaken during				
	-	by the following				
a	_	erning body?		8a	X	ļ
b		mmittee with authority to act on behalf of the governing body?		8b	Х	ļ
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
		nization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B.	Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)			
0-	Did the	vernosation base local observer branches or officiates?		100	Yes	No
0a		organization have local chapters, branches, or affiliates?		10a		X
b		did the organization have written policies and procedures governing the activities of such chapters,		106		
4.		, and branches to ensure their operations are consistent with the organization's exempt purposes? .		10b		
1a		organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form	11a	X	-
b 20		e in Schedule O the process, if any, used by the organization to review this Form 990		100		
2a		organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	
b		icers, directors, or trustees, and key employees required to disclose annually interests that could give rise organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	to conflicts	12b	X	├
С		in Schedule O how this was done		10-		
3				12c	X	
ა 4		rganization have a written whistleblower policy?		13	X	
. 5				14	Х	\vdash
9	•	process for determining compensation of the following persons include a review and approval by				
_	•	lent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Inization's CEO, Executive Director, or top management official		150		
a		· -		15a	X	
b		icers or key employees of the organization		15b		X
6a		o line 15a of 15b, describe the process in Schedule O (see instructions). Irganization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	*	
ud		rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement cable entity during the year?		150		
h		did the organization follow a written policy or procedure requiring the organization to evaluate its		16a		X
b		tion in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1		
				164		_
ec		tion's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b	L	
7		tates with which a copy of this Form 990 is required to be filed [3104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se				
В	Section	COLD TO THE STANDARD TO MAKE ITE FORMS THE STANDARD TO A SECOND AND THE SECOND STANDARD TO SECOND SE				

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Own website
- Another's website
- ☑ Upon request ☐ Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and 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) 293-2928, 2039 34th Ave S, Seattle, WA 98144

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PartiVII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	🗆
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 w	thin 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

See instructions for the order in which to list the persons above

										· ·
	Į			(C)			Į		Į	
(A)	(B)	(do	not chec	Positi			-	(D)	(E)	(F)
Name and title	Average		, unless					Reportable	Reportable	Estimated amount
	hours	offic	er and a	direc	tor/tru	istee)		compensation from the	compensation from related	of other compensation
	per week (list any	<u> </u>					4	organization	organizations	from the
	hours for	2 2	ng.	Officer	脋.	휽	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ecca	5	a (氰 .	esic	턴			related organizations
	organizations	or director	Institutional trustee	ļ	Key employee	Highest compensated employee	- [
	dotted line)	99			"	ensi				
	Goned into,		"			ied				
							ł			
(1) Peter Neuman	3.00	_	-	\dashv	+	\dashv	1			
Board Member		x					-	0	0	o
(2) Tammy Wood	3.00			\top	\top	\neg	\dashv			
Board Member		x						0	0	o
(3) Diane Samandi	3.00			\top	\top	_	7			
Board Member		x			-			0	o	o
(4) Duy-Loan Le	3.00			\neg		_	T			
Board Member		x		-				0	o	o
(5) Sima Mobini	3.00				1	$\neg \vdash$	\neg	-		
Board Member	-	x	{	-	İ		- [0	0	0
(6) Ali Javid	3.00									
Director		x						0	0	О
(7) Nikki Meshkin	3.00			T						
Vice President		x		x				0	0	0
(8) Kim Clark	5.00	ł								
Secretary		x		x _				0	0	0
(9) David Wood	5.00		\ \			- 1				
Treasurer		X		x				0	0	0
(10)Mahnaz Javid	50 . 00									
President		х		x			4	100,000	. 0	. 0
(11)					!					
<u>(12)</u>				+		+	1			
(13)			-	+	+	+-	+			
<u>(14)</u>					+	+	+			
EEA		<u> </u>	I I _		1					Form 990 (2019

DocuSign Envelope ID. B1DEAAC0-5580-4167-8916-5B91EC6CB0B3 Form 990 (2019) 91-1968512 MONA Foundation Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (E) (A) (B) (D) (F) (do not check more than one Average Reportable Reportable Estimated amount Name and title box, unless person is both an compensation hours compensation of other officer and a director/trustee) from the from related compensation per week organization organizations from the (list any (W-2/1099-MISC) (W-2/1099-MISC) organization and Institutional trustee Highest compensate hours for related organizations related organizations helow dotted line) (15) (16) (17) (18) (1<u>9</u>) (20) (21) (22) (23) (24)(25) 1b Total from continuation sheets to Part VII, Section A 100,000 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above)		

