# (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending SEP 30, 2020

OMB No. 1545-0047 Open to Public

Inspection

В	Check if applicable	C Name of organization			D Employer identific	cation number
Г	Addres	S MILL WALLEY LIDDARY BOID	JD∆ TT ∩N			
F	change Name change		IDATION		68-00005	32
F	Initial return	Number and street (or P.O. box if mail is not deliver	red to etreet address)	Room/suite	E Telephone numbe	
F	Final	375 THROCKMORTON AVE	eu to street audress)	110011/3uite	415-987-	
	lreturn/ termin- ated		or foreign postal code		G Gross receipts \$	197,507.
Г	Amend		or rereign postar code		H(a) Is this a group re	
	Application	F Name and address of principal officer: ANDRI	EW SHAPIRO		for subordinates	
	pendin	same as C above			H(b) Are all subordinates in	
ī	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )◀	(insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		e: ► WWW.MVLF.ORG			H(c) Group exemptio	
		organization: X Corporation Trust Assoc	ciation Other >	<b>L</b> Year	of formation: $1986$ N	🛚 State of legal domicile: CA
Р		Summary				
e	1 1	Briefly describe the organization's mission or most sig	gnificant activities: SEE	SCHEDU	LE O ATTACH	ED
Governance						
/er	2 (	Check this box if the organization disconting				ssets.
ģ	3 1	Number of voting members of the governing body (Pa				20
∞	4 1	Number of independent voting members of the gover				0
Activities &	5	Fotal number of individuals employed in calendar yea				25
ξį	6	Fotal number of volunteers (estimate if necessary)	(O) line 10		6	0.
¥	l la	Total unrelated business revenue from Part VIII, colun Net unrelated business taxable income from Form 99				0.
_	<del>  "</del>	vet unrelated business taxable income nonn omn 35	0-1, III le 39		Prior Year	Current Year
•	8 (	Contributions and grants (Part VIII, line 1h)			565,427.	129,020.
nue					0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, ar			233,308.	68,487.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			-18,477.	0.
	1	Fotal revenue - add lines 8 through 11 (must equal Pa			780,258.	197,507.
		Grants and similar amounts paid (Part IX, column (A),			72,000.	81,600.
		Benefits paid to or for members (Part IX, column (A), I			0.	0.
Ś	I	Salaries, other compensation, employee benefits (Par			0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line			0.	0.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 2	000	03.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)		55,961.	57,173.
	18	Total expenses. Add lines 13-17 (must equal Part IX, o	column (A), line 25)		127,961.	138,773.
	19 F	Revenue less expenses. Subtract line 18 from line 12			652,297.	58,734.
Sor	2			Ве	ginning of Current Year	End of Year
Set	20	Fotal assets (Part X, line 16)			2,608,772.	2,634,612.
Net Assets of	21	Fotal liabilities (Part X, line 26)			0.	0.
Ž	22 1	Net assets or fund balances. Subtract line 21 from lin	e 20		2,608,772.	2,634,612.
	art II	Signature Block				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ties of perjury, I declare that I have examined this return, inc				y knowledge and belief, it is
uu	e, correct	, and complete. Declaration of preparer (other than officer) i	S Daseu on an information of wi	non preparer	lias ally kilowieuge.	
o:.		Signature of officer			I Date	
Sig		JEFF HAMRICK, TREASURER			2410	
He	16	Type or print name and title				
		Print/Type preparer's name Pr	eparer's signature	I	Date Check	PTIN
Pa		DAVID M. BOTT	Spa. St O Signaturo	lo	1/04/21 if self-employs	P01295922
		Firm's name WMB2, LLP			Firm's EIN	26-3789391
		Firm's address 101 LARKSPUR LAND	ING CIRCLE, #2	0 0		
		LARKSPUR, CA 94939			Phone no.41	5-925-1120
Ma	ıy the IR	S discuss this return with the preparer shown above	? (see instructions)			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O ATTACHED	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	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? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 81,600 • including grants of \$ 81,600 • ) (Revenue \$)	
4a	(Code:) (Expenses \$81,600 • including grants of \$81,600 • ) (Revenue \$\$  THE MILL VALLEY LIBRARY FOUNDATION DOES NOT PROVIDE ANY PROGRAM	)
	SERVICES. IT IS SOLELY A FUND RAISING ORGANIZATION. THE FOUNDATION	
	PROGRAM CONSISTS OF DELIVERING FUNDS IN THE FORM OF GRANTS TO THE MIL	L
	VALLEY PUBLIC LIBRARY, TO PROVIDE FUNDING FOR SPECIFIC PROGRAMS	
	DESIGNATED BY THE HEAD LIBRARIAN.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d		
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 81,600.	
	Total program service expenses ► 81,600.	2019)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	TID		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			177
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on the transportation of the transportation of the transportation and the manufacture of the transportation of t	'		

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#### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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 persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del></del>
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	21	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
ıa	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contours Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1		. 50	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line for the li		5b		Λ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C-		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		21
ь			6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods are contributed as a contribute of \$75 made partly as a contribute of \$75 made partl	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a h	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	i ia			
b	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $\$1,000,000$ in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA	\- · ·	A =	- 1- 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	: د ا	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finar	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► The Organization - 415-987-2760			
	375 THROCKMORTON AVE, MILL VALLEY, CA 94941			

