Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

Α	Fort	he 2009 calendar	year, or tax year beginnin	g 7/01	, 2009, and end	ing 6/30		, 2010
B_	Check	if applicable:	C	"A V/" A V		1	D Employer	identification number
	Addres	s change Please use IRS	SAN RAMON VALLEY	EDUCATION FOUN	DATION	p.	94-21	353998
	Name	change label or print or	P. O. BOX 1463	a n same i i f	J VUITY	ľ	E Telephone	
	Initial	return <b>[type.</b>	SAN RAMON, CA 94	.583	~		•	
	Termin	12herite i					925-0	320-9181
	Amend	led return instruc-	Attendant of the state of the s				F Group E	Exemption
	Applica	ation pending					Number	▶ 8171
		Section 501(c)(3)	) organizations and 4947(a	a)(1) nonexempt charitab	le trusts G	Accounting i	nethod:	Cash X Accrual
		must áttá	ich a completed Schedule	À (Form 990 or 990-EZ).		Other (speci		
					ŀ			ganization is not
ł	Web:	site: ► WWW.SF	RVEF.ORG		·	required to	attach Sche	edule B (Form 990,
J	Tax-e	xempt status (check or	only one) — X 501(c) ( 3	) ◄ (insert no.) 4947(;	a)(1) or 527	990-EZ, or 9	90-PF).	(
K	Chec	k ► if the orga	anization is not a section 5	09(a)(3) supporting organ	nization and its or	oss receipts ar	e normally	not more than
	\$25,0	000. A Form 990-EZ	or Form 990 return is not re	equired, but if the organizat	ion chooses to file a	a return, be sure	to file a co	mplete return.
L			7b, to line 9 to determine g					
-	inste	ad of Form 990-Ez	Z	lings receibts, it 4000'000	o or more, me ron		<b>≻</b> \$	479,472.
Pa	rt I	Revenue, E	Expenses, and Chang	ges in Net Assets or	Fund Balance	s (See the i	nstructio	ns for Part I
	1		fts, grants, and similar amo					270,172.
	2		revenue including governn					107,494.
	3		s and assessments					107,494.
	4		ne					19,990.
			om sale of assets other that				4	19,990.
P	u u	Cain or (loss) from as	er basis and sales expense ale of assets other than inventory	38	<u>DD</u>			
REVENU								
Ě	1		tivities (complete applicable parts			nere		
N	a		not including \$2					
E			1)			81,8		
	ł		enses other than fundraisin			81,8	conditional and	
			from special events and activities				6с	
			ventory, less returns and a					
			ds sold					
	С	Gross profit or (lo	oss) from sales of inventor	y (Subtract line 7b from I	line 7a)		7c	
	8	Other revenue (describ					_) 8	
	9	Total revenue. Ad	dd lines 1, 2, 3, 4, 5c, 6c,	7c, and 8			. ▶ 9	397,656.
	10	Grants and simila	ar amounts paid (attach sc	hedule)	SEE.STA	TEMENT 1.	10	170,297.
_	11		or for members					
EXPEN	12		ompensation, and employe					57,780.
P			and other payments to in-					9,912.
N			utilities, and maintenance					
S E			ions, postage, and shippin					4,729.
5	16	Other expenses (descri	ribe - SEE STATEMENT	r 🤈			16	9,883.
	17		Add lines 10 through 16					252,601.
			t) for the year (Subtract lin					145,055.
Α		•		•			000000000000000000000000000000000000000	140,000.
NET NOE	19	Net assets or fund	d balances at beginning of prior year's return)	year (from line 27, colur	nn (A)) (must agre	ee with end-of-	year 19	701 416
NET S	20		net assets or fund balance					701,416.
Ś			d balances at end of year.					59,693.
								906,164.
M. A.S.	<u>rt II</u>	Dalatice 31	neets. If Total assets on I (See the instructions for			***************************************		
22	000	h antinga and in				(A) Beginning		(B) End of year
22			nvestments		*****	/19,	539. 22	934,716.
23	Lan	u anu punumys or occate (dosesib		······································		10	23	31 000
24			e SEE STATEMENT			10,		11,099.
25			riba ► የዋና የሚአጥሮMei			730,		945,815.
26			ribe SEE STATEMEI			28,		39,651.
27			alances (line 27 of column			701,	416. 27	906,164.
RA	4 For	Privacy Act and F	Paperwork Reduction Act	Notice, see separate inst	tructions.			Form <b>990-EZ</b> (2009)

