Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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	

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ROBERT F MAJCHEREK, CFO Date Here ROBERT F MAJCHEREK, CFO, TREASURER Type or print name and title Preparer's signature Print/Type preparer's name Preparer's signature	Und	ler pena	alties of perjury, I de	clare that I have examined this retu				wledge and belie	ef, it is		
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	Pai	id	Robert	Maicherek	Robert Maicherek	n	5-06-2024		_	P00782939	

Robert F Majcherek

11423 Larchwood Drive

Fontana CA 92337-0192

Preparer

Firm's name

Use Only Firm's address

X Yes

No

909-319-4314

.

Firm's EIN

Phone no.

.

Form	990 (2023) MOUNTAIN VIEW FAMILY DEVELOPMENT	91-2093003	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		🗌
1	Briefly describe the organization's mission:		
	THE PURPOSE OF THIS ORGANIZATION IS TO BE OF SERVICE TO THE COMMUNITY IN F	DUCATION, JOB	TRAINING,
	ECONOMIC DEVELOPMENT, AND COUNSELING. WE OPERATE AN EARLY CHILDHOOD CENTER	AND PROVIDE O	THER
	RESOURCES TO THE LOCAL COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	K No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes 🗋	<u>k</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$760,109 including grants of \$) (Reven	· · · · · · · · · · · · · · · · · · ·	,101)
	OPERATIO OF A PRESCHOOL THROUGH KINDERGARTEN EARLY EDUCATION PROGRAM. PROC		
	APPROXIMATELY 90 CHILDREN AGES 2 YEAR OLD THROUGH 6 YEARS OLD, AND ALSO PR		
	PROGRAMS TO ELEMENTARY STUDENTS UP TO 11 YEARS OLD. PROGRAM RUNS YEAR-ROUN		
	6AM UNTIL 6PM. PROGRAM IS SUPPORTED THROUGH WEEKLY FEES AND ALSO THROUGH T		SISTANCE
	DEPARTMENT CONTRACTS AND SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS C	UNTRACTS.	
4b	(Code:) (Expenses \$ 64,528 including grants of \$) (Reven	ue \$ 69	,212)
	THROUGH OUR PRESCHOOL OPERATIONS, PROVIDE BREAKFAST, LUNCH AND AFTERNOON S		·
	ENROLLED IN OUR PRESCHOOL THROUGH KINDERGARTEN PROGRAM, INCLUDING SCHOOL-A		
	ATTENDING AFTER SCHOOL OR OFF-TRACK. PARTIAL REIMBURSEMENT IS THROUGH A CO	NTRACT WITH TH	E STATE
	OF CALIFORNIA DEPARTMENT OF EDUCATION CHILD AND ADULT FOOD PROGRAM.		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 824,637	/	

Form 990 (2023)

Form	MOUNTAIN VIEW FAMILY DEVELOPMENT 91-2093	03	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect 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 Rev. Proc. 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			
7	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 1		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? If "Yes," complete Schedule D, Part IV.	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		x
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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				
-	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		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		x
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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	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 I.V.	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 JV	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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI.	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023)