received more than \$100,000 of compensation from the organization

EEA

Page 9

		Check if Schedule O co	ontains a responsi	e or n	ote to any line in thi	s Part VIII			
		Office (1) Golf Court Court	mans a respons	<u> </u>	old to dry line in the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	ta	Federated campaigns .		la		,		4	
	b	Membership dues		1b				Ì	
ants	c	Fundraising events		1c	545,393				
Contributions, Gifts, Grants and Other Similar Amounts	d			1d	1 210,000			,	
	е			1e					
is, G	f	· · · · · · · · · · · · · · · · · ·	er contributions, gifts, grants,						
tion Si	}	and similar amounts not in	-	1f	1,517,975			1	
햙	g	Noncash contributions inc	cluded in		<u> </u>				
g g	{	lines 1a-1f		1g	\$ 422,374				
	h	Total. Add lines 1a-1f	<u></u> .			2,063,368			
u					Business Code				
	2a								
Program Service Revenue	b								
28 25									
E a	ď								
Ď,	e								
ā	1	All other program service i							
		Total. Add lines 2a-2f .					<u></u>		
	3	Investment income (includi							
		other similar amounts) .		14,110			14,110		
	Income from investment of tax-exempt bond proceedRoyalties							 	
	5	Hoyalties							
		0	(i) Real		(ii) Personal				
	1	Gross rents		<u>950</u>					
	1	Less rental expenses Rental income or (loss)		950					
	1	Net rental income or (loss)				5,950	5, 950		
		•	(i) Secunite		(ii) Other	5,950	<u>5,95</u> 0		+
	7a	Gross amount from sales of assets	(i) Securite	:5	(ii) Other				
	۱.	other than inventory	7a 16,	891					
ā	6	Less: cost or other basis and sales expenses	} 	625					
Revenue	c	Gain or (loss)							,
ě		Net gain or (loss)				(33,734)	(33,734)		
호	1	Gross income from fundral							
Othe	1	events (not including \$	545,393	-					
		of contributions reported o			!				
	i	1c) See Part IV, line 18		8a	32,422				
	b	Less direct expenses .		8b	138,928				
	C	Net income or (loss) from f	fundraising event	·	<u></u>	(106, 506)			(106,506)
	9a	Gross income from gaming	3	-					
		activities, See Part IV, line		9a					
	1	Less direct expenses .		95					
	C	Net income or (loss) from (gaming activities	<u></u>	· · · · · · •				
	10a	Gross sales of inventory, le							
	Ì	returns and allowances .		10a					
	1	Less: cost of goods sold		10b					
	C	Net income or (loss) from s	sales of inventory	• •		289	289		
(0					Business Code				
ž e	11a							 	
lan ent	0								
Miscellanous Revenue	c	All other revenue		_	·				
Ξ̈́	_	Total. Add lines 11a-11d		-			 	 	
		Total revenue. See instru				1 042 427	/27 ADE	0	(92,396
	14	Total revenue. See mistru	<u> </u>			1,943,477	(27, 495)	i U	ı (<i>7</i> ∠,396,

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other organ	nizations must complet	e column (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX			. <u>.</u>
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	112,000	112,000		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			_}.	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	923,000	923,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,000	33,334	33, 333	33 <u>,3</u> 33
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,459	50,387	19,882	18,190
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,988	7,398	4,198	4,392
11	Fees for services (nonemployees)				
а	Management				
b	Legal	500		500	
C	Accounting	23,550		23,550	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	88,558	45,359	2,780	40,419
12	Advertising and promotion	31,598	2,950	500	28,148
13	Office expenses	10,089	1,394	3,706	4,989
14	Information technology	24,960	17,202	754	7,004
15	Royalties				
16	Occupancy	26,252	5,529	16,943	3,780
17	Travel	11,826	207	7,766	3,853
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	359	162	97	100
23	Insurance	4,142		4,142	
24	Other expenses. Itemize expenses not covered	Ī	}		ĺ
	above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column			}	
]			į
_	(A) amount, list line 24e expenses on Schedule O)	13.460	10.030	330	
a _	Fees, Permits, etc	13,469	10,839	330	2,300
D	Site Visits	19,358	19,358	40 500	E0 200
بر ت	In-Kind Expense	306,658	205,670	48,680	52,308
d	All other expenses	9 001		9 021	
e 25	Total functional expenses. Add lines 1 through 24e	8,021 1,808,787	1 424 700	8,021	100 010
26	Joint costs. Complete this line only if the	1,000,151	1,434,789	175,182	198,816
	organization reported in column (B) joint costs				
	from a combined educational campaign and	n l		1	
	fundraising solicitation. Check here built if following SOP 98-2 (ASC 958-720)				
FEA.	1010 ming 001 00 E (100 000 120) 1	<u> </u>			Form 990 (2019)

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Form 990 (2019) MONA Foundation Part X Balance Sheet