	<u>n 990-EZ (2009) SAN RAMON VALLE</u>			94	-28	53998	Page 2
200000000000000000000000000000000000000	rt III Statement of Program Se		s (See the instruction	ons.)		Expense	s
What	is the organization's primary exempt purpose? SE	E STATEMENT 6			16Reg	luired for sect c)(3) and (4)	tion
Desc	cribe what was achieved in carrying out to cribe the services provided, the number of fram title.	he organization's exempt purp if persons benefited, or other	ooses. In a clear and co relevant information for	ncise manner, each	orga 4947	uired for sect c)(3) and (4) nizations and (a)(1) trusts; others.)	l section optional
28	SAN RAMON VALLEY EDUCATION	ON FOUNDATION AWARD	OS GRANTS TO SC	HOOLS IN	101 0	T T	
	THE SAN RAMON VALLEY UNI		20 01111111 10 10	1100HD TIA	1	1	
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	(Grants \$ ) If the	his amount includes foreign g	rants check here		28 a		
29					204		
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	(Grants \$ ) If the	his amount includes foreign d	rants check here		29 a		
30					234	<del> </del>	<del> </del>
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					1		
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here		30 a	***************************************	
31	Other program services (attach schedul	e)					· · · · · · · · · · · · · · · · · · ·
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here		31 a		
	Total program service expenses (add I				~~		
Par	t IV List of Officers, Directors			ne even if not con	pens	ated. (See the	e instrs.)
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If	(d) Contributions		(e) Expense	account
	(a) Name and address	to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and ition	and other al	lowances
AND	DREA RITTIGSTEIN	MEMBER	0.		0.		0.
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	VARD CHIVERTON	MEMBER	0.		0.		0.
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	AM CIPRIANO	VICE PRESIDENT	0.		0.		0.
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	RIANNE GAGEN	ENDOWMENT REP	0.		0.	· · · · · · · · · · · · · · · · · · ·	0.
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	F EORIO	SECRETARY	0.		0.		0.
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	CY PETSUCH	MEMBER	0.		0.		0.
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	ID BULLOCK	TREASURER	0.	·	0.		0.
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	RAMON, CA 94583						

TEEA0812L 01/30/10

Pa	rt V Other Information (Note the statement requirements in the instrs for Part V.) SEE ST			7
10-11-10-V		11	Yes	<del>'</del>
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	103	X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	:	Х
37	year? If 'Yes,' complete applicable parts of Schedule N	37 b		Х
		3/D		A Statistical
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			(6.00)
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
١	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.	40 b		x
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
41	The state of the s	700		
	List the states with which a copy of this return is filed NOINE		· · · · · · · · · · · · · · · · · · ·	,
42 a	The organization's books are in care of ► DAVID BULLOCK, TREASURER Telephone no. ► 925-82  Located at ► P. O. BOX 1463 SAN RAMON CA ZIP + 4 ► 94583	<u>20-9:</u>	L <u>81</u>	
		Г	Yes	No
	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)?	42 b	163	X
	•	42 U	N. G. & A. G.	^
	If 'Yes,' enter the name of the foreign country: ►	i de la companya de l		
				(E) (E)
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
•	: At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country: ►		··········	
	·			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			NT / 75
-7-3				N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		ı	V T	
	Į.		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	Í		
	of Form 990-EZ	44		X
45	ls any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		Х
DAA			<del></del>	