Form	990 (2023) MOUNTAIN VIEW FAMILY DEVELOPMENT 91-2093	003	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part J</i>	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~~	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		
25-	or IV, and Part V, line 1	34	X	
35a		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
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		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		x
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	51		X
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par		50	_ <u>n</u>	
n ai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
			~~~	(0000

Form 990 (2023)

Form	990 (2023) MOUNTAIN VIEW FAMILY DEVELOPMENT 91-209	3003	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
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		х
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?			х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	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		x
40	If "Yes," see the 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		x
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

For	m 990 (2023) MOUNTAIN VIEW FAMILY DEVELOPMENT 91-209	3003	F	9age <b>6</b>
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	v, and f	or a "l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (	). See i	nstruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 72	Did the organization have members or stockholders?	0		x
7a	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,	74		
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.,	)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0		
40	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	x	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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.			

ROBERT F MAJCHEREK, CFO (909)319-4314, 11423 LARCHWOOD DRIVE, FONTANA, CA 92337-0192

Form 990 (20	23) MOUNTAIN VIEW FAMILY DEVELOPMENT	91-2093003	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated Employe	es, 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 E	mployees	
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.		
<ul> <li>List all o</li> </ul>	f the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of	
compensation	. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
List all o	f the organization's current key employees, if any. See the instructions for definition of "key employee	e."	
<ul> <li>List the d</li> </ul>	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-N	EC) of more than	
\$100,000 from	n the organization and any related organizations.		
<ul> <li>List all of</li> </ul>	f the organization's former officers, key employees, and highest compensated employees who receiv	ed more than	
\$100,000 of re	eportable 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.

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

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

				(	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	oro	Ins	Officer	Key	em	Former	1099-MISC/	1099-MISC/	organization and
	related	lirec	itutio	Cer	Key employee	ploye	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	onal		ploy	e com				
	below	Individual trustee or director	Institutional trustee		ee	Highest compensat employee				
	dotted line)		ee			sateo				
						4				
(1)NATHAN WILLIAMS, CEO	10.00									
PRESIDENT	40.00			x				0	56,700	0
(2)LESBIA V ARCE, DIRECTOR	40.00			,						
SECRETARY				х				52,273	0	0
(3) ROBERT F MAJCHEREK, CFO	5.00									
TREASURER				х				0	0	0
_(4)										
_(5)										
_(6)										
_(7)										
(10)										
(11)										
(12)										
(13)										
(14)										
										Earma 000 (2022)

		IN VIEW FAM								91	-20930	03		age <b>8</b>
Part	VII Section A. Officers	, Directors, Tr	rustees,	Key E	Emp	oloye	es, a	nd I	Highest Comp	ensated	Employ	/ees	(conti	nued)
	(A) Name and title		(B) Average hours per week (list any hours for related	box, offic	unles: er and	s perso	e than on n is both tor/truste	an e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportab compensat from relate organizations 1099-MIS 1099-NE0	ion ed s (W-2/ C/	com fri organ	(F) ated amo of other opensatio om the nization a organiza	on and
			organizations below dotted line)	Individual trustee or director	nstitutional trustee		employee Key employee	compensated						
(15)		·												
<u>(16)</u>				-										
(17)														
<u>(18)</u>		· – – – – – – – –		-										
<u>(19)</u>		·		-										
(20)		·		-			•							
(21)		· – – – – – – – –												
(22)														
(23)														
(24)														
(25)														
1b	Subtotal			• • •		•••	••••	•						
c d	Total from continuation sheets Total (add lines 1b and 1c)			• • •		•••		•	52,273	56	700			0
2	Total number of individuals reportable compensation fro	(including but no	ot limited t											0
3	Did the organization list any for			kev en	nlov		highe	st cor	mensated		[		Yes	No
Ū	employee on line 1a? If "Yes," of						-					3		x
4	For any individual listed on line 1 organization and related organiz													
	individual							•••				4		x
5	Did any person listed on line 1a				-			-				-		
Secti	for services rendered to the org on B. Independent Contr		" complete	e Schea	lule J	for si	ich pei	rson			• • •	5		x
1	Complete this table for your	five highest con	-	-										
	compensation from the orga	(A)	compens	sation 1	or tr	ne ca	endar	yea	r ending with or (B)	within the o	organiza	tion's (C)	tax ye	ear.
	Nam	e and business address	5					_	Description of servic	es	C	ompensa	ation	
2	Total number of independer	nt contractors (in	cludina b	ut not l	imite	ed to	those	liste	d above) who					

received more than	\$100,000 of co	ompensation fr	rom the o	organization

Form 9	90 (20	23) MOUNTAIN VIEW FA	MIL	Y DEVELOPMENT			91-20930	003 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a res	spons	e or note to any li	ne in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
<i>(</i> <b>)</b>	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c	20,188				
ם פֿ	d	Related organizations	1d					
iifts ar A	е	Government grants (contributions)	1e					
s, G mila	f	All other contributions, gifts, grants,						
tion r Si		and similar amounts not included above	1f	2,310				
ibur	g	Noncash contributions included in						
onti		lines 1a-1f	1g	\$				
ଗ ପ	h	Total. Add lines 1a-1f			22,498			
				Business Code				
	2a	TUITION FEES		624410	775,596	775,596		
vice	b							
Ser	С							
Program Service Revenue	d							
R	е							
ř.		All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			775,596			
	3	Investment income (including dividends, inte	erest, a	and				
