Form 990

Department of the Treasury

C Name of organization

Doing business as

P.O. BOX 29

LÉE VINING, CA

SAME AS C ABOVE

Tax-exempt status: X 501(c)(3) 501(c) (

J Website: ► WWW.MONOLAKE.ORG

K Form of organization: X Corporation

THE MONO LAKE FOUNDATION

93541

Trust

Internal Revenue Service

Check if applicable:

Address change

Name change

Initial Ireturn

Final return/

termin-ated

Amended

Applica-

pending

ŝ

Part I Summary

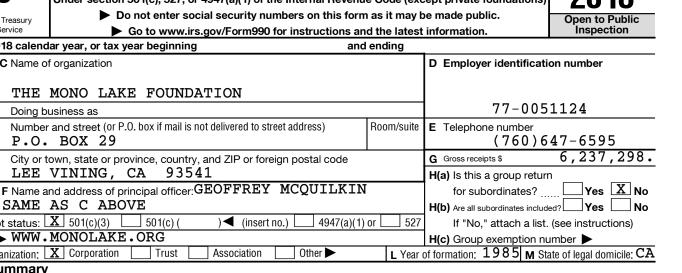
В

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning



OMB No. 1545-0047

Briefly describe the organization's mission or most significant activities: PRESERVE AND PROTECT MONO LAKE.

) (insert no.)

Association

a				
Governa	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		10
Activities & Go	4	Number of independent voting members of the governing body (Part VI, line 1b)		10
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	31
	6	Total number of volunteers (estimate if necessary)	6	80
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	72,263.
1	b	Net unrelated business taxable income from Form 990-T, line 38		10,488.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	1,771,358.	4,242,047.
nue	9	Program service revenue (Part VIII, line 2g)	103,872.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,100.	-
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,521.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,171,851.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,000.	19,650.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	973,983.	-
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	78,550.	68,308.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 250,889.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,080,828.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,149,361.	
	19	Revenue less expenses. Subtract line 18 from line 12	22,490.	2,613,873.
ces			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	6,770,075.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	237,264.	-
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	6,532,811.	8,793,375.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GEOFFREY MCQUILKIN, EX Type or print name and title	XECUTIVE DIRECTOR	Date	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	JOHN F. BRICHER	JOHN F. BRICHER	07/03/19 self-employed P00742760)
Preparer	Firm's name 🕞 GILBERT ASSOCIAT		Firm's EIN ► 68-0037990)
Use Only	Firm's address 2880 GATEWAY OAI	KS DR, STE 100		
	SACRAMENTO, CA	Phone no.916-646-6464		
May the I	RS discuss this return with the preparer shown ab	oove? (see instructions)	X Yes	No
			= 000 (a)	

Form	n 990 (2018) THE MONO LAKE FOUNDATION	77-0051124	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MONO LAKE FOUNDATION IS A NOT FOR PROFIT CITIZENS		FED
	TO PROTECTING AND RESTORING THE MONO BASIN ECOSYSTEM,		
	PUBLIC ABOUT MONO LAKE AND THE IMPACTS ON THE ENVIRONM WATER USE, AND PROMOTING COOPERATIVE SOLUTIONS THAT PR		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		XNo
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service		XNo
3	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 o	others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,924,276. including grants of \$ 19,650.) (Re		305.)
	IN 2018, THE MONO LAKE FOUNDATION (ALSO KNOWN AS THE N		
	COMMITTEE) CONTINUED TO SUCCESSFULLY PURSUE ITS MISSIC AND RESTORING THE MONO BASIN ECOSYSTEM, EDUCATING THE		
	LAKE AND THE IMPACTS ON THE ENVIRONMENT OF EXCESSIVE V		
	PROMOTING COOPERATIVE SOLUTIONS THAT PROTECT MONO LAKE		٢,
	WATER NEEDS WITHOUT TRANSFERRING ENVIRONMENTAL PROBLEM		
	SINCE 1978 THE FOUNDATION HAS BEEN INSPIRED BY OUR LOW	VE FOR THIS	
	BEAUTIFUL PLACE. OUR VISION OVER 40 YEARS AND SHARED A	MONG OUR 16,0	00
	MEMBERS IS OF A HEALTHY, PROTECTED, AND WILD MONO BASI		
	ORGANIZATION THAT SEEKS POSITIVE, PRINCIPLED, PROACTIV	E SOLUTIONS TO	0
	PROBLEMS. (CONTINUED ON SCHEDULE O)		
4b	(Code:) (Expenses \$ including grants of \$) (Ref	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
44	Other program services (Describe in Schedule O)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses > 1,924,276.	J	
		Form 9 9	90 (2018)
00000	SEE SCHEDILE O FOR CONTINUATION		. ,

832002 12-31-18

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or 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, VII, 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,		х	
b	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		- 21
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
Ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			v
	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	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 contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
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 Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	

018)	THE	MONO	LAKE	FOUNDATION
Statements F	Regard	ing Othe	er IRS F	ilings 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 31										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х								
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	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 Accounts (FBAR).										
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		Х							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
f											
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
9	sponsoring organization have excess business holdings at any time during the year?										
э а	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a									
	Did the sponsoring organization make any taxable distributions under section 4966?	9b									
10	Section 501(c)(7) organizations. Enter:	50									
	Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
	Section 501(c)(12) organizations. Enter:										
 а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note. 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										
с	Enter the amount of reserves on hand 13c										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		Х							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										