A6 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I		46-49b and complete the table	ction 4947(a)(1) nor s for lines 50 and 5	nexempt charit 1.	able trusts must answe	r questio	ns	
47 I X  48 is the organization engage in labilying activities? If Yes,' complete Schedule C, Part II.  49 a Did the organization make any transfers to an exempt non-charitable related organization?  49 a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization as section 527 organization?  51 Complete this table for the organization as section 527 organization?  63 Complete this table for the organization as section 520 organization from the organization is fither is none, enter None.  64 Organization and sections death prepared pair (organization) from the organization from	<b>46</b> Did t	the organization engage in direct or indire	ect political campaign ac	tivities on behalf o	of or in opposition to candida	tes	Yes	No
48 is the organization as achool as described in section 170(b)(1)(A)(0)? If "Yes, complote Schedule E								
49a Did the organization make any transfers to an exempt non-charitable related organization?  49a   X   49b   17 *vs*, 'was the related organization as record to 27 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None:  (a) Name and address death employee paid over \$100,000 of compensation from the organization.  (b) Name and address of each employees paid over \$100,000 of compensation from the organization. If there is none, enter None:  (a) Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter None:  (b) Name and address of each interpendent contractor is none, enter None:  (c) Italian number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter None:  (d) Italian number of other independent contractors are uncertainty of the paid over \$100,000 of compensation from the organization. If there is none, enter None:  (e) Organization from the organization. If there is none, enter None:  (e) Organization from the organization. If there exemined the return including accompanying subculate and statements, and to the test of my knowledge and belief, it is belief, direct and complete places the paid of the								
b if "Yes," was the related organization a section 527 organization?  50 Complete this table for the organization as five highest compensation from the organization. If there is none, enter "None."  (a) Name and address of such employee paid over \$100,000 of compensation from the organization. If there is none, enter "None."  (b) This and average devided to solvier or the organization of the organization of the organization of the organization. If there is none, enter "None."  (d) Complete this factor of the organization of prepare (offen men office) is tweet on all internation of which areason that shall be a controlled organization of prepare (offen men office) is tweet on all internation of which areason that shall be of the organization of the organiza								
Sign  d Total number of other independent contractors each receiving over \$100,000  Mone and address of each independent contractors gual move than \$100,000 of compensation from the organization. If there is none, enter None.  (a) Name and address of each energies paid over \$100,000 of compensation from the organization. If there is none, enter None.  (b) Commension (d) Commension deferred composition deferred composition deferred composition deferred composition.  (c) Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter None.  (d) Hanne and solvess of each independent contractor gual move than \$100,000 of compensation from the organization. If there is none, enter None.  (e) Hanne and solvess of each independent contractor gual move than \$100,000 of compensation from the organization. If there is none, enter None.  (e) Hanne and solvess of each independent contractor gual move than \$100,000 of compensation from the organization. If there is none, enter None.  (f) Commension than \$100,000 of compensation from the organization. If there is none, enter None.  (g) Hanne and solvess of each independent contractor gual move than \$100,000 of compensation from the organization. If there is none, enter None.  (g) Hanne and solvess of each independent contractor gual move than \$100,000 of compensation from the organization from the or			•	**				<u> X</u>
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None:  (a) Name and address of and analyse paid  (b) Time and average developed by position  (c) Concernation  (d) Contributions to employees  (d) Contributions to employees  (d) Contributions to employees  (e) Concernation  (f) Contributions to employees  (d) Contributions to employees  (e) Concernation  (f) Contributions to employees  (d) Contributions to employees  (e) Concernation  (f) Contributions to employees  (g) Contributions  (g) Contri	b If 'Ye	es,' was the related organization a section	n 527 organization?		,,,	49 b		
(a) Name and eatheres of eight employee paid over \$100,000	50 Com	plete this table for the organization's five lovees) who each received more than \$10	highest compensated er	mployees (other the	nan officers, directors, truste	es and key		
f Total number of other employees paid over \$100,000			(b) Title and average hours per week		(d) Contributions to employee benefit plans and	(e) Ex accou	nt and	<del></del>
f Total number of other employees paid over \$100,000	NONE							