932006 01-20-20 Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	Η.					l	from the	from related organizations	other compensation
	hours for	or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			ensate		(W-2/1099-MISC)	(** =/ *********************************	organization
	organizations	Itrus	nal tru		oyee	ompe				and related
	below	Individual trustee	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former			organizations
	line)	빌	lns	₩ 0	Ke	Hig	쥰			
(1) BETH RUTCHIK	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	Α.						0.	0.	0.
(2) DAVID SIMPSON	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	^						0.	0.	0.
(3) KRIS GROSSMAN BOARD MEMBER	2.00	X						0.	0.	0.
(4) NICOLE BROWN	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.
(5) KATE SHAW	2.00	^						0.	0.	· ·
BOARD MEMBER	2.00	X						0.	0.	0.
(6) TOM DICKER	2.00	122							•	•
BOARD MEMBER	2.00	x						0.	0.	0.
(7) DEBORAH MILLER	2.00	122							•	
BOARD MEMBER		x						0.	0.	0.
(8) MICHAEL DYETT	2.00	<del> </del>						•	•	•
BOARD MEMBER		x						0.	0.	0.
(9) JEFFREY HAMRICK	2.00									
TREASURER		X		х				0.	0.	0.
(10) JACK CORSELLO	2.00									
CO-VICE PRESIDENT		X		Х				0.	0.	0.
(11) DEBORAH SORONDO	2.00									
CO-VICE PRESIDENT		Х		Х				0.	0.	0.
(12) MARGARET YEAGER	0.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MAURA VAUGHN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOAN STEIDINGER	0.00								_	
BOARD MEMBER	1	Х						0.	0.	0.
(15) ANDREW SHAPIRO	0.00	1								_
PRESIDENT	1 0 00	Х		Х		_	_	0.	0.	0.
(16) ERIC ISSADORE	0.00	٠,,								_
BOARD MEMBER	1 0 00	Х						0.	0.	0.
(17) STEVE LANG	0.00	Į.,							_	_
BOARD MEMBER		Х			l		<u> </u>	0.	0.	0.

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Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	h an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	n		(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	6	fr org an	other npensa rom the ganizati d relate anizatio	e ion ed
(18) KATHRYN FARTHING BOARD MEMBER	0.00	x						0.		0.			0.
(19) KHADIJA HANSIA-GIBSON BOARD MEMBER	0.00	x						0.		0.			0.
(20) MICHELLE BUCKLES	0.00												
BOARD MEMBER	2 00	Х						0.		0.			0.
(21) JOHANNA CALABRIA SECRETARY	2.00			x				0.		0.			0.
220.2													
1b Subtotal				<u> </u>			▶	0.		0.			0.
c Total from continuation sheets to Part V							<b>\</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wi	no r	eceived more than \$100	0,000 of reportable	э ——			0
3 Did the organization list any <b>former</b> officer	director truct	00	·0\/ ·	nmn	lovo		r hic	shoet componented omr	alovoo on			Yes	No
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				37
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4		Х
rendered to the organization? If "Yes," con	=				-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of the organization. Report compensation for										pens	ation 1	from	
(A)  Name and business	•		ONE		VICII	01 11		(B)  Description of s				C) ensatio	n
Name and business	3 address	11/	)INI				$\dashv$	Description of s	ici vices	—	отпре		-
							_						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	ster	d above) who received m	nore than				
\$100,000 of compensation from the organ		111		0		0							

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<b>-</b>	000	(2019) MILL VALLEY I	TDDADV F	OTIND A TIT ON		68-0000	532 Dags <b>0</b>
Pa			IIDKAKI P	OUNDATION		00-000	532 Page <b>9</b>
. u		Chack if Schodula O contains a response	or note to any lin	o in this Part VIII			
		Check if Schedule O contains a response	of flote to arry in	(A)  Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 6	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	129,020.  Business Code	129,020.			
og	(	e					
۵.	1	f All other program service revenue					
-	(	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter other similar amounts)  Income from investment of tax-exempt bond	proceeds	66,724.			66,724.
	5	Royalties					
	l •	(i) Real  Gross rents  Less: rental expenses  Rental income or (loss)  (ii) Real  6a  6b  6c	(ii) Personal				
		d Net rental income or (loss)  a Gross amount from sales of (i) Securities	(ii) Other				
enne	ı	assets other than inventory b Less: cost or other basis and sales expenses  7a 1,763.					
3eV		c Gain or (loss)		1,763.			1,763.
Other Rever	8 :	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a		2,			
		b Less: direct expenses 8b					
		C Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19  9a	<b>&gt;</b>				
	ı	b Less: direct expenses 9b					
	(	c Net income or (loss) from gaming activities	<b></b>				
		a Gross sales of inventory, less returns and allowances 10 Less: cost of goods sold 10 less:					
		c Net income or (loss) from sales of inventory					
		Tractification (1033) from sales of inventory	Business Code				
eous Je	11 :	a					