Form **990** (2018)

Form 990 (2018)

Part V

THE MONO LAKE FOUNDATION

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
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 10							
	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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10							
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, or 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:		37					
а	The governing body?	8a	X					
	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v				
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na				
10-	Did the expenientian have lead chapters branches or efficience?	100	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a		- 23				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	· · · · · · · · · · · · · · · · · · ·	11a	Х					
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>							
	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b		Х				
	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							
	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							
	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 \blacktriangleright CA							
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)	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
40	X Own website Another's website J Upon request Other (<i>explain in Schedule O</i>)	L	-i!					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial					
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 ► DONNETTE HUSELTON - (760)647-6595							
	395 & 3RD STREET, LEE VINING, CA 93541							

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.

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

(A)	(B)	(C)		(D)	(E)	(F)						
Name and Title	Average	je .		Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	amount of		
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other		
	(list any	ctor						the	organizations	compensation		
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the		
	related	stee c	ustee			en sa		(W-2/1099-MISC)		organization		
	organizations	al tru:	onal ti		loyee	eo mp				and related		
	below	ividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
	line)	Ind	lns	0Ħ	Key	Hig em	For					
(1) SALLY GAINES	5.00	.,,							0	0		
CHAIRPERSON		X		X				0.	0.	0.		
(2) DAVID KANNER	5.00											
TREASURER		X		X				0.	0.	0.		
(3) TOM SOTO	5.00											
SECRETARY		Х		Х				0.	0.	0.		
(4) MARTHA DAVIS	5.00											
DIRECTOR		X						0.	0.	0.		
(5) RICHARD LEHAMAN	5.00											
DIRECTOR		X						0.	0.	0.		
(6) DOUG VIRTUE	5.00											
DIRECTOR		X						0.	0.	0.		
(7) SHERYL TAYLOR	5.00											
DIRECTOR		X						0.	0.	0.		
(8) VIREO GAINES SCHILLER	5.00											
DIRECTOR		X						0.	0.	0.		
(9) GINA RADIEVE	5.00											
DIRECTOR		X						0.	0.	0.		
(10) KRISTINE ZEIGLER	5.00											
DIRECTOR		X						0.	0.	0.		
(11) GEOFFREY MCQUILKIN	40.00											
EXECUTIVE DIRECTOR				X				86,760.	0.	4,904.		
		1										
		1										
		1										
		1										
										– 000 (act a)		

	1 990 (2018) THE MONO	LAKE FO	JUI	1DZ	AT I	[0]	N			77-00	5112	4	-age 8
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	compensated Employe	es (continued)			
				(do not check more than one					(D) Reportable compensation from	(E) Reportable compensation from related	ion an		ted t of r
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0	C) (ompens from t organiza and rela rganiza	ation he ation ated
											_		
											_		
			-								_		
	Sub total								86,760.		0.	Δ	904.
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.		0. 0. 904.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	,000 of reportable	;	1	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	-			-	•	•		highest compensated e		3	Yes	No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl),000? <i>If "Yes,</i>	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot 9 <i>J 1</i>	her compensation from for such individual	the organization	4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors					-			-		5	5	X
1	Complete this table for your five highest con the organization. Report compensation for t	-									pensatio	on from	
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	Com	(C) pensati	on
								_					
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	iot lii	nite	d to		se lis 0	stec	d above) who received n	nore than			

Form 990 (2018) THE MONO LAKE FOUNDATION Part VIII Statement of Revenue							77-0051	124 Page 9
Pa	rt VII			or poto to opy li	a in this Dort \/III			
		Check if Schedule O cont		or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and 1f 4, , 1a-1f: \$ 5	242,047. 3,475.	4,242,047.			
Program Service Revenue		MISC PROGRAMS/E	VENTS	Business Code 900099		103,475.		
P		All other program service reve			102 475			
	3 4	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, intere x-exempt bond p	est, and proceeds	103,475. 119,430.			119,430.
	b c	Royalties Gross rents Less: rental expenses Rental income or (loss)	(i) Real 65,759. 0. 65,759.	(ii) Personal	CE 750			65 750
Other Revenue	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 1,351,358.	(ii) Other	65,759.			65,759.
		Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18	g events (not of 1c). See	····· •	130,427.			130,427.
	c 9 a b	Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	draising events stivities. See a b	····· >				
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b s of inventory	355,229. 182,399.	172,830.	100,567.	72,263.	
	11 a b c d	Miscellaneous Revenu						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		>	4,833,968.	204,042.	72,263.	315,616.