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d Total number of other independent contractors each receiving over \$100,000.    Control of the	51 Com	pensation from the organization. If there i	s none, enter 'None.'	dependent contra				
d Total number of other independent contractors each receiving over \$100,000.    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer	NONE	- A Comment of the Co				(4) 001116		
d Total number of other independent contractors each receiving over \$100,000    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer								
d Total number of other independent contractors each receiving over \$100,000  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  DAVID BULLOCK  Type or print name and title.  Preparer's signature  Firm's name (or yours if self-employed).  SWEENEY KOVAR, LLP  1800  1							***************************************	
d Total number of other independent contractors each receiving over \$100,000  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  DAVID BULLOCK  Type or print name and title.  Preparer's signature  Firm's name (or yours if self-employed).  SWEENEY KOVAR, LLP  1800  1	<del></del>							
d Total number of other independent contractors each receiving over \$100,000    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer			<del>-</del>					
d Total number of other independent contractors each receiving over \$100,000    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is    Signature of officer								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is    Signature of officer							<del></del>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is    Signature of officer								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is    Signature of officer	<b>d</b> Total	number of other independent contractors	s each receiving over \$1	00.000	<b>&gt;</b>			
Sign Here    Signature of officer	** . *							
Sign Here    Signature of officer		Under penalties of perjury, I declare that I have exam	ined this return, including accom	panying schedules and	statements, and to the best of my know	wledge and be	ief, it is	
DAVID BULLOCK Type or print name and title.  Paid Preparer's signature Preparer's signature Preparer's Use Only  Preparer's Name (or yours if self-employed), address, and ZiP + 4  May the IRS discuss this return with the preparer shown above? See instructions  TREASURER  Check if self-employed > Preparer's identifying Number (See instructions) Preparer's Identifying Number (See instructions) Pool 41456  Preparer's Name (or yours if self-employed) Pool 41456  EIN		true, correct, and complete, Declaration of preparer (	omer man omcer) is based on ai	і іпіогтанов от жпіся рі	eparer nas any knowledge.			
DAVID BULLOCK Type or print name and title.  Paid Preparer's signature Preparer's signature Preparer's Use Only  Preparer's Name (or yours if self-employed), address, and ZiP + 4  May the IRS discuss this return with the preparer shown above? See instructions  TREASURER  Check if self-employed > Preparer's identifying Number (See instructions) Preparer's Identifying Number (See instructions) Pool 41456  Preparer's Name (or yours if self-employed) Pool 41456  EIN	Sian		Sentence as he ar town-					
Type or print name and title.  Paid Preparer's signature	Here	Signature of officer	(AXPAY)	rare hard from	Date		······································	
Paid Preparer's signature Proparer's Signature Proparer's Signature Proparer's Use Only Preparer's Name (or yours if self-employed), address, and ZiP + 4 Signature Proparer's Name (or yours if self-employed), address, and ZiP + 4 Signature Proparer's Name (or yours if self-employed), address, and ZiP + 4 Signature Proparer's Identifying Number (See instructions) P00641456  EIN 94-2921824  Phone no. Preparer's Identifying Number (See instructions) P00641456  EIN 94-2921824  Phone no. Preparer's Identifying Number (See instructions) P00641456				the second of th	TREASURER			
Preparer's Use Only 2/P + 4 Signature SWEXNEY KOVAR, LLP SWEXNEY KOVA		Type or print name and title.						
Preparer's Use Only   Firm's name (or yours if self-employed), address, and ZiP + 4   DANVILLE, CA 94506   May the IRS discuss this return with the preparer shown above? See instructions   P00641456   Phone no. ► (925) 648-3660   Phone no. ►   X Yes   No	Paid	Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A ,00		Check if Self	parer's Identify e instructions)	ing Num	ber
Parer's Use Use Only       Firm's name (or yours if self-employed), address, and ZiP + 4       SWEENEY KOVAR, LLP ()       SWEENEY KOVAR, LLP ()       EIN       ▶ 94-2921824         DANVILLE, CA 94506       Phone no. ► (925) 648-3660         May the IRS discuss this return with the preparer shown above? See instructions       ► X Yes       No	Pre-		was UI	3//3/	(			
Use Only       employed), address, and 2iP + 4       = 3800 BLACKHAWK ROAD #100       EIN       ▶ 94-2921824         DANVILLE, CA 94506       Phone no. ► (925) 648-3660         May the IRS discuss this return with the preparer shown above? See instructions       ► X       Yes       No	parer's	yours if self-						
May the IRS discuss this return with the preparer shown above? See instructions		employed), 3800 BLACKHAWK 1						
				tions	Phone no. ► (925	<del></del>		
		o discuss this return with the preparer St	own apove: See instruc	duna				