91-1968512

Page 11

	<u> </u>	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		<u> </u>
			(A)	İ	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,117,064	1	1,090,584
	2	Savings and temporary cash investments	21	2	4,824
	3	Pledges and grants receivable, net	84,000	3	45,000
	4	Accounts receivable, net		4	2,046
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
s)		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₽	9	Prepaid expenses and deferred charges	3,088	9	5,001
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 12,736			
	b	Less: accumulated depreciation	393	10c	34
	11	Investments - publicly traded secunties	957,801	11	1,398,398
	12	Investments - other secunties. See Part IV, line 11	50,625	12	
	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 33)	2,214,465	16	2,547,360
	17	Accounts payable and accrued expenses	3,661	17	11,846
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ส	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,301	25	5,773
	26	Total liabilities. Add lines 17 through 25	6,962	26	17,619
		Organizations that follow FASB ASC 958, check here			
Ś		and complete lines 27, 28, 32, and 33.			
월	27	Net assets without donor restrictions	1,515,078	27	1,721,863
<u>ala</u>	28	Net assets with donor restrictions	692,425	28	807,878
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
돌		and complete lines 29 through 33.			·
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
É.	32	Total net assets or fund balances	2,207,503	32	2,529,741
	33	Total liabilities and net assets/fund balances	2,214,465	33	2,547,360

Form	990 (2019) MONA Foundation 91	-1968512		P	age 12
Pai	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>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			477
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	808,	787
3	Revenue less expenses. Subtract line 2 from line 1	3		134,	690
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	207,	503
5	Net unrealized gains (losses) on investments	5	-	187,	548
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 on Schedule O)	9		_	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	529,	741
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			\Box
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			
	Schedule O	<u> </u>			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	_]
b	Were the organization's financial statements audited by an independent accountant?	[2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ľ			1
	separate basis, consolidated basis, or both:	[-		
	Separate basis Consolidated basis Both consolidated and separate basis	_			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 on				
	Schedule O.	_			
3 a	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		_x_
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 on Schedule O and describe any steps taken to undergo such audits		3ь		<u> </u>
FΕΔ			Form	gan /	20191

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SCHEDULE A

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

OMB No 1545-0047

2019

(Form 990 or 990-EZ) Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

MON	A F	oundation					91-196851	2
Pa	rt I	Reason for Public Charity	Status (All or	ganizations must c	omplete	this part.) See instructions	•
The	orgar	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check on	ly one box.)		
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		. 1
2	$\bar{\Box}$	A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990	or 990-EZ))		KP
3	$\overline{\Box}$	A hospital or a cooperative hospital s						() 1
4	П	A medical research organization ope	-				(1)(A)(iii). Enter the	Ü
•		hospital's name, city, and state		······································			(-)(-)()	
5		An organization operated for the bene	efit of a college or i	iniversity owned or oper	ated by a c	overnment	al unit described in	
J	ш	section 170(b)(1)(A)(iv). (Complete	•	inversity owned or oper	aled by a g	JOVETTATIETTA	a and described in	
c	П			out described in sections	470/5//4	/ A \ / \		
6		A federal, state, or local government	-				- 16	
7	X	An organization that normally receive	•	• • • • • • • • • • • • • • • • • • • •	vernmentai	unit or from	n the general public	
_		described in section 170(b)(1)(A)(vi						
8	\mathbb{H}	A community trust described in secti						
9	П	An agricultural research organization				=		ge .
		or university or a non-land-grant colle	ge of agriculture (s	see instructions) Enter th	ie name, ci	ty, and state	e of the college or	
		university:						
10		An organization that normally receive		• •		-		
		receipts from activities related to its e	·	•		•		
		support from gross investment income		· ·			om businesses	
		acquired by the organization after Ju	·	, ,, ,	•	•		
11	님	An organization organized and opera	•	•				
12	Ш	An organization organized and operat						
		of one or more publicly supported org						
		Check the box in lines 12a through 12						_
	а	Type I. A supporting organization		-		-		ng
		the supported organization(s) the			rity of the c	lirectors or	trustees of the	
		supporting organization You mu						
	b	Type II. A supporting organization				-	• • •	
		control or management of the sup		•	ersons that	control or m	nanage the supported	
		organization(s) You must comp	olete Part IV, Sect	ions A and C.				
	С		. A supporting orga	anızatıon operated in co	nnection w	ith, and fun	ictionally integrated wi	th,
		its supported organization(s) (see		· · · · · · · · · · · · · · · · · · ·				
	d	Type III non-functionally integr	rated. A supporting	organization operated	ın connecti	on with its	supported organization	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a c	listribution i	requirement	t and an attentiveness	
		requirement (see instructions) Y	•		-			
	е	Check this box if the organization	received a written	determination from the I	RS that it is	a Type I, T	ype II, Type III	
		functionally integrated, or Type III						
	f	Enter the number of supported organ	izations					L
	g	Provide the following information abou	ut the supported or	ganization(s)	 			· · · · · · · · · · · · · · · · · · ·
	(1)	Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o		(v) Amount of monetary	(vI) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	1	support (see instructions)	other support (see instructions)
				,			,	,
					Yes	No		
(A)								
					ļ			
(B)								
(C)						Ì		
(U) ——								
(D)								
(J)								
(E)								
					ļ			
Tota	l				1	ıl		