THE MONO LAKE FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do no	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8l	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1 (Grants and other assistance to domestic organizations				
á	and domestic governments. See Part IV, line 21	17,650.	17,650.		
2 (Grants and other assistance to domestic	0 000			
i	individuals. See Part IV, line 22	2,000.	2,000.		
3 (Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5 (Compensation of current officers, directors,	01 664	07 000		
	trustees, and key employees	91,664.	87,002.		4,662
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	740,852.	703,166.		37,686
	Pension plan accruals and contributions (include	10 100	11 400		C 0 1
	section 401(k) and 403(b) employer contributions)	12,187.	11,478.	88.	621 4,351
	Other employee benefits	85,518.	81,167.		4,351
	Payroll taxes	58,354.	55,386.		2,968
	Fees for services (non-employees):				
	Management	20 052		2 100	<u> </u>
	Legal	38,853.	35,115.	3,100.	638
	Accounting	79,687.	78,379.		1,308
	Lobbying	<u> </u>			<u> </u>
	Professional fundraising services. See Part IV, line 17	68,308.	10.000	1 ()7)	68,308
	Investment management fees	42,398.	19,869.	16,373.	6,156
-	Other. (If line 11g amount exceeds 10% of line 25,	212 006	195,880.	14 502	2 512
	column (A) amount, list line 11g expenses on Sch 0.)	213,986.	99,765.	<u>14,593.</u> 3,890.	3,513 21,926
	Advertising and promotion	125,581.		3,890.	
	Office expenses	388,136.	305,638.		82,498
	Information technology				
	Royalties	30,639.	00 711		1 0 0 0
	Occupancy		28,711.		1,928 1,572
	Travel	63,258.	61,686.		1,572
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates	55,864.	52,499.		3 365
	Depreciation, depletion, and amortization	25,884.	21,368.		3,365 3,819
		2J,10/.	41,300.		5,019
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	UNRELATED BUSINESS INCO	10,050.	10,050.		
b		-	-		
c -					
d -					
-	All other expenses	69,923.	57,467.	6,886.	5,570
	Total functional expenses. Add lines 1 through 24e	2,220,095.	1,924,276.	44,930.	250,889
	Joint costs. Complete this line only if the organization	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	368,656.	249,460.	0.	119,196

THE MONO LAKE FOUNDATION

77-0051124 Page 11

		Check if Schedule O contains a response or not	e to any line in this Part Y			
		Check in Schedule O contains a response of hot		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		133,336.	1	113,009.
	2	Savings and temporary cash investments		1,264,647.	2	3,621,056.
	3	Pledges and grants receivable, net	E	_/ / / • _ / •	3	
	4	Accounts receivable, net		183,525.	4	160,184.
	5	Loans and other receivables from current and fo			· ·	
	ľ	trustees, key employees, and highest compensation				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali		-		
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	• • • • •			
ស		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	F		7	
Ä	8	Inventories for sale or use		87,482.	8	97,517.
	9	Prepaid expenses and deferred charges		8,105.	9	5,359.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 2,157,981.			
	b	Less: accumulated depreciation	10b 668,210.	1,515,801.	10c	1,489,771.
	11	Investments - publicly traded securities		3,577,179.	11	3,452,568.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	·····		15	0.000.464
	16	Total assets. Add lines 1 through 15 (must equa		6,770,075.	16	8,939,464.
	17	Accounts payable and accrued expenses	235,105.	17	143,064.	
	18	Grants payable			18	3,025.
	19	Deferred revenue			19	5,025.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete R			21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ilidi		Complete Part II of Schedule L		22		
Lia	23	Secured mortgages and notes payable to unrela			22	
	24	Unsecured notes and loans payable to unrelated	F		23	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		-		2,159.	25	0.
	26	Total liabilities. Add lines 17 through 25		237,264.	26	146,089.
		Organizations that follow SFAS 117 (ASC 958				
Se		complete lines 27 through 29, and lines 33 an				
anc.	27	Unrestricted net assets		4,783,565.	27	7,022,759.
3ala	28	Temporarily restricted net assets		1,115,952.	28	1,177,306.
Fund Balances	29		<u></u>	633,294.	29	593,310.
Fu		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📃 🛛			
ç		and complete lines 30 through 34.				
iets	30	Capital stock or trust principal, or current funds	E		30	
Ase	31	Paid-in or capital surplus, or land, building, or eq			31	
Net Assets or	32	Retained earnings, endowment, accumulated in	F		32	
2	33	Total net assets or fund balances		6,532,811.	33	8,793,375.
	34	Total liabilities and net assets/fund balances		6,770,075.	34	8,939,464. Form 990 (2018)

Form 990 (2018)

Part X | Balance Sheet

Form	990	(2018
1 01111		(====

Form	1990 (2018) THE MONO LAKE FOUNDATION	77-00	51124	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,833		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,220		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,613		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,532		
5	Net unrealized gains (losses) on investments	5	-353	3,3	09.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,793	3,3	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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 separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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				
I	2018				
	Open to Public Inspection				
Employer identification number					

Name of the o	rganization
---------------	-------------

Itan									identification nur	11DCI
		THE	MONO LAKE	FOUNDATION				7	7-0051124	
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative					ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name	e,
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	Illy receives a substa	Intial part of its support f	rom a gov	ernmental	unit or from 1	the general	public described ir	ı
		section 170(b)(1)(A)(vi). (C	-		U U			Ū		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in coniu	unction with a	land-grant	college	
		or university or a non-land-	-			-		-	-	
		university:	5 5 5	(,		, .	,			
10	Χ	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sur	port from	contributi	ons. members	ship fees, a	ind aross receipts f	rom
		activities related to its exen	•						•	
		income and unrelated busin								
		See section 509(a)(2). (Con						gamzation		5.
11		An organization organized a		ively to test for public sa	fetv. See	section 50)9(a)(4).			
12		An organization organized a	•		-			arrv out the	e purposes of one o	or
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga						-	qiving	
		the supported organization	-	-	•					
		organization. You must o								
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	iving	
		control or management o	-				•		-	
		organization(s). You mus			·					
с		Type III functionally inte	-		in connec	tion with, a	and functiona	ally integrat	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organized	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.									
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III									
	functionally integrated, or Type III non-functionally integrated supporting organization.									
f	Ente	er the number of supported o	organizations							
g	Prov	vide the following informatior	n about the supporte	ed organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of oth	
		organization		above (see instructions))	Yes	No	support (see in	nstructions)	support (see instruct	ions)