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197,507.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colui	mn (A).
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Total expenses   Total expenses   Program service   Program servic	Δ-	Check if Schedule O contains a respons	(A)	this Part IX(B)	(C) I	(D)
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, fereign governments, and fereign individuals. See Part IV, lines 15 and 16 Bannetins paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4680(IV)1) and persons described in section 4680(IV)1 and persons described in section 4680(IV)1 and persons described in section 4680(IV)1 and 4030(IV)1 and 4030(IV)1 and 4030(IV)1 employer contributions (include section 401(IV) and 4030(IV)1 employer contributions (include section 401(IV)1 employer contributions (include section 401(IV)1 employer contributions (include section 401(IV)1 employer contributions (		•		Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 22 and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 a	1	- I	01 600	01 600		
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for membras Compensation of current officers, directors, trustees, and key employees Edited under section 4958((y)3)(8) To ther salaries and wages Pension plan accruis and contributions (include section 4016(x) and 4030()) employer contributions) Other employee benefits Pension plan accruis and contributions (include section 4016(x) and 4030()) employer contributions) However, and the section 4016(x) and 4030() employer contributions (include section 4016(x) and 4030()) employer contributions (include section 4016(x) and 4030()) employer contributions (include section 4016(x) and 4030(x)) employer contributions (include section 4016(x) and 4030(x) employer contributions (include section 4016(x) employer contribution (include section 4016(x) empl		· · · · · · · · · · · · · · · · · · ·	81,600.	81,600.		
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Individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of included above to disqualified persons (as defined under section 4958(r) (3) (8)  7 Other salaries and wages  Pension plan accurals and contributions (include section 4010; (and 4300) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Feas for services (nonemployees):  a Management  b Legal  12 Coccounting  13 Lobbying  14 Presistonal fundraling services. See Part IV, line 17  15 Investment management fees  15 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, its line 11g expenses on Sch 0.)  26 Advertising and promotion  27 Travel  28 Payments of travel or entertainment expenses for any federal, state, or local public officials (12 Payments to affiliates)  29 Corporation, depletion, and amortization  21 Insurance  20 Perceiation, depletion, and amortization  21 Insurance  22 Depreciation, depletion, and amortization  23 Insurance  24 Payments of travel or entertainment expenses for any federal, state, or local public officials (13 Payments to affiliates)  20 Depreciation, depletion, and amortization  21 Insurance  22 Depreciation, depletion, and amortization  23 Insurance  24 Payments of travel or entertainment expenses for any federal, state, or local public officials (15 Payments to affiliates)  20 Depreciation, depletion, and amortization  21 Insurance  22 Depreciation, depletion, and amortization  23 Insurance  24 Payments to affiliates  25 Payments to affiliates  26 Payments of travel or entertainment expenses or any federal, state, or local public officials (15 Payments) (15 Payme	3	Grants and other assistance to foreign				
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12 Advertising and promotion 13 Office expenses 1	9		6.447.		6.447.	
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20 Interest	19	· · · · · · · · · · · · · · · · · · ·	446.		446.	
Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a CONTRACT SERVICES b PRINTING AND COPYING c OTHER EVENT COSTS d CREDIT CARD FEES e All other expenses Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a CONTRACT SERVICES b PRINTING AND COPYING c OTHER EVENT COSTS d CREDIT CARD FEES e All other expenses Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
23 Insurance						
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a CONTRACT SERVICES b PRINTING AND COPYING c OTHER EVENT COSTS d CREDIT CARD FEES e All other expenses Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e Doint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			1,865.		1,865.	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a CONTRACT SERVICES  b PRINTING AND COPYING  c OTHER EVENT COSTS  d CREDIT CARD FEES  e All other expenses  Total functional expenses. Add lines 1 through 24e  20 , 497.  20 , 497.  20 , 497.  21 , 297.  22 , 254.  23 , 254.  24 , 340.  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.)  a CONTRACT SERVICES b PRINTING AND COPYING C OTHER EVENT COSTS d CREDIT CARD FEES E All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		above (List miscellaneous expenses on line 24e. If				
a CONTRACT SERVICES b PRINTING AND COPYING C OTHER EVENT COSTS d CREDIT CARD FEES E All other expenses  20,497.  9,350.  9,3  4,340.  22,254.  23,254.  24,340.  25 Total functional expenses. Add lines 1 through 24e  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
b PRINTING AND COPYING c OTHER EVENT COSTS d CREDIT CARD FEES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		20,497.		20,497.	
CTHER EVENT COSTS d CREDIT CARD FEES e All other expenses 2, 254.  2, 254.					-	9,350
CREDIT CARD FEES  e All other expenses  Total functional expenses. Add lines 1 through 24e  2, 254.  2, 254.  3, 776.  1, 181.  2, 5  Total functional expenses. Add lines 1 through 24e  23, 00  24, 170.  23, 00  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						4,340
All other expenses 3,776. 1,181. 2,5  Total functional expenses. Add lines 1 through 24e 138,773. 81,600. 34,170. 23,00  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					2,254.	<u> </u>
Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			3,776.			2,595
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· — — — —		81,600.	34,170.	23,003
educational campaign and fundraising solicitation.						
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				
Check here if following SOP 98-2 (ASC 958-720)						

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			66,240.	1	73,525
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantia	al contributor, or 35%			
		controlled entity or family member of any of	these pe	rsons		5	
	6	Loans and other receivables from other disq	ualified p	persons (as defined			
		under section 4958(f)(1)), and persons descr		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	101			10c	
	11	Investments - publicly traded securities			2,541,132.	11	2,559,687
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,400.	15	1,400		
	16	Total assets. Add lines 1 through 15 (must e	equal line	e 33)	2,608,772.	16	2,634,612
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I	V of Schedule D		21	
Se	22	Loans and other payables to any current or f	former o	fficer, director,			
<u> </u>		trustee, key employee, creator or founder, su	ubstantia	al contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pe	rsons		22	
-	23	Secured mortgages and notes payable to un	related <sup>-</sup>	third parties		23	
	24	Unsecured notes and loans payable to unrel	ated thir	d parties		24	
	25	Other liabilities (including federal income tax,	, payable	es to related third			
		parties, and other liabilities not included on li	ines 17-2	24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0
ွ		Organizations that follow FASB ASC 958,	check h	ere ▶ X			
ဥ		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				2,258,772.	27	2,284,612
<u> </u>	28	Net assets with donor restrictions			350,000.	28	350,000
Ĭ		Organizations that do not follow FASB AS	C 958, c	heck here 🕨 📖			
ř		and complete lines 29 through 33.					
13	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			0.660.550	31	0.604.660
Ž	32	Total net assets or fund balances			2,608,772.	32	2,634,612
	33	Total liabilities and net assets/fund balances			2,608,772.	33	2,634,612

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

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Part XI Reconciliation of Net Assets

rm	990 (2019) MILL VALLEY LIBRARY FOUNDATION	68-	0000532	2 Pa	ge <b>12</b>
aı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Part VIII, column (A), line 12)	1		7,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		38,7	
ŀ	Revenue less expenses. Subtract line 2 from line 1	3		8,7	
٠	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,60		
;	Net unrealized gains (losses) on investments	5	-:	32,8	94.
i	Donated services and use of facilities	6			
•	Investment expenses	7			
;	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain on Schedule O)				0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,63	34,6	12.
aı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
а	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 reviewed	d 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				

Form 990 (2019)