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number SAN RAMON VALLEY EDUCATION FOUNDATION 94-2853998 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 X Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) X a family member of a person described in (i) above?..... Χ 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?...... X 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported (v) Did you notify the organization in col. (i) of (ii) EIN (iii) Type of organization (iv) Is the organization in col.
(i) listed in your (vi) Is the organization in col. (i) organized in the U.S.? (vii) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) Organization your support? governing document? Yes Yes Yes No SAN RAMON VALLEY SCHOOL DISTRICT 68-0273221 6 X Х X 170,297. 170,297.

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SAN RAMON VALLEY EDUCATION FOUNDATION 94-2853998 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 beginning in) 🖹 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf..... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge..... Total. Add lines 1-through 3... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)... **Public support.** Subtract line 5 from line 4..... Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 beginning in) 🟲 (f) Total 7 Amounts from line 4...... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form Net income from unrelated business activities, whether or not the business is regularly carried on...... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 ..... Gross receipts from related activities, etc. (see instructions)..... First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here... Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)...... % 15 Public support percentage from 2008 Schedule A, Part II, line 14..... % 16 a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization....... b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization........

## Schedule A (Form 990 or 990-EZ) 2009 SAN RAMON VALLEY EDUCATION FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

tion A. Public Support						
ndar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
•		<del>- '' · · · · · · · · · · · · · · · · · ·</del>				
• •						
			I	I		
, , , , , , , , , , , , , , , , , , , ,	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Amounts from line 6						107/00/10/20/20/20
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	·					`
Total support. (add ins 9, 10c, 11, and 12.)						
First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)(	<sup>5)</sup> ▶□
First five years. If the Form 990 organization, check this box and			nd, third, fourth,	or fifth tax year as	s a section 501(c)(	5)
tion C. Computation of Pul	blic Support P	ercentage				
tion C. Computation of Pul Public support percentage for 20	<b>blic Support P</b> 009 (line 8, columr	ercentage ı (f) divided by lir	ne 13, column (f))			%
tion C. Computation of Pul Public support percentage for 20 Public support percentage from 1	<b>blic Support P</b> 009 (line 8, columr 2008 Schedule A,	<b>ercentage</b> ı (f) divided by lir Part III, line 15	ne 13, column (f))			
tion C. Computation of Pul Public support percentage for 20 Public support percentage from to tion D. Computation of Inv	blic Support P 09 (line 8, columr 2008 Schedule A, estment Incon	ercentage ı (f) divided by lir Part III, line 15 1e Percentage	ne 13, column (f))			% %
Public support percentage for 20 Public support percentage from 20 Public	blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c,	ercentage  i (f) divided by lir Part III, line 15  ne Percentage  column (f) divide	ne 13, column (f))  3 d by line 13, colu	mn (f))		% %
Public support percentage for 20 Public support percentage from 20 Public	blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedul	ercentage  n (f) divided by lin Part III, line 15  ne Percentage column (f) divide e A, Part III, line	ne 13, column (f))  3 d by line 13, colu	mn (f))	15 16 17 18	% % %
Public support percentage for 20 Public support percentage from 20 Public	blic Support P 109 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedul organization did not ox and stop here.	ercentage  n (f) divided by lin Part III, line 15  ne Percentage column (f) divide e A, Part III, line check the box on The organization	e 13, column (f))  d by line 13, colu  17	mn (f)) is more than 33-1/3	15 16 17 18 %, and line 17 is not organization	% % %
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.  Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.).  ion B. Total Support  dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.  Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.)  ion B. Total Support  dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	Giffs, grants, contributions and membership fees received. (Do not include unusual grants.).  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, 3 received from other than disqualified persons.  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.  Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.).  ion B. Total Support  dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	Giffs, grants, contributions and membership fees received. (Do not include 'unusual grants.').  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from disqualified persons.  Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.)  Ion B. Total Support  Idar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Note income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	Gifts, grants, contributions and membership tees received, Co not include 'unusual grants.').  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.  Gross receipts from adtivities that are not an unrelated trade or business under section 51.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.  Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.)  for B. Total Support  dar year (or fiscal yr beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008  Amounts included on lines 5, 1 and 1 a	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.)  Gross receibs from admissions, merchandise sold or services performed, or facilities turnished in a activity that is related to the property of the services performed, or facilities turnished in a activity that is related to the property of the services performed, or facilities turnished by a comparison of the services performed, or facilities turnished by a comparison of the services performed or grants and services and the services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, 3 received from disqualified persons.  Amounts included on lines 2, 3 received from disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.  Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.).  To from line 6.).  To Rouse of the services of