Schedule A (Form 990 or 990-EZ) 2018 THE MONO LAKE FOUNDATION Part II Support Schedule for Organizations Described in Section

77-0051124 Page 2

(Complete only if you checked th	ne box on line 5, 7, or 8 of Part I or	or if the organization failed to qualify ur	nder Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
-	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here	roontago				
-	ction C. Computation of Publ						
	Public support percentage for 2018 (14	<u>%</u>
	Public support percentage from 2017					15	%
108	33 1/3% support test - 2018. If the o						
h	stop here. The organization qualifies		-		lino 15 io 22 1/20/		
L L	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17~	10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the "fact meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances tes						
D D	more, and if the organization meets the						
	organization meets the "facts-and-cire						´ ⊾□
19	Private foundation. If the organization						
-10	i mate roundation. It the organization	and not check a		a, 100, 17a, 01 17			· 🕨 🗖

Schedule A (Form 990 or 990 EZ) 2018 THE MONO LAKE FOUNDATION

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	ciow, picase comp	Jeter art n.j				
-	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(6) 2013	(6) 2010	(0) 2017	(6) 2010	
	membership fees received. (Do not						
	include any "unusual grants.")	1,591,781.	1,798,582.	1,874,162.	1,771,358.	4,242,047.	11,277,930.
•		1,351,701.	1,750,502.	1,074,102.	1,771,550.	1,212,017.	11,277,930.
Z	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	200 520	379,135.	420 017	442,986.	458,704.	2 000 200
	organization's tax-exempt purpose	500,550.	579,155.	420,017.	442,900.	430,704.	2,089,380.
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	1,980,319.	2,177,717.	2,294,179.	2,214,344.	4,700,751.	13,367,310.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	18,869.	200,193.	19,524.	20,346.	20,234.	279,166.
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						0.
С	Add lines 7a and 7b	18,869.	200,193.	19,524.	20,346.	20,234.	279,166.
	Public support. (Subtract line 7c from line 6.)						13,088,144.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,980,319.	2,177,717.	2,294,179.	2,214,344.	4,700,751.	13,367,310.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	53,236.	81,733.	145,170.	147,643.	185,189.	612,971.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	53,236.	81,733.	145,170.	147,643.	185,189.	612,971.
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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,033,555.	2,259,450.	2,439,349.	2,361,987.	4,885,940.	13,980,281.
14	First five years. If the Form 990 is for	the organization's	s first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here		· · ·	· ·	, ,		
Sec	ction C. Computation of Public						
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	93.62 %
16	Public support percentage from 2017		-			16	92.99 %
-	ction D. Computation of Invest						
17	Investment income percentage for 20			ne 13, column (f))		17	4.38 %
18	Investment income percentage from 2					18	4.49 %
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a	-					37
b	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
				,,		dula A (Earm 000	

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.)

1		Yes	No
2			
2	1		
3a			
3a	2		
3b			
3b	3a		
3c			
4a	3b		
4a			
4b	3c		
4b			
4c	4a		
4c			
5a	4b		
5a			
5a	4c		
5b			
5c	5a		
5c			
6 7 8 9a 9b 9c 10a	5b		
7	5c		
7			
8 9a 9b 9c 10a	6		
8 9a 9b 9c 10a			
9a	7		
9a			
9b	8		
9b	9a		
9c			
9c	9h		
10a	UN		
10a	9c		
10b	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2018 THE MONO LAKE FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
Se	ction 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		
Se	ction 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		
Se	ction 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			
0	supported organizations played in this regard.	3		
	ction 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)	-		
a L				
b		truction		
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins Activities Test. Answer (a) and (b) below.	uctions	y. Yes	No
2			162	NU
c	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		
r	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
~	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.			
a				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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.	3b		

Schedule A (Form 990 or 990-EZ) 2018 THE MONO LAKE FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

other Type III non-functionally integrated supporting organizations must complete 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	v intear	ated Type III supporting or	ranization (see

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

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A	(Form 990 or 990-EZ) 2018 THE	MONO LAKE	FOUNDATION	77-0051124 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	n. Provide the expla 3c, 4b, 4c, 5a, 6, 9a, and 3; Part IV, Sectio	nations required by Part II, 9b, 9c, 11a, 11b, and 11c; on E, lines 1c, 2a, 2b, 3a, an	line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V, e this part for any additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

77-0051124

ΓHE	MONO	LAKE	FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

J For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

77-0051124

THE MONO LAKE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II Noncash Property (see instructions). Use duplicate copies of Part		t 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			
		\$				
(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 or	ganization		Employer identification numbe			
тне мо	ONO LAKE FOUNDATION		77-0051124			
Part III		through (e) and the following line e haritable, etc., contributions of \$1,000 c	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the y			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	I	(e) Transfer of g	l gift			
-	Transferee's name, address, an 	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, an	(e) Transfer of g d ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D

(Form 990)