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MILL VALLEY LIBRARY FOUNDATION **Employer identification number** 68-0000532

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		· ·			ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in co.	njanotion with a moopital	GOOGIIDO			ino noopital o namo,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in
3				nege of university owner	u or opera	led by a g	overnmentar unit descrit	Jeu III
_		section 170(b)(1)(A)(iv). (C	· · · · ·				( )	
6		A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	$\square$	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	•					
а		Type I. A supporting orga	• •			-	· · · · · ·	v aivina
		the supported organization	· ·	· ·	•	•		
		organization. You must o						
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina
~		control or management o	•					•
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with
·		its supported organization					•	ea with,
d		Type III non-functionally		•				ization(a)
u								
		that is not functionally int	-		•		-	iveriess
		requirement (see instruct	·	-				
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported of						
g		vide the following information  i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? <b>No</b>	support (see instructions)	support (see instructions)
				above (see instructions))	165	140	,	, , , , , , , , , , , , , , , , , , ,
Γ <u>α</u> 4-								
Γota								ı

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	223,092.	122,217.	116,578.	116,578.	129,022.	707,487.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	223,092.	122,217.	116,578.	116,578.	129,022.	707,487.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						707,487.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017 116, 578.	(d) 2018 116,578.	(e) 2019	(f) Total 707,487.
7	Amounts from line 4	223,092.	122,217.	116,578.	116,578.	129,022.	707,487.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	35,862.	39,010.	41,043.	105,842.	68,487.	290,244.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						997,731.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						<u> </u>
14	Public support percentage for 2019 (					14	70.91 %
15	Public support percentage from 2018					15	76.33 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
_	<b>stop here.</b> The organization qualifies						<b>▶</b> X
b	33 1/3% support test - 2018. If the c						nis box
	and <b>stop here.</b> The organization qual						▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac				-	_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2019

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2313	(6) 2511	(4) 2010	(6) 2010	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	_					
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
_	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					504(-)(0)	
14	First five years. If the Form 990 is for	· ·	,		•	. , , , ,	· •
800	check this box and stop here ction C. Computation of Public						<b>P</b> LL_
	·			l (f)		45	0/
	Public support percentage for 2019 (lin					15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	<u>%</u>
						147	0/
	Investment income percentage for 20°					17	<u>%</u>
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2019. If the	-					1 / is not
	more than 33 1/3%, check this box an						<b>&gt;</b> □
b	33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	<b>Private foundation.</b> If the organization	ı did not check a	box on line 14, 19	a. or 19b. check t	his box and see ir	nstructions	▶∟

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

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Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h	1 /	ĺ

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current 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		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4		nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
_		de details in <b>Part VI</b> ). See instructions.		-	
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
	<u> </u>	amount arriage by line o amount	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
_		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	EXCES	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Devide the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 19:
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	
-	
-	
•	
_	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2010

OMB No. 1545-0047

Name of the organization

Employer identification number

MILL VALLEY LIBRARY FOUNDATION

68-0000532

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• •	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \b			
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

Name of organization Employer identification number

#### MILL VALLEY LIBRARY FOUNDATION

68 - 0000532

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SMART FAMILY FUND  1001 WARRENVILLE ROAD SUITE 500  LISLE, IL 60532	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KRIS MALONE GROSSMAN AND ED GROSSMAN  404 EAST BLITHEDALE AVENUE  MILL VALLEY, CA 94941	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ZEPHYR FUND  C/O MCF 5 HAMILTON LANDING, SUITE 200  NOVATO, CA 94949	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WALKER REZAIAN MEMORIAL FUND  C/O MCF 5 HAMILTON LANDING, SUITE 200  NOVATO, CA 94949	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KEN AND JACKIE BROAD FAMILY FUND  C/O MCF 5 HAMILTON LANDING, SUITE 200  NOVATO, CA 94949	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### MILL VALLEY LIBRARY FOUNDATION

68 - 0000532

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Name of organization **Employer identification number** 68-0000532 MILL VALLEY LIBRARY FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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 Open to Public Inspection

Name of the organization

MILL VALLEY LIBRARY FOUNDATION

**Employer identification number** 68-0000532

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		· <del>                                    </del>
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea	<del></del>	
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of Violations, and emoroning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	<b>▶</b> \$	aming of the latter of an area of the latter	cacemente aaning inc year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?	* * * * * * * * * * * * * * * * * * * *	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther	Simila	r Asse	<b>ts</b> (contin	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that ma	ke sigr	nificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further the	he organization's	exemp	t purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other sir	milar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of the	ne organization's co	ollection?			$\square$	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the organizatio	n answered "Yes	" on Fo	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets	not in	cluded		_	
	on Form 990, Part X?						🗀	Yes	X No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	t
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account l	iability	?	$\Box$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII				
Pai	T V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	orm 990, Part IV, I	ine 10.				
		(a) Current year	(b) Prior year	(c) Two years bad	k (d)	Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	2,541,132.	2,024,408.						
	Contributions	64,563.	470,000.						
	Net investment earnings, gains, and losses	35,592.	112,224.						
d	Grants or scholarships	81,600.	65,500.						
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	2,559,687.	2,541,132.						
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%						
	Permanent endowment	%	_						
С	Term endowment	<del></del> %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered t	for the	organiza	ition		
	by:	· ·				Ū			Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Pa	rt X, lin	ie 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c	c) Accı	umulated		(d) Bool	k value
		basis (investm		(other)	-	ciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	Oc.)			<b>•</b>		0.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MILL VALLEY  Part VIII Investments - Other Securities.	LIBRARY FOUN	NDATION 6	8-0000532 Page
Complete if the organization answered "Yes" of	on Form 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 en	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		<b>•</b>	•
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			1
(4)			
(5)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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..