		other similar amounts)			7	7		
	4	Income from investment of tax-exempt bond	d proc	eeds				
	5	Royalties						
		(i) Real	I	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securitie	es	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
anı		and sales expenses 7b						
ven		Gain or (loss) 7c						
Other Revenue		Net gain or (loss)	•					
ther	8a	Gross income from fundraising						
ō		events (not including \$ 20,188	-					
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising event	s .					
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities	•••	••••				
	10a	Gross sales of inventory, less	10-					
		returns and allowances	10a					
		Less: cost of goods sold	10k					
	C	Net income or (loss) from sales of inventory	y	Ducingon Code				
	44-			Business Code	<i>co o c c c c c c c c c c</i>	<i>co c c c c c c c c c c</i>		
e		FOOD SERVICE REIMBRSMNT		624410	69,212	69,212		+
an.	b							+
scel Reve	C							
Miscellanous Revenue		All other revenue			<i>co</i> 010			
		Total. Add lines 11a-11dTotal revenue. See instructions			69,212	044 015	0	0
	14				867,313	844,815	0	0

## Form 990 (2023) MOUNTAIN VIEW FAMILY DEVELOPMENT

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response or				
	•	(A)	(B)	(C)	· · · · · · · · L
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	52,273		52,273	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		A		
7	Other salaries and wages	534,928	534,928		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	47,054	47,054		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,954	2,954		
С	Accounting	4,385		4,385	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	845	845		
13	Office expenses	13,927	13,927		
14	Information technology	3,429	3,429		
15	Royalties				
16	Occupancy	112,895	112,895		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	80	80		
20	Interest	21,019	21,019		
21	Payments to affiliates	31,476	• -	31,476	
22	Depreciation, depletion, and amortization			-	
23	Insurance	18,684	5,926	12,758	
24	Other expenses. Itemize expenses not covered			-	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	CLASSROOM EXPENSES	17,052	17,052		
b	FOOD PROGRAM COSTS	64,528	64,528		
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	925,529	824,637	100,892	0
26	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				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,	93	<u>1-209</u>	3003 Page 11
Part	: X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	[		Beginning of year		End of year
	1	Cash - non-interest-bearing	(,,	1	(6,497
	2	Savings and temporary cash investments		2	4,191
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,846
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\hfill \ .$		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,540
	17	Accounts payable and accrued expenses	3,094	17	14,464
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
ilitie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	64,704	24	78,287
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	67,798	26	92,751
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	(30,995)	27	(89,211)
ala	28	Net assets with donor restrictions		28	
Id B		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	(89,211)
~	33	Total liabilities and net assets/fund balances	36,803	33	3,540
EEA					Form 990 (2023)

Form 990 (2023)

	990 (2023) MOUNTAIN VIEW FAMILY DEVELOPMENT	91-209300	3	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		867,	,313
2	Total expenses (must equal Part IX, column (A), line 25)	2		925,	,529
3	Revenue less expenses. Subtract line 2 from line 1	3		(58,	,216)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		(30,	,995 <u>)</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		(89,	,211)
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Carola Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule 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				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.	)			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	ו <b>990</b> (	(2023)

SCHEDULE	Α
(Form 990)	

# **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 t	to Form	990 or	Form	990-EZ.
----------	---------	--------	------	---------

OMB	No.	1545-0047

)...hl:a

		of the Treasury		Attac	n to Form 990 or Form	990-EZ.			Open to Public
Interna	Rev	enue Service	Go to	www.irs.gov/For	m990 for instructions a	and the lat	est inforn	nation.	Inspection
Name	of the	e organization						Employer identificatio	n number
MOUN	TAI	N VIEW FA	MILY DEVELOPM	ENT				91-209300	3
Part	1	Reason	for Public Cha	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instructi	ons.
The or	gani	zation is not a	private foundation be	ecause it is: (For lin	nes 1 through 12, check c	nly one bo	x.)	,	
1	ПA	A church. conv	ention of churches.	or association of c	hurches described in se	ction 170(	b)(1)(A)(i)		
2					h Schedule E (Form 990				
3					ion described in section		(A)(iii).		
4	=	•		•	tion with a hospital descr			b)(1)(A)(iii). Enter the	
•			e, city, and state:				•••••		
5	_	•		nefit of a college o	r university owned or ope	arated by a	aovernme	antal unit described in	
Ũ		-	(1)(A)(iv). (Complet	•		sated by c	governing		
6		• •		,	l unit described in <b>sectio</b>	n 170/h)//	11/ // 1/1/		
7	=		•	•				rom the general public	
'		•	•		art of its support from a g	overnmen		on the general public	
•	_		ection 170(b)(1)(A)(						
8		-			(vi). (Complete Part II.)				
9		-	-		ction 170(b)(1)(A)(ix) or			-	liege
			a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
		university:		(1)					
10	r s	receipts from a support from gi	ctivities related to its oss investment inco	exempt functions, me and unrelated b	33 1/3% of its support fro subject to certain except pusiness taxable income e section 509(a)(2). (Co	tions; and (less secti	2) no mor on 511 tax	e than 33 1/3% of its	s
11	<u> </u>	An organizatio	n organized and ope	erated exclusively t	o test for public safety.	See <b>sectio</b>	n 509(a)(4	·).	
12	<u> </u>	An organizatio	n organized and ope	rated exclusively fo	or the benefit of, to perform	n the funct	ions of, or	to carry out the purpos	ses of
	C	one or more pu	blicly supported org	anizations describ	ed in <b>section 509(a)(1)</b>	or section	509(a)(2)	. See section 509(a)(	<b>3).</b> Check
	t	he box on line	s 12a through 12d th	at describes the typ	be of supporting organization	ation and c	omplete lin	es 12e, 12f, and 12g.	
а		<b>Type I.</b> A s	supporting organizat	ion operated, supe	rvised, or controlled by i	ts supporte	ed organiz	ation(s), typically by g	iving
		the suppor	ted organization(s) tl	he power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the	