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

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



Employer identification number

77 - 0051124

Department of the Treasury Internal Revenue Service Name of the organization

THE MONO LAKE FOUNDATION

Pa			or Accounts.Complete if the						
	organization answered "Yes" on Form 990, Part IV, line	e 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		vriting that the assets held in donor advis	ed funds						
Ũ	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?								
6									
Ū									
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?								
Pa									
1	Purpose(s) of conservation easements held by the organization								
•	Preservation of land for public use (e.g., recreation or e		prically important land area						
	Protection of natural habitat	Preservation of a certi							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last						
_	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements								
b	Total acreage restricted by conservation easements								
c	Number of conservation easements on a certified historic stru								
	Number of conservation easements included in (c) acquired a								
-	listed in the National Register								
3	Number of conservation easements modified, transferred, rel								
	year ►								
4	Number of states where property subject to conservation eas	sement is located							
5	Does the organization have a written policy regarding the per								
	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,								
	►		0,						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year						
	► \$								
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170((h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservation								
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for						
	conservation easements.								
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,						
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describes these items.								
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historica								
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	olic service, provide the following amounts						
	relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1		• *						
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	l gain, provide						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1		• • •						
b	Assets included in Form 990, Part X								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 THE MON	O LAKE FOU	NDATION			77-00	51124	Page 2	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, o	r Other	Similar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that	are a sign	ificant use of its	collection	n items	
	(check all that apply):								
а	Public exhibition	d	Loan or exe	change prograr	ns				
b									
С	5								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Der							Yes	No No	
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
-									
та	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								
h						······ └─	Yes	└── No	
D	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing table:				Amount		
•	Paginning balance					10	Amount		
	Additions during the year					1c 1d			
	Additions during the year					10 1e			
f	Ending balance					16 1f			
2a	Did the organization include an amount on Fe						Yes	No	
	-				•	· · · · · · · · · · · · · · · · · · ·			
_	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
	·	(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four	years back	
1a	Beginning of year balance	633,294.	576,044	. 550	,284.	561,147.		544,002.	
b									
с	Net investment earnings, gains, and losses	-39,984.	57,250	. 25	,760.	-10,863.		17,145.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	593,310.	633,294	. 576	,044.	550,284.		561,147.	
2	Provide the estimated percentage of the curr		e (line 1g, column ((a)) held as:					
а	Board designated or quasi-endowment	.00	_%						
	Permanent endowment 100.00	<u>%</u>							
С	Temporarily restricted endowment	• 0 0 %							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administer	ed for the	organization	г		
	by:							Yes No X	
	(i) unrelated organizations								
h	(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b								
4				•			30 _	I	
Par	Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.								
	Complete if the organization answere). Part IV. line 11a.	See Form 990.	Part X. lin	e 10.			
	Description of property	(a) Cost or o		t or other		umulated	(d) Book	value	
	, , , , , , , , , , , , , , , ,	basis (investr	• • •	(other)	• •	ciation	(,		
1a	Land		54	15,177.			545	5,177.	
	Buildings		1,50	9,202.	58	7,809.	921	,393.	
	Leasehold improvements								
	Equipment		1(03,602.	8	0,401.	23	3,201.	
e	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		►	1,489	9,771.	
						Schedule	D (Form	990) 2018	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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" 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 end-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2018 THE MONO LAKE FOUNDATION			77-	0051124 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l .			
1	Total revenue, gains, and other support per audited financial statements			1	4,480,659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-353,309.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	-353,309.
3	Subtract line 2e from line 1			3	4,833,968.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					4,833,968.
_				5	
_	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wi		•	
_	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wi	th Expenses per	•	rn.
_	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wi	th Expenses per	•	
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses per	Retu	rn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wi	th Expenses per	Retu	rn.
Pa 1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	th Expenses per	Retu	rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	th Expenses per	Retu	rn.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	Retu	rn.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	Retu	rn. 2,220,095. 0.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	Retu	rn.
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per	Retu 1 2e	rn. 2,220,095. 0.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per	Retu 1 2e	rn. 2,220,095. 0.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	th Expenses per	Retu 1 2e	rn. 2,220,095. 0.
Pa 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses per	Retu 1 2e 3 4c	rn. 2,220,095. 0. 2,220,095. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses per	Retu 1 2e 3	rn. 2,220,095. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT PRINCIPAL ON THE RELATED INVESTMENT IS RESTRICTED FROM

WITHDRAWAL. INVESTMENT AND INTEREST EARNINGS FROM THIS BALANCE ARE

RESTRICTED BY THE DONOR FOR THE USE IN RESEARCH AND POLICY DEVELOPMENT.

THE DONOR ALLOWS ENDOWMENT PRINCIPAL TO BE REDUCED BY UNREALIZED

INVESTMENT LOSSES.

PART X, LINE 2:

THE FOUNDATION HAS APPLIED THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO

MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS, THE

FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX

Part XIII Supplemental Information (continued)

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR 2013.