Schedule D (Form 990) 2019

(6) (7) (8)

Schedule D (Form 990) 2019

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization Employer identification number 68-0000532 MILL VALLEY LIBRARY FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) MILL VALLEY PUBLIC LIBRARY 375 THROCKMORTON AVE MILL VALLEY, CA 94941 94-6000372 501(C)(3) 81,600. 0.CASH OPERATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

#### SCHEDULE O

Internal Revenue Service

(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.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MILL VALLEY LIBRARY FOUNDATION

Employer identification number 68-0000532

Form 990, Part I, Line 1, Description of Organization Mission:

THE MILL VALLEY LIBRARY FOUNDATION RAISES FUNDS TO SUPPLEMENT THE

FUNDING PROVIDED BY THE CITY OF MILL VALLEY TO THE MILL VALLEY PUBLIC

LIBRARY WITH THE OBJECTIVE TO INSURE THAT THE LIBRARY WILL BE ABLE TO

PROVIDE HIGH QUALITY PROGRAMS AND SERVICES IN PERPETUITY.

Form 990, Part III, Line 1, Description of Organization Mission:

THE MILL VALLEY LIBRARY FOUNDATION RAISES FUNDS TO SUPPLEMENT THE

FUNDING PROVIDED BY THE CITY OF MILL VALLEY TO THE MILL VALLEY PUBLIC

LIBRARY WITH THE OBJECTIVE TO INSURE THAT THE LIBRARY WILL BE ABLE TO

PROVIDE HIGH QUALITY PROGRAMS AND SERVICES IN PERPETUITY.

Form 990, Part VI, Section B, line 11b:

Form 990 is prepared by an outside tax professional. The form is then reviewed by certain members of the Board of DIRECTORS. This group of Individuals then discusses the contents of the return with the outside tax professional. After a full review (with modifications where necessary), the final version of the tax return is provided to all members of the organization's voting body. An officer signs the authorization for the tax professional to effile the return with the Department of the Treasury.

Form 990, Part VI, Section C, Line 18:

The organization's tax filings are stored in a secure environment and held available for inspection by tax authorities and the general public UPON WRITTEN REQUEST TO THE ADDRESS OF THE MILL VALLEY LIBRARY FOUNDATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

#### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 68-0000532 MILL VALLEY LIBRARY FOUNDATION Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)  Name, address, and EIN (if applicable)  of disregarded entity	Name, address, and EIN (if applicable)  Primary activity  Legal domicile (state		or Total inco	me End-of-year	r assets Direct	(f) controlling entity	g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more related tax-ex	.empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
		Legal domicile (state or Exempt Code	501(c)(3))		Yes	No	
MILL VALLEY PUBLIC LIBRARY - 96-6000372 375 THROCKMORTON AVENUE	_						
MILL VALLEY, CA 94941	LIBRARY	California	501(c)(3)	6	N/A		х

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership	
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	0	
										$\sqcup$		
											<del> </del>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	tion b)(13) rolled ity?
		country)		or tracty		400010		Yes	No
								$\vdash$	<del></del>
									—
								$oxed{oxed}$	Щ_

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	Gift, grant, or capital contribution to related organization(s)				1b	Х					
С	Gift, grant, or capital contribution from related organization(s)				1c		Х				
d	Loans or loan guarantees to or for related organization(s)				1d		Х				
	Loans or loan guarantees by related organization(s)				1e		Х				
f	f Dividends from related organization(s)										
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
- 1	Performance of services or membership or fundraising solicitations for related organizations				11		X				
m	Performance of services or membership or fundraising solicitations by related organiza				1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n		Х				
	Sharing of paid employees with related organization(s)				10		Х				
р	Reimbursement paid to related organization(s) for expenses				1p		Х				
	Reimbursement paid by related organization(s) for expenses				1q		Х				
•											
r	Other transfer of cash or property to related organization(s)				1r		Х				
	Other transfer of cash or property from related organization(s)				1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who										
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount inv	olved						
(1) I	MILL VALLEY PUBLIC LIBRARY	В	81,600.	POLICY							
(2)											
(3)											
(4)											
(-,											
<u>(5)</u>											
<u>(6)</u>											
93216	3 09-10-19	35		Schedule F	R (Forr	n 990)	2019				

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se 501(c)(3)	Share of	Share of	Dispr tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No	) Income	assets	Yes	No	(F01111 1065)	Yes N	0
										$\vdash$	
										$\sqcup$	
		ſ		1 I			1		I	1 I	1

# **2019 TAX RETURN FILING INSTRUCTIONS**

CALIFORNIA FORM 199

### FOR THE YEAR ENDING

SEPTEMBER 30, 2020

Prepared for	MILL VALLEY LIBRARY FOUNDATION 375 THROCKMORTON AVE MILL VALLEY, CA 94941
Prepared by	WMB2, LLP 101 LARKSPUR LANDING CIRCLE, #200 LARKSPUR, CA 94939-1750
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