		supporting	organization. You r	nust complete Pa	rt IV, Sections A and B				
b		Type II. A	supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havii	ng
		control or r	nanagement of the s	upporting organiza	tion vested in the same p	persons that	t control o	r manage the supporte	ed
			on(s). You must cor					0 11	
с	Г				ganization operated in c	onnection	with, and	functionally integrated	with,
	-				ou must complete Part				
d	Г				ng organization operate				tion(s)
	L				generally must satisfy a				
					ete Part IV, Sections A				
е	Г				en determination from the			I Type II Type III	
U	L			· · · · ·	integrated supporting or			i, i ype ii, i ype iii	
f	En		of supported organ		integrated supporting of	ganization	•		
			ving information abo		$\cdots$				•••
g							resident	(a) Amount of monotony	(vi) Amount of
	(1)	Name of supporte	o organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
( • )									
(A)									
<b>(D</b> )									
(B)									
<u> </u>									
(C)									
(D)									
(E)									
Total									

	le A (Form 990) 2023 MOUNTAIN VI					91-2093003	
Part							
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
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)						
6	Public support. Subtract line 5 from line 4.						
-	on B. Total Support	T					
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
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					40	
12	Gross receipts from related activities, etc.						)(2)
13	First 5 years. If the Form 990 is for the or				-		
Socti	organization, check this box and stop her on C. Computation of Public Support						•••••
14	Public support percentage for 2023 (line 6			1 column (f))		14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ						
	box and <b>stop here.</b> The organization qua						
b	33 1/3% support test - 2022. If the organ	•	• • • •	•			
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 202			-			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	-		
b	10%-facts-and-circumstances test - 202						_
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	
	organization			• • • • • • • •			🛛
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	ee
	instructions						🗌

Schedule A (Form 990) 2023

	le A (Form 990) 2023 MOUNTAIN VI					91-209300	3 Page 3
Part							
	(Complete only if you checked th			•			der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		171,524	172,166	3,577	2,310	349,577
2	Gross receipts from admissions, merchandise			-		-	
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose	937,006	549,130	774,843	839,516	844,808	3,945,303
3	Gross receipts from activities that are not an	5577000	5157150	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0007010	011/000	575157505
·	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	, ,						
c	<b>o</b>	0.01		0.45 0.00	042.002	045 110	4 004 000
6	<b>Total.</b> Add lines 1 through 5	937,006	720,654	947,009	843,093	847,118	4,294,880
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						4,294,880
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	937,006	720,654	947,009	843,093	847,118	4,294,880
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	27	43	50	37	7	164
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	27	43	50	37	7	164
11	Net income from unrelated business						
	activities not included on 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	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)	937,033	720,697	947,059	843,130	847,125	4,295,044
14	First 5 years. If the Form 990 is for the or		-				
14	organization, check this box and <b>stop her</b>	-			· · · · · · · · · · ·	-	
Sacti	on C. Computation of Public Suppor						•••••
15	Public support percentage for 2023 (line 8			3 column (f))		15	100.00 %
16	Public support percentage from 2022 Sch		-			16	
	on D. Computation of Investment Inc					10	100.00 %
				uline 12 colu	mm (f))	47	0 00 %
17 19	Investment income percentage for <b>2023</b> (I					17	0.00 %
18	Investment income percentage from 2022					18 18	0.00 %
19a	33 1/3% support tests - 2023. If the orga						
-	17 is not more than 33 1/3%, check this be		-	-			
b	33 1/3% support tests - 2022. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	d not check a b	box on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🗌
						0 - 1	A (Famme 000) 000

#### MOUNTAIN VIEW FAMILY DEVELOPMENT 91-2093003 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b С Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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. 6 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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a 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.) 10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Secti	on 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		
Secti	on 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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ns)
а	The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a government entity (see instruction supported a government entity)</i> .	ctions)		
2	Activities Test. Answer lines 2a and 2b below.	//	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	£α		
U U	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
		2h		
2	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

MOUNTAIN VIEW FAMILY DEVELOPMENT

Supporting Organizations (continued)

- trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 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. EEA

3a

3b

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Yes No

Schedule A (Form 990) 2023

Part IV

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		-
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	
Secti	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		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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 0.015 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 0.035.	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 0.85 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	<b>Distributable Amount.</b> 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		egrated Type III suppo	rting organization

MOUNTAIN VIEW FAMILY DEVELOPMENT

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

EEA

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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	e A (Form 990) 2023 MOUNTAIN VIEW FAMILY DEVE				3003 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	<b>Excess distributions carryover to 2024</b> . Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Evenes from 2010				
a b	Evenes from 2020				
 C	Evenes from 2021				