SCHEDULE G Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming A	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if th	or if the	2018					
Department of the Treasury	Attach to Form 990) or Fo	rm 99	0-EZ.			Open to Public
	o to www.irs.gov/Form990 for inst	ructior	is and	the latest informati	_	E	Inspection
Name of the organization THE MON	NO LAKE FOUNDATION					77 - 0051	entification number
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answ	ered "\	es" o	n Form 990, Part IV, I	ine 17		
required to complete this pa	rt.						
 Indicate whether the organization raises Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written key employees listed in Form 990, F If "Yes," list the 10 highest paid ind 	e X Solicita s f X Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with p	ition of tion of I fundra I (inclu profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees,	X Yes	
compensated at least \$5,000 by the	e organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
BLACK MOUNTAIN INC 34522		Yes	No				
NO. SCOTTSDALE RD,	FUNDRAISING		X	0.		65,517	. 0.
Total 3 List all states in which the organization	on is reaistered or licensed to solicit	contrik	. ►	s or has been notified	l it is	65,517 exempt from i	• registration
or licensing.							-9

Schedule G (Form 990 or 990-EZ) 2018 THE MONO LAKE FOUNDATION Par

rt II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro	ss income on Form 99	0-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0		-	(event type)	(event type)	(total number)	- col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Loss: Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp	-	,				
rect	7	Food and beverages				
ā	0	Entortoinmont				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
		Net income summary. Subtract line 10 from lin	· · · · · · ·			
Pa	nrt I		nswered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
anu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
SS	2	Cash prizes				
ense	_					
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			└── Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:		e states?		Yes No
, N		No," explain:				
		ere any of the organization's gaming licenses re	voked, suspended, or t	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2018 THE MONO LAKE FOUNDATION 77	7-0051	L124	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:		163	
	The organization's facility	13a	1	%
	An outside facility			<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			70
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
Ċ	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vaa	
			Yes	
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
De	organization's own exempt activities during the tax year s			
FC	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1 Part III, I	ines 9,	90, 100,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
(1) NAME OF FUNDRAISER: BLACK MOUNTAIN INC.			
(1) ADDRESS OF FUNDRAISER: 34522 NO. SCOTTSDALE RD, SCOTTSDALE	, AZ	85	262

SCHEDUL (Form 990		Go	Grants and Oth overnments, ar	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of Internal Reven		Comp	lete if the organizatio ► Go to www.ir	Attach to For Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of th	ne organization THE MONO	LAKE FOUN	IDATION	-				Employer identification number $77-0051124$
Part I	General Information on Grants	and Assistance						
crite	s the organization maintain record ria used to award the grants or as	sistance?						
2 Desc Part II	cribe in Part IV the organization's p							
Faiti	Grants and Other Assistance t					anization answered "	res" on Form 990, Par	t IV, line 21, for any
1 (a) N	recipient that received more tha lame and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3820 CYP	ISERVATION SCIENCE RESS DRIVE #11 A, CA 94954	94-1594250	501(C)(3)	12,000.	0.			CALIFORNIA GULL RESEARCH
	r total number of section 501(c)(3)			ne line 1 table				<u> </u>
	r total number of other organization Paperwork Reduction Act Notice							Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) THE MONO LAKE FOUNDATION

77-0051124

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A REPORT IS GIVEN TO US REGARDING ACCOUNTING, AND THE PURPOSE OF THE GRANT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 77 - 0051124

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MONO LAKE FOUNDATION

AND MEET REAL WATER NEEDS WITHOUT TRANSFERRING ENVIRONMENTAL PROBLEMS

TO OTHER AREAS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TODAY, TO MAKE SURE THE RIGHT THING HAPPENS FOR MONO LAKE, THE

FOUNDATION WORKS IN DIVERSE ARENAS INCLUDING PUBLIC POLICY, ECOLOGICAL

RESTORATION, PUBLIC EDUCATION, WATER CONSERVATION, SCIENTIFIC RESEARCH,

AND HANDS-ON STEWARDSHIP.

THE FOUNDATION'S LANDMARK SUCCESS-SAVING MONO LAKE FROM DESTRUCTION DUE TO THE EXCESSIVE DIVERSION OF WATER TO LOS ANGELES-IS INTERNATIONALLY KNOWN. WE REVITALIZED CALIFORNIA'S PUBLIC TRUST DOCTRINE THROUGH A PRECEDENT-SETTING STATE SUPREME COURT DECISION, LAUNCHED PROGRAMS TO MEET LOS ANGELES' REAL WATER NEEDS THROUGH WATER CONSERVATION AND RECLAMATION, AND ACHIEVED AN EXTRAORDINARY REVISION OF WATER RIGHTS IN THE MONO BASIN THAT ENSURES MONO LAKE WILL THRIVE.

PROTECTION & RESTORATION:

MONO LAKE PROTECTION AND RESTORATION PROGRAMS REVOLVE AROUND 1) THE CONTINUING NEED TO ENSURE MONO LAKE'S PROTECTION FOR THE LONG-TERM AND 2) THE NEED TO RESTORE ECOLOGICAL RESOURCES DAMAGED BY HISTORICALLY EXCESSIVE WATER DIVERSIONS.

WORKING CLOSELY WITH STATE, FEDERAL, AND REGIONAL GROUPS, THE

FOUNDATION SEEKS TO MAINTAIN A BALANCE BETWEEN A HEALTHY ECOSYSTEM AND

MONO BASIN POLICY WORK INVOLVES EXTENSIVE CONTACT WITH LOCAL, STATE, AND FEDERAL MANAGEMENT AGENCIES TO ENSURE THAT ALL ACTIONS AND PLANS INFLUENCING MONO LAKE, ITS TRIBUTARY STREAMS, AND SURROUNDING LANDS REFLECT SOUND RESOURCE MANAGEMENT OBJECTIVES.