TAXABLE YEAR

# California Exempt Organization Annual Information Return

928941 12-04-19 FORM

201	19	Annual Information	on Return						199	9
Calendar Yea	ar 2019	or fiscal year beginning (mm/dd/yyyy)	10/01/2	2019	, and endir	ng (mm/	dd/yyyy)	0	9/30/2020	<u> </u>
Corporation/C	Organiza	tion name					California o	orporation	on number	
							1			
		LEY LIBRARY FOUNDATI	ION				FEIN	2615	5	
Additional info	ormatior	. See instructions.						000	0532	
Street address	s (suite	or room)					PMB		0552	
		CKMORTON AVE								
City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				State	ZIP c	ode		
MILL V	/ALI	JEY				CZ	A 949	41		
Foreign count	ry name		Foreign province/state	e/county			Forei	n postal	code	
A First Ret	turn .		Yes X No							
		rn•			ed in political a					X No
		47(a)(1) trust	Yes X No		organization ex				J — -	X No
<b>D</b> Final Inf		on Return?			," enter the gro					
• 🔲	Dissol		1erged/Reorganized	_	nization is a pu					
		ld/yyyy) •	(a) [		n 23701d and		-			
		ing method: (1) Cash (2) X Accrua filed? (1) ● 990T(2) ● 990PF (3)			o filing fee is re					X No
		990 series	Sch H ( 990)		e organization f					<u> 21</u> NU
( ,		filing? See instructions	Yes X No							X No
		ition in a group exemption	Yes X No		organization ur					110
		the parent's name?	100 110		dited in a prior					X No
,		•			ral Form 1023					X No
I Did the o	organiz	ation have any changes to its guidelines			led with IRS _					
not repo	rted to	the FTB? See instructions	Yes X No					_		
Part I	Compl	ete Part I unless not required to file this fo								
	1	Gross sales or receipts from other sources								87 00
	2	Gross dues and assessments from member	ers and affiliates					• 🗀		00
Receipts	3	Gross contributions, gifts, grants, and simi Total gross receipts for filing requirement test. Add This line must be completed. If the result is less th	ilar amounts received	j		STI	A'T' I		129,0	
and	4	This line must be completed. If the result is less th	nan \$50,000, see General	I Information	B				197,5	0 / 00
Revenues	5	Cost of goods sold Cost or other basis, and sales expenses of		•	6			00		
	6								7	Loo
	8	Total gross income. Subtract line 7 from li	ne 1					. —	197,5	00
	9	Total expenses and disbursements. From S						• 9	400 5	
Expenses	10	Excess of receipts over expenses and disb			 Lline 8				58.7	34 00
	11	Total payments						• 11		00
	12							• 12		00
	13	Payments balance. If line 11 is more than I						• 13	3	00
Filing Fee	14	Use tax balance. If line 12 is more than line						• 14	1	00
	15	Filing fee \$10 or \$25. See General Information	tion F					. 15	5 N/A	00
	16	Penalties and Interest. See General Information							3	00
	17	Balance due. Add line 12, line 15, and line	16. Then subtract lin	ne 11 from	the result	atements	(	17 17 N		00
Sign	it is t	rue, correct, and complete. Declaration of preparer (	other than taxpayer) is be	ased on all in	formation of whic	h prepare	r has any knov	vledge.	knowledge and belief,	
Here	Signa	ture _		Title	aid ed	- 1	Date		● Telephone	
	of off	ture cer		LKEA	SURER				● PTIN	
	Prepa	urer's			01/04/	21	Check if self-employed		□P01295922	
Daid					01/04/	<u></u>	oon employed		■ Firm's FEIN	
Paid Preparer's	(or yo								26-3789391	ı
Use Only	if self	101	DING CIRC	LE.	#200				• Telephone	
300 Omy		ddress LARKSPUR, CA 949		,	•				415-925-11	.20
	Mav	the FTB discuss this return with the prepare		instruction	 1S		•	X	es No	

### MILL VALLEY LIBRARY FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	busine	ss activit	ies. See ins	struction	ıs			•	1				00
		2	Interest								•	2				00
		3	Dividends								•	3		66	,724	4 00
Rece	ipts	4	Gross rents								•	4				00
from								•	5				00			
Othe	ther 6 Gross amount received from sale of assets (See Instructions) STATEMENT 2							TEMENT 2 •	6		1	,763	3 00			
Sour	ources 7 Other income  8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1							7			40'	00				
		8						-				8			,48	
		9	Contributions, gifts, grants, and	sımılar	r amount	is paid			5.1	A	T.F.M.F.N.T. 2 ●	9			,600	
		10	Disbursements to or for member	rs					כבב כח			10				00
		11 12	Compensation of officers, direct	ors, an	iu trustet	38			יט ממט			12				00 00
Expe	neae		Other salaries and wages									13				00
and	11363		Interest Taxes									14				00
Disbu	urse-											15				00
ment		16	Depreciation and depletion (See	instru	ctions)						•	16				00
		17	Other Expenses and Disbursem	ents					SEE ST	'A'	TEMENT 5 •	17		57	,173	
			Total expenses and disburseme	nts. Ac	ld line 9	through lin	e 17. En	ter her	e and on Side 1.	 . Pa	rt I, line 9	18			773	
Sch	edu					Beginnin							kable y		-	
Asse	ts				(a	a)			(b)		(c)			(d)		
1 (	Cash								66,24	0			•		73,5	525
2 1	Vet acc	counts	s receivable										•			
3 1	Vet not	tes red	ceivable										•			
4	nvento	ories <sub>.</sub>											•			
			state government obligations							_			•			
			in other bonds							4			•			
			in stock							4			•			
	Mortga								F 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ᆡ			•		<u> </u>	<del>- 0</del>
9 (	Other in	nvestr	ments STMT 6						,541,13	4			•	_ ∠,5	59,6	08/
10 8	a Depr	eciab	ole assets	1			\				1					
			ımulated depreciation				-1			$\dashv$	(		•			
11 L		ceate	STMT 7						1,40	n			•		1 /	400
12 1	Julici a Fotal a	eeate	3					2	,608,77					2.6	34,6	
			et worth						7000711	-					J _ / .	
			yable							7			•			
			is, gifts, or grants payable							┪			•			
			notes payable							┪			•			
			payable							╗			•		,	
	Other li									T						
19 (	Capital	stock	c or principal fund										•			
<b>20</b> F	Paid-in o	or capi	ital surplus. Attach reconciliation										•			
<b>21</b> F	Retaine	ed ear	rnings or income fund					2	,608,77	2			•	2,6	34,6	<u>612</u>
			ties and net worth						,608,77	2				2,6	34,6	612
Sch	edu	le M				•			a aluman (d) ia		- than \$50,000					
			Do not complete this sche								·					
			per books		•		5,84	<u>'</u> 7			on books this year					
			me tax		-			$\dashv$ $\Box$	not included in				•			
			ipital losses over capital gains		•			⊣ *			return not charged		•			
			recorded on books this year corded on books this year not					$\dashv$ ,	Total. Add line		me this year		-			
			this return STMT	8	•	3 '	2.89		Net income pe							
			ne 1 through line 5		<del>-</del>		8,73		Subtract line 9						58,	734
		111			1		, , ,		202000000000	0			1			_ <del></del>