Schedule A (Form 990 or 990-EZ) 2019

MONA Foundation

91-1968512

Page 2

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 Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,043,932 1,199,313 2,711,619 1,896,574 2,095,789 8,947,227 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,043,932 1,199,313 2,711,619 1,896,574 2,095,789 8,947,227 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3,053,279 6 Public support. Subtract line 5 from line 4 5,893,948 Section B. Total Support (a) 2015 (e) 2019 Calendar year (or fiscal year beginning in) > (b) 2016 (c) 2017 (d) 2018 (f) Total 7 Amounts from line 4....... 1,043,932 1,199,313 2,711,619 1,896,574 8,947,227 2,095,789 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1,512 2,767 14,475 8,329 14,110 41,193 9 Net income from unrelated business. activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) (9,933)(33,734)(43, 667)11 Total support. Add lines 7 through 10... 8,944,753 12 Gross receipts from related activities, etc. (see instructions) 8,820 13 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 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 65.89 % 68.16 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. 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 b 10%-facts-and-circumstances test - 2018. 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 П 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sche	dule A (Form 990 or 990-EZ) 2019 MONA Foun	dation				91-196851	2 Page 3
Pa	rt III Support Schedule for Organiz	zations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization faile	d to qualify und	ler Part II. /
	If the organization fails to qualify						
Se	ction A. Public Support						
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees		1-7	- \-	\		
-	received. (Do not include any "unusual grants ")	ľ					
2	Gross receipts from admissions, merchandise		<u> </u>	 	 	 	/
	sold or services performed, or facilities					l /	/
	furnished in any activity that is related to the organization's tax-exempt purpose			•			
3	Gross receipts from activities that are not an			 		/ /	
•	unrelated trade or business under section 513.						
4	Tax revenues levied for the				 	 	
•	organization's benefit and either paid to	Į.	ļ				
	or expended on its behalf]					
5	The value of services or facilities	 	 	 	 	/	
9	furnished by a governmental unit to the						
	organization without charge	ļ	ļ	ļ			
6	Total. Add lines 1 through 5				 	 	
	Amounts included on lines 1, 2, and 3		 	 	 /	 	
<i>i</i> a	received from disqualified persons						
h	Amounts included on lines 2 and 3			 	/	 	 -
Ų	received from other than disqualified			/	1		
	persons that exceed the greater of \$5,000				,	<u> </u>	
	or 1% of the amount on line 13 for the year	ľ	1				
_	Add lines 7a and 7b					 	
	Public support. (Subtract line 7c from		 	 /	 -		-
0	• • •	ŧ	\	/			
<u></u>	ction B. Total Support	<u></u>	· /	Ĺ	<u> </u>	<u> </u>	
		(0) 0015	(1) 2016	(-) 0017	(4) 0010	(0) 0010	/f\ Tatal
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 201/6	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	<u> </u>		 	 	 	
ıva	Gross income from interest, dividends,						
	payments received on securities loans, rents,	}			1		
	royalties, and income from similar sources	<i> </i>	 			ļ. — — —	
D	Unrelated business taxable income (less		}	}		}	
	section 511 taxes) from businesses						
	acquired after June 30, 1975	 /		<u> </u>	 	 	
	Add lines 10a and 10b					 	
11	Net income from unrelated business		}	}		}	
	activities not included in line 10b, whether	ľ				l i	
40	or not the business is regularly carried on	 	 		 	 	
12	Other income. Do not include gain or		1]	
	loss from the sale of capital assets	}			1	}	
	(Explain in Part VI.)	<u> </u>			 	 	
13	Total support. (Add lines 9, 10c./1,	İ				1	
	and 12.)			<u> </u>	<u></u>		(a)
14	First five years. If the Form 990 is for the oil						
_	organization, check this box and stop here			· · · · · · · ·	· · · · · · · ·	<u> </u>	<u> ▶ ∐</u>
	ction C. Computation of Public Suppor					T 4# T	
	Public support percentage for 2019 (line 8, c					15	%
	Public support percentage from 2018 Sched			<u></u>	· · · · · · · · ·	16	%
	ction D. Computation of Investment In				/03	T-4=-	
	Investment income percentage for 2019 (line		_			17	%
	Investment income percentage from 2018 S					18	%
19a	33 1/3% support tests - 2019. If the organiz						_
	17 is not more than 33 1/3%, check this box		_	•			
þ	33 1/3%/support tests - 2018. If the organiz						
_	line 18/is not more than 33 1/3%, check this		_				_
20	Private foundation. If the organization did r	not check a box	k on line 14, 19	a, or 19b, che	ck this box and	see instructions	<u> ▶ </u>