THE FOUNDATION ALSO MAINTAINS AN ACTIVE PRESENCE IN LOS ANGELES, REFLECTING THE LONG-TERM INTERTWINED RELATIONSHIP BETWEEN THE CITY AND MONO LAKE. FOUNDATION STAFF MAINTAIN A NETWORK OF RELATIONSHIPS WITH LOS ANGELES LEADERS AND ARE IN DAILY CONTACT WITH LOS ANGELES DEPARTMENT OF WATER & POWER STAFF TO ENSURE THAT MANAGEMENT ACTIONS IN THE MONO BASIN ARE CONSISTENT WITH ESTABLISHED ORDERS AND PRODUCE THE BEST RESULTS POSSIBLE.

SCIENCE:

IN 2018 THE FOUNDATION'S MONO BASIN FIELD STATION HAD ITS 13TH SUCCESSFUL SEASON SUPPORTING SCIENTIFIC RESEARCH IN THE MONO BASIN BY PROVIDING HOUSING AND BASIC RESOURCES FOR SCIENTISTS. THE INFORMATION GATHERED AT THE FIELD STATION IS INSTRUMENTAL IN UNDERSTANDING MONO LAKE'S RESOURCES AND IN SHAPING THE FOUNDATION'S POLICIES IN THE FUTURE.

EDUCATION:

THE FOUNDATION SEEKS TO SHARE MONO LAKE WITH DIVERSE PUBLIC GROUPS.

EDUCATION PROGRAMS INCLUDE SEASONAL INTERPRETIVE WALKS AND CANOE TOURS

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE MONO LAKE FOUNDATION	Employer identification number $77-0051124$
ON MONO LAKE AND ITS TRIBUTARY STREAMS, ENVIRONMENTAL EDU	CATION FOR
SCHOOL GROUPS, WEEKEND FIELD SEMINARS, A PUBLIC INFORMATI	ON CENTER WITH
EXHIBITS AND A FILM, SLIDESHOWS AND TALKS GIVEN AROUND CA	LIFORNIA, AND
THE OUTDOOR EXPERIENCES PROGRAM WHICH BRINGS LOS ANGELES	YOUTH TO THE
SOURCE OF THEIR WATER. THESE PROGRAMS, WHICH REACH THOUSA	NDS OF PEOPLE
ANNUALLY, EMPHASIZE PERSONAL ENVIRONMENTAL RESPONSIBILITY	THROUGH
UNDERSTANDING THE BALANCE BETWEEN MONO LAKE'S UNIQUE ECOS	YSTEM AND
HUMANS' NEED FOR WATER.	

FOUNDATION COMMUNICATIONS PROVIDE VALUABLE EDUCATIONAL INFORMATION. THE QUARTERLY MONO LAKE NEWSLETTER CONTAINS DETAILED INFORMATION ABOUT PUBLIC POLICY, NATURAL HISTORY, AND OTHER ITEMS RELEVANT TO MONO LAKE AND IS MAILED TO THE FOUNDATION'S 16,000 MEMBERS, MADE AVAILABLE TO VISITORS TO THE FOUNDATION-RUN INFORMATION CENTER & BOOKSTORE, AND MADE AVAILABLE AT OTHER DISTRIBUTION SITES. CONTINUING COMMUNICATIONS PROJECTS INCLUDE MAINTAINING AND EXPANDING THE MONO LAKE WEBSITE, MONOLAKE.ORG. THE FOUNDATION ALSO MAINTAINS A SECOND WEBSITE, MONOBASINRESEARCH.ORG, WHICH SERVES AS A CLEARINGHOUSE FOR SCIENTIFIC RESEARCH, ENVIRONMENTAL STUDIES, AND HISTORICAL DOCUMENTS.

FORM 990, PART VI, SECTION A, LINE 2:

RELATED PARTIES INCLUDE TWO RELATED BOARD MEMBERS. VIREO GAINES IS THE DAUGHTER OF SALLY GAINES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE MONO LAKE FOUNDATION'S BOARD OF DIRECTORS HAS ESTABLISHED A PROCESS FOR

BOARD REVIEW AND APPROVAL OF THE ORGANIZATION'S FORM 990 BEFORE FILING EACH

YEAR. THE FORM 990 SHALL BE PROVIDED TO EACH BOARD MEMBER BY THE EXECUTIVE 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE MONO LAKE FOUNDATION	Employer identification number $77 - 0051124$
DIRECTOR NOT LESS THAN 14 DAYS BEFORE THE EXPECTED FILING	DATE. EACH BOARD
MEMBER WILL REVIEW THE FORM 990 AND PROVIDE WRITTEN CONFI	RMATION TO THE
EXECUTIVE DIRECTOR OF SUCH REVIEW. EACH BOARD MEMBER MAY, AT THEIR	
DISCRETION AND UPON NOTICE PRIOR TO THE FORM 990 FILING DATE, REQUEST A	
DISCUSSION OF THE FORM 990 WITH THE EXECUTIVE DIRECTOR, WITH THE	
ORGANIZATION'S CPA, WITH THE FINANCE COMMITTEE, OR AMONG THE ENTIRE BOARD.	
UPON RECEIVING WRITTEN CONFIRMATION OF REVIEW FROM ALL BO	ARD MEMBERS, THE
EXECUTIVE DIRECTOR SHALL AUTHORIZE THE FILING OF THE FORM	990. SHOULD A
BOARD MEMBER BE UNABLE TO REVIEW THE FORM 990 OR BE UNABL	E TO PROVIDE
CONFIRMATION OF THEIR REVIEW, THE EXECUTIVE COMMITTEE OF THE ORGANIZATION	
MAY AUTHORIZE FILING OF THE FORM 990 ON THEIR BEHALF.	