CA 199	Cash Contributions Included on Part I, Line 3	Statement		
Contributor's Name	Contributor's Address	Date of Gift	Amount	
SMART FAMILY FUND	1001 WARRENVILLE ROAD SUITE 500 LISLE, IL 60532		10,000.	
KRIS MALONE GROSSMAN AND ED GROSSMAN	404 EAST BLITHEDALE AVENUE MILL VALLEY, CA 94941		10,000.	
ZEPHYR FUND	C/O MCF 5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949		5,000.	
WALKER REZAIAN MEMORIAL FUND	C/O MCF 5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949		5,000.	
KEN AND JACKIE BROAD FAMILY FUND	C/O MCF 5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949		10,000.	
Total included on line 3			40,000.	

	Gross Am	nount from Sale	e of Assets	S	tatement 2
Description		Da: Acqu:			thod uired
				Pur	chased
		Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
		0.	0.	0.	1,763.
Total to Form 199, P	age 2, ln 6	0.	0.	0.	1,763.
	and	Similar Amount	L - D - 1 A		
Activity Classificat	ion: DONATIC	<del> </del>	cs Paid		
Activity Classificat Donees Name	ion: DONATIO	DN		tionship	Amount
_	Donees Add	DN	Relat	tionship  IC LIBRARY	
Donees Name ————— MILL VALLEY PUBLIC	Donees Add 375 THROCK	ON lress CMORTON AVENUE	Relat		

CA 199 Co	mpensation of Officers,	Directors and Trustees	Statement 4
Name and Addres	s	Title and Average Hrs Worked/Wk	Compensation
BETH RUTCHIK 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
DAVID SIMPSON 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
KRIS GROSSMAN 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
NICOLE BROWN 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
KATE SHAW 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
TOM DICKER 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
DEBORAH MILLER 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
MICHAEL DYETT 375 THROCKMORTO MILL VALLEY, CA		BOARD MEMBER 2.00	0.
JEFFREY HAMRICK 375 THROCKMORTO MILL VALLEY, CA	N AVE	TREASURER 2.00	0.
JACK CORSELLO 375 THROCKMORTO MILL VALLEY, CA		CO-VICE PRESIDENT 2.00	0.
DEBORAH SORONDO 375 THROCKMORTO MILL VALLEY, CA	N AVE	CO-VICE PRESIDENT 2.00	0.

MILL VALLEY LIBRARY FOUNDATION		68-0000532
MARGARET YEAGER 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
MAURA VAUGHN 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
JOAN STEIDINGER 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
ANDREW SHAPIRO 375 THROCKMORTON AVE MILL VALLEY, CA 94941	PRESIDENT 0.00	0.
ERIC ISSADORE 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
STEVE LANG 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
KATHRYN FARTHING 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
KHADIJA HANSIA-GIBSON 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
MICHELLE BUCKLES 375 THROCKMORTON AVE MILL VALLEY, CA 94941	BOARD MEMBER 0.00	0.
JOHANNA CALABRIA 375 THROCKMORTON AVE MILL VALLEY, CA 94941	SECRETARY 2.00	0.
Total to Form 199, Part II, line 11		0.

Description   Description	CA 199	Other Expens	es	Statement	5
PRINTING AND COPYING         9,350.           CREDIT CARD FEES         4,340.           CREDIT CARD FEES         2,254.           Other professional fees         6,447.           Office expenses         1,480.           Information technology         6,718.           Conferences and conventions         446.           Insurance         1,865.           All other expenses         3,776.           Total to Form 199, Part II, line 17         57,173.           CA 199         Other Investments         Statement 6           Description         Beg. of Year         End of Year           Total to Form 199, Schedule L, line 9         2,541,132.         2,559,687.           CA 199         Other Assets         Statement 7           Description         Beg. of Year         End of Year           DEFOSITS         1,400.         1,400.           Total to Form 199, Schedule L, line 12         1,400.         1,400.           CA 199         Expenses Recorded on Books this Year Not Deducted in this Return         Statement 8           Description         Amount           UNREALIZED LOSS         32,894.	Description			Amount	
CA 199         Other Investments         Statement         6           Description         Beg. of Year         End of Year           2,541,132.         2,559,687.           Total to Form 199, Schedule L, line 9         2,541,132.         2,559,687.           CA 199         Other Assets         Statement 7           Description         Beg. of Year         End of Year           DEPOSITS         1,400.         1,400.           Total to Form 199, Schedule L, line 12         1,400.         1,400.           CA 199         Expenses Recorded on Books this Year Not Deducted in this Return         Statement 8           Description         Amount           UNREALIZED LOSS         32,894.	PRINTING AND COPYING OTHER EVENT COSTS CREDIT CARD FEES Other professional Office expenses Information technologous conferences and confinemence	fees logy		9,3 4,3 2,2 6,4 1,4 6,7 4	50. 40. 54. 47. 80. 18. 46.
Description         Beg. of Year         End of Year           2,541,132.         2,559,687.           Total to Form 199, Schedule L, line 9         2,541,132.         2,559,687.           CA 199         Other Assets         Statement 7           Description         Beg. of Year         End of Year           DEPOSITS         1,400.         1,400.           Total to Form 199, Schedule L, line 12         1,400.         1,400.           CA 199         Expenses Recorded on Books this Year Not Deducted in this Return         Statement 8           Description         Amount           UNREALIZED LOSS         32,894.	Total to Form 199,	Part II, line 17		57,1	73.
2,541,132.   2,559,687.	CA 199	Other Investm	ents	Statement	6
Total to Form 199, Schedule L, line 9 2,541,132. 2,559,687.  CA 199 Other Assets Statement 7  Description Beg. of Year End of Year  DEPOSITS 1,400. 1,400.  Total to Form 199, Schedule L, line 12 1,400. 1,400.  CA 199 Expenses Recorded on Books this Year Not Deducted in this Return Statement 8  Description Amount  UNREALIZED LOSS 32,894.	Description		Beg. of Year	End of Ye	ar
CA 199 Other Assets Statement 7  Description Beg. of Year End of Year  DEPOSITS 1,400. 1,400.  Total to Form 199, Schedule L, line 12 1,400. 1,400.  CA 199 Expenses Recorded on Books this Year Not Deducted in this Return  Description Amount  UNREALIZED LOSS 32,894.			2,541,132.	2,559,6	87.
Description  DEPOSITS  1,400.  Total to Form 199, Schedule L, line 12  1,400.  CA 199  Expenses Recorded on Books this Year Not Deducted in this Return  Amount  UNREALIZED LOSS  Beg. of Year End of Year 1,400.  1,400.  1,400.  Amount  32,894.	Total to Form 199,	Schedule L, line 9	2,541,132.	2,559,6	87.
DEPOSITS  Total to Form 199, Schedule L, line 12  CA 199  Expenses Recorded on Books this Year Not Deducted in this Return  Description  UNREALIZED LOSS  Amount  32,894.	CA 199	Other Asset	s	Statement	7
Total to Form 199, Schedule L, line 12  1,400.  CA 199  Expenses Recorded on Books this Year Not Deducted in this Return  Amount  UNREALIZED LOSS  32,894.	Description		Beg. of Year	End of Ye	ar
CA 199 Expenses Recorded on Books this Year Statement 8 Not Deducted in this Return  Description Amount UNREALIZED LOSS 32,894.	DEPOSITS		1,400.	1,4	00.
Description Amount UNREALIZED LOSS 32,894.	Total to Form 199,	Schedule L, line 12	1,400.	1,4	00.
UNREALIZED LOSS 32,894.	CA 199			Statement	8
<del></del>	Description			Amount	
Total to Form 199, Schedule M-1, line 5	UNREALIZED LOSS			32,8	94.
	Total to Form 199,	Schedule M-1, line 5		32,8	94.