MONA Foundation

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 Sup	porting O	rganizations

- 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.
- 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.
- 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.
- 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.
- 5a 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?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
1		
		J
2		
3a		
3b		
30		
3c		
-	<u> </u>	
4a		
4b		
ı		Ì
1		i
4c		
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5a		
5b 5c		
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8		
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9a		
9b		
9c		
10a		
10b		لــــا
100	L	L

		968512	P	age :
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	ľ		1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ĭ		
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	t VI. 11c	لل	<u> </u>
Sec	tion B. Type I Supporting Organizations		1.2	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	f		i
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,		1 :	ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ed		ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	 -	 	
•	Did the experience exercts for the handlit of any supported experiencial other than the supported	1	 	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Par	.		l
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		ĺ
	supervised, or controlled the supporting organization.	2	·	
Sec	tion C. Type II Supporting Organizations		Ь_	
<u> </u>	tion of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4	i '	İ
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
		<u> </u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	!		
	organization's tax year, (I) a written notice describing the type and amount of support provided during the pr	ior tax	1 :	l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	the	.	
	organization's governing documents in effect on the date of notification, to the extent not previously provide	d? <u>1</u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s).	. 2	i i	1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	-	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- <u>-</u> -		
	supported organizations played in this regard.	3		L
	tion E. Type III Functionally Integrated Supporting Organizations			
1_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (see instruc	tions)	1.
_	☐ The organization satisfied the Activities Test. Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
		at antitu (ann is		4:
_	The organization supported a governmental entity. Describe in Part VI how you supported a government Activities Test. Answer (a) and (b) below.	it entity (see ii	Yes	_
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	.,	Tes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	,,		ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	}	!	į
	how the organization was responsive to those supported organizations, and how the organization determine		;	
	that these activities constituted substantially all of its activities.			
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		\vdash	
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	E		
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		1
	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.		†	
_	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ţ		1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 MONA Foundation		91-196	8512	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organiz			
1 Check here if the organization satisfied the Integral Part Test as a			in in Part V	I). See
Instructions. All other Type III non-functionally integrated support				
Section A - Adjusted Net Income		(A) Prior Year	1 ' '	rrent Year otional)
Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or	1 1			
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	1 ' '	irrent Year otional)
1 Aggregate fair market value of all non-exempt-use assets (see	_		-	
instructions for short tax year or assets held for part of year):				
Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
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 greate	r 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			Curre	ent Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column	A) 3			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

4

5

6

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

emergency temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Sched	ule A (Form 990 or 990-EZ) 2019 MONA Foundation		91-196	8512 Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)	
Sec	etion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
_ 2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		_
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	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.			
8	Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.	e organization is respons	sive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019	<u> </u>		
	From 2014			
	From 2015			
c	From 2016		<u> </u>	•
d	From 2017			
е	From 2018			
f	Total of lines 3a through e		<u> </u>	
g	Applied to underdistributions of prior years			<u></u>
	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions)			
Ŀ	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section_D, line 7: \$,		
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4		·	
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			1
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			- -
-8				
	Excess from 2015	 		
	Excess from 2016			
	Excess from 2017			
	Excess from 2018		1.1	
-	Excess from 2019			

MONA Foundation

Schedule A (Form 990 or 990-EZ) 2019

91-1968512

Page 8

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer Identification number
MON	Foundation		91-1968512
Pai	t I Organizations Maintaining Donor Advised Fo	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" or	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 w	rriting that the assets held in donor advised	
_	funds are the organization's property, subject to the organizati	•	
6	Did the organization inform all grantees, donors, and donor ad		
-	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pai	t II Conservation Easements.		
	Complete if the organization answered "Yes" of	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	• • • • • • • • • • • • • • • • • • • •	f a historically important land area
	Protection of natural habitat	· <u>=</u>	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year		Held at the End of the Tax Year
а	· · · · · · · · · · · · · · · · · · ·		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		• •
•			2d
3	Number of conservation easements modified, transferred, rele		
•	tax year	sassa, extinguished, or terminated by the org	Janean Janes
4	Number of states where property subject to conservation easi	ement is located. ▶	
5	Does the organization have a written policy regarding the peri		
3	violations, and enforcement of the conservation easements it l	-	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
•			on outside the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation a	easements during the year
•	► \$		substitution and substi
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170/h)(4)(B)(i)
•			□ v □ v.
9	In Part XIII, describe how the organization reports conservation		- -
•	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 95		palance sheet works
	of art, historical treasures, or other similar assets held for public	•	
	service, provide, in Part XIII the text of the footnote to its finar		
ь	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:		o, position,
	(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 trea		
-	following amounts required to be reported under FASB ASC 9		ing provide the
_	Revenue included on Form 990, Part VIII, line 1	-	▶ ¢
a	Assets included in Form 990, Part X		
b	ASSETS HIGHWEN IN FULL SSU, FAIL A		·······