d	Evenes from 2022				
e	F ( 0000				
EEA	Excess from 2023				Schedule A (Form 990) 202
					201.00000 / (/ 0/11/ 000) 202

Schedule A (Form 990) 2023

Schedule A (F	orm 990) 2023 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCH	EDULE G	Supplement	tal Information	Regardi	ng Fundra	aising or Gami	ng Activities	OMB No. 1545-0047
(For	n 990)	Complete if				0, Part IV, line 17, 18, orm 990-EZ, line 6a.	, or 19, or if the	2023
	ment of the Treasury				990 or Form 9	90-EZ. Id the latest informat	ion	Open to Public Inspection
	I Revenue Service		30 to www.n3.gov/1	0////35010111		in the latest mormat	Employer identif	
MOUN	TAIN VIEW FA	MILY DEVELOPM	<b>IENT</b>				91-20	93003
Par				e organiza	ation answ	vered "Yes" on I	Form 990, Part IV	
		0-EZ filers are r					,	, -
1		the organization rais				ies. Check all that a	ipply.	
а	Mail solicitatio	ons		e	] Solicitation	of non-government	grants	
b	Internet and e	mail solicitations		f	] Solicitation	of government gran	nts	
С	Phone solicita			g	Special fun	draising events		
d	In-person solid							
2a	-	tion have a written o	-	-		-		
L		s listed in Form 990,				-		∐ Yes ∐ No
b		least \$5,000 by the o		ndraisers) p	ursuant to ag	reements under whi	ich the fundraiser is to	be
	compensated at	ieast \$5,000 by the t	organization.					
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No		col. (i)	
1				100				
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total		· · · · · · · · · ·						
3	List all states in v registration or lice		n is registered or li	censed to so	olicit contribu	tions or has been no	otified it is exempt from	n
_								

Sch	edule G	(Form 990) 2023 MOU	NTAIN VIEW FAMILY	DEVELOPMENT	91	L-2093003 Page 2
Pa	art II	Fundraising Events. Com	plete if the organization	answered "Yes" on For	rm 990, Part IV, line 18	B, or reported more
		than \$15,000 of fundraising	event contributions and	d gross income on Forn	n 990-EZ, lines 1 and 6	3b. List events with
		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FIREWORKS		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Ы						
Revenue	1	Gross receipts	20,188			20,188
Re						
	2	Less: Contributions				
	3	Gross income (line 1				
		minus line 2)	20,188			20,188
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
pen	-					
Ě	7	Food and beverages				
Direct Expenses		Entortoinment				
ō	8	Entertainment				
	9	Other direct expenses				
	Ŭ					
	10	Direct expense summary. Add lin	es 4 through 9 in column (	(t		
	11	Net income summary. Subtract li				20,188
Pa	art III					
		\$15,000 on Form 990-EZ, li	ine 6a.			
-				(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>u</u>	1	Gross revenue				
S	2	Cash prizes				
seuses						
xpe	3	Noncash prizes				
Direct Exp						
Dire	4	Rent/facility costs				
	_					
	5	Other direct expenses				/
	6	Volunteer labor	Yes%	│	│	0
	6					
	7	Direct expense summary. Add lin	es 2 through 5 in column (	4)		
		Direct expense summary. Add im		<i>a)</i>		
	8	Net gaming income summary. Su	ubtract line 7 from line 1, co	lumn (d)		
ç	9 Er	nter the state(s) in which the organiz	zation conducts gaming act	tivities:		
		the organization licensed to conduc				Yes 🗌 No
	b If	"No," explain:				
	_					
10	a W	ere any of the organization's gamin	g licenses revoked, susper	nded, or terminated during	the tax year?	🗌 Yes 🗌 No
	b If	"Yes," explain:				

## SCHEDULE O (Form 990)

## 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

#### Name of the organization

#### MOUNTAIN VIEW FAMILY DEVELOPMENT

Employer identification number 91-2093003

### 01. Form 990 governing body review (Part VI, line 11)

A COPY OF THE FORM 990 PACKAGE IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY. A COPY IS

ALSO POSTED ON GUIDESTAR AND ON THE ORGANIZATIONS WEB SITE, WWW.MVIEWCC.ORG

02. CEO, executive director, top management comp (Part VI, line 15a)

THE CEO/PRESIDENT DOES NOT RECEIVE ANY COMPENSATION FROM THE ORGANIZATION. THE CHIEF

FINANCIAL OFFICER/TREASURER RECIVES NO COMPENSATION FROM THE ORGANIZATION OTHER THAN FEES

FOR PREPARING TAX RETURNS AND OTHER FINANCIAL REPORTING DOCUMENTS.

03. Other officer or key employee compensation (Part VI, line 15b

THE SECRETARY/DIRECTOR RECEIVES COMPENSATION AS THE PRESCHOOL DIRECTOR PURSUANT TO

EQUIVALENT COMPENSATION RECEIVED FROM SIMILAR POSITIONS IN THIS FIELD.

04. Governing documents, etc, available to public (Part VI, line 19)

ALL GOVERNING DOCUMENTS, TAX RETURNS, ETC. ARE AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC

BY APPOINTMENT AND AT THE ORGANIZATIONS LOCATION AT 8833 PALMETTO AVENUE, FONTANA, CA

92335-4939. CALL (909)357-9377 TO MAKE ARRANGEMENTS.

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

SCHEDULE R (Form 990)	Related C	rganiza	tions an	d Unrelated	d Partnership	S	-	OMB No. 1545	
Department of the Treasury			Attach to	Form 990.	V, line 33, 34, 35b, 36,	or 37.	-	Open to P	
Internal Revenue Service	Go to ww	w.irs.gov/Fo	r <i>m990</i> for ins	tructions and the	latest information.			Inspecti	
Name of the organization								r identification	number
	FAMILY DEVELOPMENT	1 . 16 th		1 11 1 2 11			91-20	93003	
	cation of Disregarded Entities. Comple	ete if the or							
	(a) ne, address, and EIN (if applicable) of disregarded entity		Prim	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct con ent	trolling ity
(1)				53					
(2)									
(3)									
(4)									
(5)									
	cation of Related Tax-Exempt Organiz nore related tax-exempt organizations du			e organization a	answered "Yes" on	Form 990, Part I	V, line 34, b	ecause it ha	ad
	(a) le, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct contro entity	lling Section 5	( <b>g)</b> 512(b)(13) ed entity?
								Yes	No
(1) MOUNTAIN VIEW	COMMUNITY CHURCH, 33-0449550								
8833 PALMETTO	AVENUE								
FONTANA CA 92	335-4939	CHURCH		CA	501(C)3	1	NO		x
(2)									
(3)									
(4)									
(5)									

MOUNTAIN VIEW FAMILY DEVELOPMENT

Page 2

Part III Identification of because it had or							wered "Ye	s" on F	-orm 990,	Part IV,	line 3	4,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of tot: income	(g)		ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging	<b>(k)</b> Percentage ownership
(1)		country)		sections 512-514			Yes	No		Yes	No	
(2)												
(3)												
(4)												
(5)			2									
Part IV Identification of line 34, because i								wered "	'Yes" on F	orm 990	), Part	IV,
(a) Name, address, and EIN of related of		(b) Primary activity	(c) Legal do (state or foreig	micile Direct c	d) ontrolling T	(e) ype of entity p, S corp, or trust)	(f) Share of total income		<b>(g)</b> Share of f-year assets	(h) Percentage ownership	с	(i) n 512(b)(13) ontrolled entity?