Sign Here

Date Accepted

TAXABLE YEAR California o-file

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

Exempt Organization name	Identifying number
MILL VALLEY LIBRARY FOUNDATION	68-0000532
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	1 197,507
2 Total gross income (Form 199, line 8)	2197,507
3 Total expenses and disbursements (Form 199, line 9)	3 138,773
Part II Settle Your Account Electronically for Taxable Year 2019	
4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/	/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking information?)	
5 Routing number	
6 Account number 7 Type of account: Checkin	ng Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic fon line 4a.	unds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my e transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. I a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return a statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	he exempt organization's 2019 " If the exempt organization is filing nization's fee liability, the exempt and accompanying schedules and

#### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I Date

TREASURER

I Check if

I Check

I FRO's PTIN

ERO	signature	INCO III		also paid preparer	X	if self- employe		P01295922	
Must Sign	Firm's name (or yours if self-employed) and address	WMB2, LLP 101 LARKSPUR LANDING CI	IRCLE, #200				Firm's FEIN 26 - 3789391		
Under pe	LARKSPUR, CA   ZIP code 9 4 9 3 9 - 1 7 5 0   Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.								
Paid Prepai	Paid preparer's signature		Date		Check if self- employe	d	Paid	preparer's PTIN	
Must Sign	if self-employed)					N			
							ZIP code		

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

## FOR THE YEAR ENDING

SEPTEMBER 30, 2020

Prepared for	MILL VALLEY LIBRARY FOUNDATION 375 THROCKMORTON AVE MILL VALLEY, CA 94941
Prepared by	WMB2, LLP 101 LARKSPUR LANDING CIRCLE, #200 LARKSPUR, CA 94939-1750
Amount due or refund	BALANCE DUE OF \$50.00
Make check payable to	DEPARTMENT OF JUSTICE
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	FEBRUARY 16, 2021
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

		Check it:			
MILL WALLEN LIDDADA EULINDAMION			nge of address		
MILL VALLEY LIBRARY FOUNDATION  Name of Organization		Ame	ended report		
· ·					
List all DBAs and names the organization uses or has used					
375 THROCKMORTON AVE		State Cha	rity Registration Number CT 51050		
Address (Number and Street)		Otate One	They registration realises of <u>a = a a a a</u>		
MILL VALLEY, CA 94941		Corporation	on or Organization No. 1226155		
City or Town, State, and ZIP Code 415 - 987 - 2760			60 0000533		
Telephone Number E-mail Address		Federal E	mployer ID No. <u>68-000532</u>		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice					
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	
Less than \$25,000 0	Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	\$15	_
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million		Between \$10,000,001 and \$50 million	\$22	
			Greater than \$50 million	\$30	)0
PART A - ACTIVITIES					
For your most recent full accounting period (beginning $10/01/2019$ ending $09/30/2020$ ) list:					
Gross Annual Revenue\$ 197,507 Noncash Contributions\$ 0 Total Assets\$ 2,634,612					
Program Expenses \$ 81,600 Total Expenses \$ 138,773					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT					
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.					
					No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization					
and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?				X	
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property					
or funds?					х
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?					
					Х
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or					v
commercial coventurer used?					X
5. During this reporting period, did the organization receive any governmental funding?					X
6. During this reporting period, did the organization hold a raffle for charitable purposes?					
					Х
7. Does the organization conduct a vehicle donation program?					37
					Х
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					х
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge					
and belief, the content is true, correct and complete, and I am authorized to sign.					
755	Б ПУМОТОЛ	m	DE A CIIDED		
	F HAMRICK	'L'	REASURER le Date		
			- Duto		