Schedi	ule D (Form 990) 2019 MONA Foundation	n				91-1968	512	Page 2
Pai	t III Organizations Maintaining	Collections of A	Art, Historical 1	reasures	, or Ot	her Similar As	sets (co	ontinued)
3	Using the organization's acquisition, accession							
_	collection items (check all that apply)	,, .	, , , , , , , , , , , , , , , , , , , ,					
а	Public exhibition		d 🗆 Loans	or exchange	nroaram	e		
_	Scholarly research							
	= ·		e 🗆 Other					
C	Preservation for future generations	l4				Down		
4	Provide a description of the organization's coll	iections and explain n	ow they further the o	organizations	exemp	purpose in Part		
	XIII							
5	During the year, did the organization solicit or							П.,
	assets to be sold to raise funds rather than to		t of the organization	's collection?	<u> </u>	· · · · · · · · · ·	. U Yes	s 🗌 No
Pai	rt IV Escrow and Custodial Arrai				_			_
	Complete if the organization a	answered "Yes" o	on Form 990, Pa	art IV, line	9, or re	eported an amo	on tout	-orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodiar						_	_
	included on Form 990, Part X?						🗌 Ye	s 📙 No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	ving table [.]					
						Am	nount	
c	Beginning balance				. 1c			
d	Additions during the year				. 1d			-
e	Distributions during the year				_			
f	Ending balance							
2a	Did the organization include an amount on For						. Yes	s No
	If "Yes," explain the arrangement in Part XIII.	•	•		•			_
	rt V Endowment Funds.	Official field in the expi	anation has occir pr	011000 0111 0	211 2411			• —
	Complete if the organization a	answered "Ves" o	n Form 990 Pa	art IV line	10			
	Complete if the organization ((a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(a) Fau	years back
40	Regioning of year halance							
1a	Beginning of year balance	371,359	332,274		,045	370,590		128,245
b	Contributions	219,135	51,441	3	, 600	31,500		72,800
С	Net investment earnings, gains, and						}	
	losses	(22,574)	(12, 356)	40	, 988	2,930		(356)
d	Grants or scholarships						 	
е	•							
	programs			29	, 359	87,975		L30,099
f	Administrative expenses							
g	End of year balance	567,920	371,359	332	,274	317,045	:	370,590
2	Provide the estimated percentage of the curre	nt year end balance (l	ine 1g, column (a))	held as				
а	Board designated or quasi-endowment ▶_	<u>25.20</u> %						
b	Permanent endowment ► 69.00 %	%						
C	Term endowment ► 5.80 %							
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%						
3a	Are there endowment funds not in the posses	ssion of the organization	on that are held and	administered	for the			
	organization by:							Yes No
	(i) Unrelated organizations						. 3a(i)	х
	(ii) Related organizations							х
ь	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the	•						<u> </u>
Pa	rt VI Land, Buildings, and Equip							
<u> </u>	Complete if the organization a		n Form 990. Pa	art IV. line	11a. S	ee Form 990. I	Part X. li	ne 10
	Description of property	(a) Cost or other		or other basis		Accumulated	(d) Boo	
	Description of property	(investmen	1	other)		epreciation	(0) 500	N Value
10	Land		` `	· · ·				
1a					<u>-</u>			
b	Buildings					 +		
C	Leasehold improvements			10	L			
d	Equipment			12,736	_	12,702		34
<u>e</u>	Other		<u></u>		L			
Tota	1. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10c.)	• • • •	<u></u> ≻		34

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Page 2

Schedule D (Form			91-1968512 Page
Part VII	Investments - Other Securities.	- n/ R-	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 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 value
(1) Financial	derivatives	+	COSL OF BING-OFFER HIGHAEL VALUE
	neld equity interests		<u> </u>
•	tota equity interests	<u> </u>	
(A)			
(B)			
(C)			
(D)			<u> </u>
<u>(E)</u>			
(F)		1	
(G)		+	
(H)	The second Part V and (P) line (Q)	+	
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12.) ▶ Investments - Program Related.		
Part vin	Complete if the organization answered "Yes" on Fo	orm 000 Part IV line	o 110 See Form 990 Part X line 19
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)		1	1
(3)			
(4)		†	
(5)			
(6)			
(7)			
(8)		I	
(9)		1	
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		<u></u>
Part IX	Other Assets.	and Daw IV line	CONTRACTOR DOWN V line 1F
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	· · · · · · · · · · · · · · · · · · ·
/dhainti	(a) Description		(b) Book value
	ngs and Framing for Office		1,4
(2)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15)		▶ 1,4
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, line	€ 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book	k value	
	income taxes		
	Tax Payable	71	
	y Gift Card	100	
	l Liabilities	5,602	
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25). ▶ 5,773 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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII.