(1)											Yes	No No
(2)												
(3)												
(4)												
(5)												

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

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
	Exchange of assets with related organization(s)	1i		
	Lease of facilities, equipment, or other assets to related organization(s)	1i		
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
		-		
р	Reimbursement paid to related organization(s) for expenses	1p		
-	Reimbursement paid by related organization(s) for expenses	1q		
٦		- 4		
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s		
	If the approximation of the approximation of the information on the multi-approximation of the approximation of th			1

2	If the answer to any of the above is	"Yes,'	see the instructions for information on who must complete this line, in	icluding covered relations	hips and transaction thres	holds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)			
(2)			
_(3)			
_(4)			
(5)			
EEA			Schedule R (Form 990) 2023

Part VI

91-2093003

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	total income	<b>(g)</b> Share of end-of-year assets	(h Dispropo allocat	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Iging	<b>(k)</b> Percentage ownership
				sections 512-514)	Yes No			Yes	No		Yes	No	l
(1)				$\square$									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													

Schedule R (Form	990) 2023 MOUNTAIN VIEW FAMILY DEVELOPMENT	91-2093003	Page 5
Part VII	Supplemental Information		
Fail VII	Provide additional information for responses to questions on Schedule R. See	instructions.	
01. Expla	nation of information on Schedule R		
CLOSELY F	EPLATED ORGANIZATION		

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	<b>2023</b>
Name(s) as shown on return	(This page is not filed with the return, it is for your records only.)	FEIN Page 1
MOUNTAIN VI	EW FAMILY DEVELOPMENT	91-2093003
Description		Amount
FIREWORKS B	DOTH PROCEEDS	<u>\$ 20,188</u>
	Total:	\$ <u>20,188</u>
Description		Amount
OTHER INCOM		\$ 33
GRANT		1,500
DONATIONS		<u>450</u> 327
FUNDRAISER		327
	Total:	\$2,310
Description		Amount
TOTAL PAYRO	LL	\$ 587,201
DIRECTORS		(52,273)
	Total:	\$ <u>534,928</u>
Description		Amount
BENEFITS TO	TAL	<u>\$ 52,947</u>
	S COMPENSATION INSURANCE	(5,926)
PAYROLL TAX	REFUND Total:	\$ <u>47,054</u>
Description		Amount
MARKETING		\$ 845
	Total:	\$845

Nameda as down on return     FEN       MOUNTAIN VIEW FAMILY DEVELOPMENT     91-2093003       Description     Amount       OFFICE SUPPLIES     \$3,44       POSTAGE     7       PRINTING     10,23       SUPPLIES     10,23       Description     18       SUPPLIES     5       OFFICE SUPPLIES     5       SUPPLIES     5       Description     13,92       Description     Amount       Total:     \$ 3,28       12     14       Description     Amount       SUPPLIES     14       Description     14       Manord     14       Supplies     14       Supplies     14       Supplies     14	990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	2023	Page 2
Description       Amount         OFFICE SUPPLIES       \$ 3.44         POSTAGE       7         PRINTING       10.23         SWALL EQUIPMENT       18         SUPPLIES       5         Orfice       5         Description       13.92         Total:       \$ 13.92         Description       Amount         TechNOLOGY-SOFTWARE       14         Description       \$ 3.42         MORTGAGE PAYMENTS       14         ELECTRIC       14.77         GAS       14.9.69         SEWER       6.05         CUSTODIAL SUPPLIES       4.40         MAINTENANCE-POULPENT       1.80         MAINTENANCE-POULPENT       1.80         MAINTENANCE-POULPMENT       2.28         MAINTENANCE-POULPMENT       1.80         SEWER       65         CUSTODIAL SUPPLIES       4.40         MAINTENANCE-POULPMENT       1.80         MAINTENANCE-POULPMENT       2.21         MAINTENANCE-POULPMENT       2.21         MAINTENANCE-POULPMENT       3.77         LANDSCAPING       3.77         LANDSCAPING       3.77         LANDSCAPING       3.7	Name(s) as shown on return		FEIN	
OFFICE SUPPLIES       \$ 3,44         POSTAGE       7         PRINTING       10.23         SMALL EQUIPMENT       18         SUPPLIES       5         Control : \$ 13,92         Amount         Supplies         Description         Total: \$ 3,28         Total: \$ 3,28         Total: \$ 3,28         Importance in the second	MOUNTAIN VI	EM FAMITI DEAEPOLMENI.	I	<u>at-7083003</u>
POSTAGE       7         PRINTING       10.23         SMALL EQUIPMENT       18         SUPPLIES       6         Total: \$ 13.92         Amount         Supplies         Description         Total: \$ 3.28         Total: \$ 3.28         Description         Mount         Total: \$ 3.42         Description         MORTGAGE PAYMENTS       \$ 49.69         ELECTRIC       14.77         GAS       6.05         TELEPHONE       1.01         INTERNET       1.01         WATER       5.81         SEWER       6.5         CUSTODIAL SUPPLIES       4.40         TRASH DISPOSAL       4.40         MAINTENANCE-A/C HEATING       1.80         MAINTENANCE-A/C HEATING       1.80         MAINTENANCE-GROUNDS       3.77         LANDSCAPING       3.77         LANDSCAPING       3.77         MAINTENANCE-GROUNDS       3.77         LANDSCAPING       1.67				
PRINTING       10,23         SMALL EQUIPMENT       18         SUPPLIES       5         Control (1)       (6)         Total:       (1)         Description       (6)         Technology-EQUIP MAINT       (6)         Technology-Software       14         Description       (6)         MortGage Payments       (7)         ELECTRIC       (14,77)         GAS       (6)         Stere       (2,28)         Internet       (1,01)         WATER       (1,01)         Stere       (6)         Stere       (1,01)         MAINTENANCE - A/C HEATING       (1,02)         MAINTENANCE - A/C HEATING       (1,02)         MAINTENANCE - COULDING       (2,21)         MAINTENANCE - COULDING       (3,71)         PEST CONTROL       (1,67)		LIES	<u> </u>	
SMALL EQUIPMENT       18         SUPPLIES       13,92         Total: \$       13,92         Description       \$         TECHNOLOGY-EQUIP MAINT       \$         Technology-software       14         Description       \$         MORTGAGE PAYMENTS       \$         ELECTRIC       14,77         GAS       6,05         INTERNET       1,01         WATER       5.81         SEWER       64,69         CUSTODIAL SUPPLIES       4,40         TRASH DISPOSAL       4,40         MAINTENANCE-ROUIPMENT       4,77         MAINTENANCE-ROUIPMENT       10,24         MAINTENANCE-CROUNDS       3,77         PEST CONTROL       1,67				