FORM 990, PART VI, SECTION B, LINE 12C:

THE MONO LAKE FOUNDATION'S CONFLICT OF INTEREST POLICY COVERS INDIVIDUALS WHO MEET ANY OF THE FOLLOWING CRITERIA: (A) A MEMBER OF THE BOARD OF DIRECTORS OF THE ORGANIZATION (THE "BOARD"); (B) A MEMBER OF ANY COMMITTEE OF THE BOARD; (C) THE ORGANIZATION'S EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, OR ANYONE HOLDING ANY OF THE POWERS OR RESPONSIBILITIES OF THESE OFFICES, REGARDLESS OF TITLE; (D) ANY OTHER INDIVIDUAL WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION, OR WHO HAS BEEN IN SUCH POSITION AT ANY TIME DURING THE TWO-YEAR PERIOD ENDING ON THE DATE OF A TRANSACTION PROPOSED TO BE ENTERED INTO BETWEEN THAT INDIVIDUAL AND THE ORGANIZATION; (E) THE SPOUSE, ANCESTORS, BROTHERS, SISTERS, AND CHILDREN OF ANY INDIVIDUAL DESCRIBED IN SUBPARAGRAPHS (A) THROUGH (D) ABOVE, AND THE SPOUSES OF THE BROTHERS, SISTERS, AND CHILDREN; AND (F) ANY LEGAL ENTITY IN WHICH MORE THAN 35% OF THE COMBINED VOTING POWER (IN THE CASE OF A CORPORATION), PROFITS INTEREST (IN THE CASE OF A PARTNERSHIP), OR BENEFICIAL INTEREST (IN THE CASE OF A TRUST) IS OWNED BY 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) THE MONO LAKE FOUNDATION

Page 2

PERSONS DESCRIBED IN SUBPARAGRAPHS (A) THROUGH (E).

INDIVIDUALS SUBJECT TO THE POLICY ARE RESPONSIBLE FOR REPORTING FINANCIAL INTERESTS THAT REQUIRE REVIEW UNDER THE POLICY. IN ADDITION, THE EXECUTIVE DIRECTOR AND SENIOR STAFF MONITOR ORGANIZATION TRANSACTIONS FOR POSSIBLE FINANCIAL INTERESTS AND DETERMINATION OF A CONFLICT, IF ANY, IS MADE BY THE BOARD OF DIRECTORS. WHEN A CONFLICT IS ESTABLISHED, AN ESTABLISHED PROCEDURE IS FOLLOWED TO DETERMINE IF THE TRANSACTION WILL BE ALLOWED OR DISALLOWED. IF THE INDIVIDUAL WITH THE FINANCIAL INTEREST IS A BOARD MEMBER, THAT INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE DELIBERATION AND VOTES RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE MONO LAKE FOUNDATION HAS ESTABLISHED A REGULAR PROCESS FOR REVIEWING THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. AN ESTABLISHED EXECUTIVE REVIEW COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ANNUAL PERFORMANCE REVIEW AND COMPENSATION EVALUATION. THE EXECUTIVE REVIEW COMMITTEE GATHERS INFORMATION FOR ITS DUTIES INCLUDING PEER EVALUATIONS FROM STAFF MEMBERS AND COMPARABLE COMPENSATION INFORMATION FROM SIMILAR ORGANIZATIONS IN THE SIERRA NEVADA AND CALIFORNIA. EXECUTIVE REVIEW COMMITTEE MEMBERS DRAFT A PERFORMANCE REVIEW AND COMPENSATION RECOMMENDATION ON AN ANNUAL BASIS AND BRING IT TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION IN CLOSED SESSION. FINAL REVIEW AND COMPENSATION DETERMINATION IS MADE BY THE FULL BOARD AND THEN PROVIDED TO THE EXECUTIVE DIRECTOR, BOTH IN PERSON AND THROUGH WRITTEN DOCUMENTATION. WHILE UNCOMMON, SHOULD A BOARD MEMBER HAVE A CONFLICT OF INTEREST IN REGARD TO EXECUTIVE DIRECTOR COMPENSATION, THAT BOARD MEMBER IS EXCLUDED FROM VOTING ON THE MATTER. THIS PROCESS WAS COMPLETED IN 2018. THE MONO LAKE FOUNDATION

FORM 990, PART VI, SECTION C, LINE 19:

THE MONO LAKE FOUNDATION FROM TIME TO TIME MAKES VARIOUS ORGANIZATIONAL DOCUMENTS PUBLICLY AVAILABLE ONLINE AND IN PRINTED MATERIALS. FOR EXAMPLE, SUMMARY FINANCIAL NUMBERS ARE INCLUDED IN THE ORGANIZATION'S ANNUAL REPORT. VARIOUS FULL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE ON REQUEST. THESE INCLUDE: FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, BYLAWS, AND THE CONFLICT OF INTEREST POLICY.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND THE SELECTION OF AN

INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.