_(8) (9)

Schedule D (Form 990) 2019 MONA Foundation		91-1968512	Page 5
Part XIII Supplemental Information (continued)			
. 02. Other revenues not included on Form 990	(Part VI line 2d)		
oz. Other revenues not included on rorm 550	(Fait AI, IIIe 2d)		
Donated Professional Services \$61,575			
		·	
03. Other revenues included on Form 990 (Par	t XI, line 4b)	· · · · · · · · · · · · · · · · · · ·	
Fundraising Expenses	(\$138,928)		
· ·			· · · · · ·
COGS on Inventory	(\$497)		
Total Expenses Included in Part VIII, Line 1	2 (\$139,425)		
			<u> </u>
04. Other expenses not included on Form 990	(Part XII, line 2d)		
Fundraising Expenses	\$138,928		
COGS on Inventory	\$497		
Matal Name and Wat Tooland to Book TV Tier	05 4130 405		
Total Expenses Not Included in Part IX, Line	25 \$139,425		
			
			
		-	
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	-	-	
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			.
		-	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2019

Quen to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

lama af	the organization		3		l e	nployer Identification	
	•					-1968512	number
Part	Foundation General Information of	n Activities	Outside the	United States. Complete if			<u> </u>
ı arı	Form 990, Part IV, line		Outside the	Office States. Complete in	the organization and	swered res di	•
1	For grantmakers. Does the org		ntain records to	substantiate the amount of its	grants and		
	other assistance, the grantees' el			•	•		
	award the grants or assistance?	•	-	· · · · · · · · · · · · · · · · · · ·		🕱 Ye	s 🗌 No
	-					_	_
2	For grantmakers. Describe in F	art V the orga	nization's proce	dures for monitoring the use o	fits grants and other a	ssistance	
	outside the United States.						
3	Activities per Region (The follow			7			· -
	(a) Region	(b) Number of offices in	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in a program service		Total nditures for
		the region	agents, and independent	fundraising, program services, investments, grants to recipients	describe specific type	of and ii	rvestments
			contractors	located in the region)	service(s) in the reg	ion in the	ne region
			in the region				
(1) Sc	outh Asia			Program services	Web Developmen	it	6,958
(5)							
(2)	_						
(2)							
(3)							
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(12)							
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13)							
(14)							
(15)							
16)			ļ				
17)		<u> </u>					
3a	Subtotal	<u> </u>	-	· · · · · · · · · · · · · · · · · · ·			6,958
b	Total from continuation						
_	sheets to Part I				-		£ 050
C	i otala (auu iiries sa ariu su)	<u> </u>	1	<u> 1 </u>			6,958

Page 2

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance 91-1968512 (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. MONA Foundation (a) Type of grant or assistance Schedule F (Form 990) 2019 Part'III 3 **£** <u>5</u> 3 (12) Ξ 3 (13) (14) (15) (16) (17) (18) EFA Ε 6 3 9 8

6

EEA

X No

Schedule F (Form 990) 2019

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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>
•
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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 organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

MONA Foundation						91-196		
	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raise				ties Check all that a	pply			
a Mail solicitations		_		f non-government gr				
b Internet and email solicitations				f government grants	unio			
c Phone solicitations								
c ☐ Phone solicitations g ☐ Special fundraising events d ☐ In-person solicitations								
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,								
						□ v ₌	- D N-	
or key employees listed in Form 990, F			-	-		∐ Ye:		
b If "Yes," list the 10 highest paid individe		inuraisers) p	ursuarii io ag	reements under whi	ch the fundral	iser is to be		
compensated at least \$5,000 by the or	ganization							
		Т		T T	(v) Amoun	t paid to		
(I) Name and address of individual	/III. A atombo		ndraiser have or control of	(iv) Gross receipts	(or retain		(vI) Amount paid to (or retained by)	
or entity (fundraiser)	(II) Activity		outions?	from activity	fundraiser		organization	
		Yes	No		col (<u>.,, </u>		
1								
2						***************************************		
3								
4								
		-	-					
5								
6								
7								
8								
9								
10				-		\longrightarrow		
			<u></u>					
Total	<u></u>		>					
3 List all states in which the organization registration or licensing.	is registered or lid	censed to so	licit contributi	ons or has been not	fied it is exen	npt from		
					_ -			
						-		
							 ·	
								