SUPPLIES       5         Total:       13,92         Total:       3         Technology-EQUIP MAINT       \$ 3,28         TECHNOLOGY-SOFTWARE       14         Total:       \$ 3,28         14       3,42         MORTGAGE PAYMENTS       \$ 49,69         ELECTRIC       6,05         TELEPHONE       2,28         INTERNET       1,01         WATER       5,81         SEWER       6,58         CUSTODIAL SUPPLIES       4,40         TRASH DISPOSAL       4,40         MAINTENANCE-A/C HEATING       4,77         MAINTENANCE-GUIPMENT       2,21         MAINTENANCE-COUNDS       3,77         PEST CONTROL       10,24		MENT		18
Description       Amount         TECHNOLOGY-EQUIP MAINT       \$ 3,28         TECHNOLOGY-SOFTWARE       14         Total: \$ 3,42         Description       14         MORTGAGE PAYMENTS       \$ 49,69         ELECTRIC       14,77         GAS       6,05         TELEPHONE       2,28         INTERNET       5,81         SEWER       65         CUSTODIAL SUPPLIES       4,40         TRASH DISPOSAL       4,40         MAINTENANCE-A/C HEATING       18,02         MAINTENANCE-BUILDING       10,24         MAINTENANCE-GROUNDS       3,71         LANDSCAPING       3,71         PEST CONTROL       1,60	SUPPLIES			5
TECHNOLOGY-EQUIP MAINT       \$ 3,28         TECHNOLOGY-SOFTWARE       14         Total:       \$ 14         Total:       \$ 3,42         MORTGAGE PAYMENTS       \$ 49,69         ELECTRIC       14,77         GAS       6,05         TELEPHONE       1,01         NATER       5,81         SEWER       65         CUSTODIAL SUPPLIES       4,40         TRASH DISPOSAL       4,77         MAINTENANCE-A/C HEATING       1,80         MAINTENANCE-GROUNDS       3,71         IANDECAPING       3,71         PEST CONTROL       1,67		Tota	1: \$	(6 13,92
TECHNOLOGY-EQUIP MAINT       \$ 3,28         TECHNOLOGY-SOFTWARE       14         Total:       \$ 14         Total:       \$ 3,42         MORTGAGE PAYMENTS       \$ 49,69         ELECTRIC       14,77         GAS       6,05         TELEPHONE       1,01         NATER       5,81         SEWER       65         CUSTODIAL SUPPLIES       4,40         TRASH DISPOSAL       4,77         MAINTENANCE-A/C HEATING       1,80         MAINTENANCE-GROUNDS       3,71         IANDECAPING       3,71         PEST CONTROL       1,67				
TECHNOLOGY-SOFTWARE       14         Total:       3,42         MORTGAGE PAYMENTS       \$ 49,69         ELECTRIC       14,77         GAS       6,05         TELEPHONE       2,28         INTERNET       1,01         WATER       5,81         SEWER       65         CUSTODIAL SUPPLIES       4,40         TRASH DISPOSAL       4,77         MAINTENANCE-A/C HEATING       1,80         MAINTENANCE-BUILDING       10,24         MAINTENANCE-BUILDING       3,77         LANDSCAPING       3,71         PEST CONTROL       1,67				
DescriptionAmountMORTGAGE PAYMENTS\$ 49,69ELECTRIC14,77GAS6,05TELEPHONE2,28INTERNET1,01WATER5,81SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE - A/C HEATING10,24MAINTENANCE - BUILDING10,24MAINTENANCE - GROUNDS3,71LANDSCAPING3,71PEST CONTROL1,67			<u> </u>	
DescriptionAmountMORTGAGE PAYMENTS\$ 49,69ELECTRIC14,77GAS6,05TELEPHONE2,28INTERNET1,01WATER5,81SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE - A/C HEATING10,24MAINTENANCE - BUILDING10,24MAINTENANCE - GROUNDS3,71LANDSCAPING3,71PEST CONTROL1,67			1:5	
MORTGAGE PAYMENTS\$ 49,69ELECTRIC14,77GAS6,05TELEPHONE2,28INTERNET1,01WATER5,81SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE - A/C HEATING1,80MAINTENANCE - BUILDING10,24MAINTENANCE - GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67		707		
ELECTRIC14,77GAS6,05TELEPHONE2,28INTERNET1,01WATER5,81SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67			<u></u>	
GAS6,05TELEPHONE2,28INTERNET1,01WATER5,81SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67		YMENTS	<u> </u>	
TELEPHONE2,28INTERNET1,01WATER5,81SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67				
WATER5,81SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67	TELEPHONE			2,28
SEWER65CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67	INTERNET			1,01
CUSTODIAL SUPPLIES4,40TRASH DISPOSAL4,77MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67				
TRASH DISPOSAL4,77MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67				
MAINTENANCE-A/C HEATING1,80MAINTENANCE-EQUIPMENT2,21MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67				
MAINTENANCE-BUILDING10,24MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67				1,80
MAINTENANCE-GROUNDS3,77LANDSCAPING3,71PEST CONTROL1,67				2,21
LANDSCAPING 3,71 PEST CONTROL 1,67				
PEST CONTROL 1,67				
			1: \$	112,89
		Tota	1: \$	112,8

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	2023	Page 3
Name(s) as shown on return		FEIN	10.90 0
MOUNTAIN VI	EW FAMILY DEVELOPMENT	ç	91-2093003
Description			Amount
VEHICLES BOARD MEETII		<u>\$</u>	<u> </u>
BOARD MEETII	Total:		80
		۳	00
Description			Amount
BANK CHARGES		\$	9,103
LOAN ID 378	5027441844211		11,916
	Total:	\$	21,019
Description CHECKING	Total:	\$ \$	<u>Amount</u> (6,497) -6,497
_Description		_ <u>_</u>	Amount
ACCOUNTS PAT CREDIT CARD		<u>\$</u>	<u>348</u> 9,569
	HHOLING TAXES PAYABLE		1,049
	OLDING TAXES PAYABLE		252
FICA PAYABL			2,408
MEDICARE PA	YABLE		563
	ILITY PAYABLE		175
AFLAC PAYAB	LE		100
	Total:	\$	14,464
Description			Amount
<b>_</b>		\$	33
			1,500
			450 327
			327
	Total:	\$	2,310

990	Overflow Statement	2023
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	FEIN Page 4
MOUNTAIN VI	EW FAMILY DEVELOPMENT	91-2093003
<b>D</b>		<b>2</b>
Description	·	<u>Amount</u> <u>\$ 775,596</u>
	Tota	69,212 1: \$ <u>844,808</u>

# TAXABLE YEARCalifornia Exempt Organization2023Annual Information Return

199
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Calenda	r Year 2023 or fiscal year beginning (mm/dd/yyyy), and ending (mm/d	d/yyyy)	
Corporati	on/Organization name	California	corporation number
MOUN	TAIN VIEW FAMILY DEVELOPMENT	2203	263
Additiona	information. See instructions.	FEIN	
		91-2	093003
Street ad	Iress (suite or room)		PMB no.
	PALMETTO AVENUE		
City		State	ZIP code
FONT	NT7	CA	92335-4939
	buntry name Foreign province/state/county	CA	Foreign postal code
			i oleigii postal code
A First re	urn ••••••••••••••••••••••••••••••••••••	to its guideli	ines
B Amend	ed return • • • • • • • • • • • • • • • • • Yes 🕅 No not reported to the FTB? See instruction	s	••••••••••••••••••••••••••••••••••••••
C IRC Se	ction 4947(a)(1) trust • • • • • • • • • • • • • • • • • • •	has the org	anization
	formation return? engaged in political activities? See instru		
• 🗌 🛛	issolved 🗍 Surrendered (Withdrawn) 🗍 Merged/Reorganized 🛛 K Is the organization exempt under R&TC	Section 237	701g?・・・ ● Yes 🕅 No
	te: (mm/dd/yyyy) • If "Yes," enter the gross receipts from no	onmember s	sources · · \$
	accounting method: (1) 🔀 Cash (2) 🗌 Accrual (3) 🗌 Other L Is the organization a limited liability com		
	return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form 100 or Fo		
_	ther 990 series		
	group filing? See instructions • • • • • • • • • • • • • • • • • • •		
	In a group exemption $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot $ Yes $\mathbf{X}$ No audited in a prior year? $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$		
	what is the parent's name? O Is federal Form 1023/1024 pending?		
11 103	Date filed with IRS		
Part I	Complete Part I unless not required to file this form. See General Information B and C.		
1 4111			• 1 867,313 0
			• 2 00
			• 3 00
Receipts and	<b>3</b> Gross contributions, gifts, grants, and similar amounts received • • • • • • • • • • • • • • • • • • •	•••	
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		• 4 867,313 00
	This line must be completed. If the result is less than \$50,000, see General Information B		
	<b>5</b> Cost of goods sold • • • • • • • • <b>5</b>		00
	6 Cost or other basis, and sales expenses of assets sold · · · · · · · · · · · · · · · · · · ·	0	
	7 Total costs. Add line 5 and line 6		7 00
	8 Total gross income. Subtract line 7 from line 4 · · · · · · · · · · · · · · · · · ·		• 8 867,313 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		• 9 925,529 00
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 · · · · · · · · · · · · · · · · · ·	•••	• 10 (58,216) 00
	11 Total payments		• 11 00
Payments	12 Use tax. See General Information K · · · · · · · · · · · · · · · · · ·		• 12 00
-	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.		• 13 00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.		• 14 00
	15 Penalties and interest. See General Information J		· 15 00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	edge.	-
Sign Here	Signature Date	ارممر	
	of officer ROBERT F MAJCHEREK TREASURER 05/06	/2024	909-357-9377
	Preparer's Date Check if se		●PTIN
	signature ► 05/06/2024 employed	►⊠	P00782939
Paid Preparer's	Firm's name (or yours,		●Firm's FEIN
Use Only	if self-employed)   ROBERT F MAJCHEREK		
	11423 LARCHWOOD DRIVE		● Telephone
	FONTANA, CA 92337-0192		909-319-4314
	May the FTB discuss this return with the preparer shown above? See instructions · · · · · · · · · · · · · · · · · · ·		●X Yes No

Part	II O	rganizations with gross receipts of more	than \$50,000 and privat	e foundations				
		egardless of amount of gross receipts - co	-				209300	13
	·   ·	Gross sales or receipts from all business	activities. See instructions	8	· · · · · · • 1	ı 79	8,094	00
		2 Interest • • • • • • • • • • • • • • • • • • •			• 2	2	7	00
	;	B Dividends · · · · · · · · · · · · · · · · · · ·			• 3	3		00
Receij from	ots	4 Gross rents			• 4	4		00
Other		<b>5</b> Gross royalties • • • • • • • • • • • • • • • • • • •			• <b>• !</b>	5		00
Sourc	es (	G Gross amount received from sale of asset				5		00
		7 Other income. Attach schedule				7 6	9,212	00
		<b>3</b> Total gross sales or receipts from other sources					7,313	00
		Ontributions, gifts, grants, and similar am					.,	00
		Disbursements to or for members				-		00
		1 Compensation of officers, directors, and tru				-	2,273	00
		2 Other salaries and wages · · · · ·					4,928	00
Expen		3 Interest					1,720	00
and		4 Taxes				-	7,054	00
Disbu	rse-	<b>5</b> Rents					2,895	00
ments		6 Depreciation and depletion (See instruction			4		2,095	00
		7 Other expenses and disbursements. Attack				-	8,379	00
							<u>8,379</u> 5,529	-
		8 Total expenses and disbursements. Add	-					00
	edule	L Balance Sheet	Beginning of			taxable yea		
Ass			(a)	(b)	(c)		(d)	
-				36,803		•	(2,30	
		counts receivable				•	5,84	10 10
						•		
		ories				•		
		al and state government obligations				•		
		nents in other bonds $\cdots$ $\cdots$ $\cdots$ $\cdots$				•		
		nents in stock $\cdots$ $\cdots$ $\cdots$ $\cdots$ $\cdots$ $\cdots$				•		
	-	age loans				•		
		nvestments. Attach schedule				•		
10	a Dep	oreciable assets $\cdots$ $\cdots$ $\cdots$ $\cdots$ $\cdots$ $\cdots$						
		s accumulated depreciation						
						•		
12	Other a	assets. Attach schedule • • • • • • • •				•		
13	Total a	ssets · · · · · · · · · · · · · · · · · · ·		36,803			3,54	10
Liab	oilities	and net worth						
14	Accou	nts payable • • • • • • • • • • • • • • • • • • •		3,094		•	14,46	54
15	Contrik	outions, gifts, or grants payable • • • • •				•		
16	Bonds	and notes payable $\cdot$		64,704		•	78,28	37
17	Mortga	ages payable · · · · · · · · · · · · · · · · · · ·				•		
18	Other I	iabilities. Attach schedule						
19	Capita	stock or principal fund				•		
20	Paid-ir	or capital surplus. Attach reconciliation				•		
21	Retain	ed earnings or income fund				•		
		iabilities and net worth		67,798			92,75	51
Sch	edule	M-1 Reconciliation of income per book	s with income per retur	,				
		Do not complete this schedule if the a			than \$50.000.			
1	Net ind	come per books	•	7 Income recorded o				
		al income tax • • • • • • • • • • • • • • • •	•	1	return. Attach schedul	e •		_
		s of capital losses over capital gains • • •	•	8 Deductions in this r		-		
		e not recorded on books this year.		against book incom	-			
			•	-	••••••	. •		
		ses recorded on books this year not		9 Total. Add line 7 ar				
		ed in this return. Attach schedule	•	10 Net income per ret				
		Add line 1 through line 5 · · · · · · · ·			1 line 6 • • • • • • • •			
<u> </u>	i Uldi. I					·		

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2023

Name(s) as shown on retum	California ID Number
MOUNTAIN VIEW FAMILY DEVELOPMENT	91-2093003

Round all amounts to the nearest whole dollar.

1.	Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions ••••• \$	.00
2.	Enter the applicable sales and use tax rate. See worksheet instructions • • • • • • • • • • • • • • • • • • •	_
3.	Multiply line 1 by the tax rate on line 2. Enter result here	.00
4.	Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions •••••••• \$	.00
5.	Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- ••••••• \$	.00

CAOVFLOW	State Supporting Statements	<b>2023</b> Page 1
Name(s) as shown on return	Otate Oupporting Otatements	SSN/FEIN
MOUNTAIN VI	EW FAMILY DEVELOPMENT	91-2093003
	VICE REVENUE	<u>Amount</u> \$ 775,59 22,49 al: \$ 798,09
Description	E REIMBURSEMENT	<u>Amount</u>
	Tota	\$ 69,21 al: \$69,21
Description		Amount
	ON FORM 990 ATACHED	\$ 178,37
	Tota	al: \$ <u>178,37</u>
Description		Amount
		\$ (13,20
	Tota	50,00 al: \$ <u>36,80</u>
<u>Description</u>		Amount
		<u>\$ (6,49</u> 4,19
	Tota	al: \$2,30
Description		Amount
		<u>\$ 760,10</u> 64,52
	Tota	al: \$ <u>824,63</u>