								
			.	<u> </u>				

91-1968512 Schedule G (Form 990 or 990-EZ) 2019 MONA Foundation Part II Fundralsing Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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 Seattle 9 San Diego col (c)) (total number) (event type) (event type)

(add col (a) through Gross receipts 577,814 265,558 70,027 242,229 Less Contributions 258,730 66,527 220,136 545,393 Gross income (line 1 minus 6,828 3,500 22,093 32,421 4 Cash prizes 2,000 Noncash prizes 3,500 20,381 25,881 Rent/facility costs 2,344 21,260 31,065 Expenses 7,461 Food and beverages 4,828 1,712 6,540 Direct Entertainment Other direct expenses 21,871 15,015 38,556 75,442 138,928 Net income summary Subtract line 10 from line 3, column (d) (106, 507)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add 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 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? **b** If "Yes," explain:

DocuSia	n Envelope	ID RIDE	4.00-5580- <i>A</i>	167-8916-5B9	15C6CB0B3
Docuoig	III FIIACIODE	10. DIOL	~~~~~~	101-0310-303	

2 (h) Purpose of grant Open to Public chievement chievement or assistance OMB No 1545-0947 Inspection 2019 Academic cademic X Yes Employer Identification number Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 91-1968512 noncash assistance (g) Description of (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 II can be duplicated if additional space is needed. Complete if the organization arswered "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 (d) Amount of cash 22,000 90,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section (if applicable) 501 (c) 3 501 (c) 3 General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 95-3431367 41-2054712 (p) EIN (a) Name and address of organization (1)Full Circle Learning Nevada City, CA 95959 (2)Sunflower Mission or government Stafford, TX 77497 MONA Foundation Department of the Treasury Internal Revenue Service Name of the organization 15164 Nugget SCHEDULE PO Box 1385 (Form 990) Part 1 Part II ϵ <u>ල</u> 3 9 <u>@</u> 9 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{
m EEA}$

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

<u>(6</u>

Schedule I (Form 990) (2019)

Page 2

MONA Foundation

Schedule I (Form 990) (2019)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Inspection
Employer identification number

MONA Foundation

91-1968512

Part	I Types of Property						_		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household		•	-					
	goods								
6	Cars and other vehicles								
7	Boats and planes		, ,,						
8	Intellectual property								
9	Securities - Publicly traded								
10	Secunties - Closely held stock								
11	Secunties - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens					_			
24	Archeological artifacts								
25	Other ► (Google Ads)	X	1	108,989	FMV				
26	Other ► (Auction Items)	X	5	25,881	FMV				
27	Other ► (Software Licens)	x	400	130,065	FMV				
28	Other ► (Unreimbursed Bu)	Х	1	157,439	FMV				
29	Number of Forms 8283 received by the	-	•	tions for					
	which the organization completed Form	8283, Part IV	, Donee Acknowledgement		29		r		
							Yes	No	
30a	During the year, did the organization rece	•		•		,			
	28, that it must hold for at least three year			d which isn't required				.	
	to be used for exempt purposes for the	_	period?			30a		X	
b	If "Yes," describe the arrangement in Pa								
31									
	contributions?								
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro-	cess, or sell noncash					
						32a		x	
b	If "Yes," describe in Part II								
33	If the organization didn't report an amoun	nt in column ((c) for a type of property for whi	ch column (a) is checked,					
	describe in Part II.			<u></u>					

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer Identification number

MONA Foundation	91-1968512
01. Officer, directors, etc. family relationship (Part VI, line 2)	
Mahnaz Javıd, Ali Javıd (Mother/Son). David and Tammy Wood (Husband/Wife)	•
	<u> </u>
02. Asset material diversion (Part VI, line 5)	····
There was cybertheft of 9 BTC in our holdings.	
03. Form 990 governing body review (Part VI, line 11)	
990 will be reviewed and discussed by the Board of Directors.	
04. Conflict of interest policy compliance (Part VI, line 12c)	
Discussed during regular board meetings and calls where appropriate.	
05. CEO, executive director, top management comp (Part VI, line 15a)	
Current compensation of the key people is well below the compensation data	published by
GuideStar. The Board reviews the CEO performance on a bi-annually basis a	nd has a full
consultation on performance and changes to the compensation before making	any changes.
•	
06. Governing documents, etc, available to public (Part VI, line 19)	
Documents are made available upon request	
07. Part III, response or note to any other line in Part III	
Form 990, Part III, Line 4B, Program Services: CONTINUED FROM PART III	In 2019, 191
young women trained in literacy, health & hygiene, environmental education	, personal &
community development, income generation, and vocational skills. 26 teache	rs trained.
1,146 parents and family members were shown the importance of educating wor	men. 9,550

EEA