Schedule A	(Forn	n 990 o	r 990-	EZ) 200	09 5	SAN	RAMON	VA	LLEY	EDUC	CATIO	ON F	OUND	ATION	9	4-28	53998		Page 4
Part IV	Sup	pleme	ental l	Inforn	natio	n. Co	omplet	e th	is par	t to pr	rovide	the	expla	nation	s requir informa	ed by	Part I	I, line 1	0;
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SAN RAMON VALLEY EDUCATION FOUNDATION 94-2853998 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply, Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name of individual (ii) Activity (iii) Did fundraiser (or retained by) (vi) Amount paid to (iv) Gross receipts (or retained by) or entity (fundraiser) have custody or control from activity fundraiser listed in of contributions? col.(i) organization Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	orm 990 Part IV I	ine 18, or ater than \$5,000	
REV			(a) Event #1 VARIOUS FUNDRA (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
REVENUE	1	Gross receipts	351,988.			351,988.	
Ε	2	Less: Charitable contributions	270,172.			270,172.	
	3	Gross income (line 1 minus line 2)	81,816.			81,816.	
	4	Cash prizes					
D	5	Noncash prizes				· · · · · · · · · · · · · · · · · · ·	
D I RECT	6	Rent/facility costs					
	7	Food and beverages					
X P E	8	Entertainment	***************************************				
EXPENSES	9	Other direct expenses	81,816.			81,816.	
5	10	Direct expense summary. Add lines 4- th				81,816.	
E SEC	11	Net income summary. Combine lines 3, o	olumn (d) and line 10.	,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
Par	<u>T III</u>	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pai	rt IV, line 19, or re	ported more than	
K => = Z >			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
E	1	Gross revenue					
D X	2	Cash prizes					
DIRECT	3	Non-cash prizes					
3	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	Yes %	Yes %		
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)	***************************************	··········		
	8	Net gaming income summary. Combine li	nes 1, column (d) and	line 7			
9 Enter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If 'No,' explain:  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10a b If 'Yes,' explain:							
	·						
		s the organization operate gaming activitie				Wilesaus I appropriate	
12	is th adm	e organization a grantor, beneficiary or tru inister charitable gaming?	stee of a trust or a me	mber of a partnership o	r other entity formed to	12	

Schedule G (Form 990 or 990-EZ) 2009 SAN RAMON V	ALLEY EDUCATION FOUNDATION	94-2853998	3	Page <b>3</b>
			YES	NO
13 Indicate the percentage of gaming activity operated i				
a The organization's facility	1			
<b>b</b> An outside facility				
14 Enter the name and address of the person who prepare	ares the organization's gaming/special even	ts books and records:		
Name: ►	~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~			
Address: -				6.00
15 a Does the organization have a contact with a third par	ty from whom the organization receives gar	nina revenue?	15a	pr- <b>4</b> (1911); (1011);
b If 'Yes,' enter the amount of gaming revenue receive				
-f				
c If 'Yes,' enter name and address of the third party:	11 THE THE			
Name: ►				
Address: •				
	* <del> </del>			0.00
16 Gaming manager information				
•				
Name: ►				
Gaming manager compensation ► \$				0.00
Description of services provided: >				
· — — — — — — — — — — — — — — — — — — —				
Director/officer Employee	Independent contractor			10000
17 Mandatory distributions			0.00	
a is the organization required under state law to make	oboritoble distributions from the accions			
state gaming license?	chantable distributions from the gaming pro	ceeds to retain the	17a	
<b>b</b> Enter the amount of distributions required under state				
organization's own exempt activities during the tax ye		and the sport in the		
BAA	TEEA3703L 02/05/10	Schedule <b>G</b> (Form 990	or 990-EZ	) 2009

2009	FEDERAL STATEMENTS	PAGE 1
	SAN RAMON VALLEY EDUCATION FOUNDATION	94-2853998
STATEMENT 1 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AMO	10 DUNTS PAID	
DONEE'S NAME: DONEE'S ADDRESS:  CASH AMOUNT GIVEN:  DONEE'S NAME:	SRVUSD - SCHOOL GRANTS 699 OLD ORCHARD DRIVE DANVILLE, CA 94526  PRIMO'S RUN INCENTIVES - MISC. SCHOOLS	\$ 122,247.
DONEE'S ADDRESS: CASH AMOUNT GIVEN:	PO BOX 1463 SAN RAMON, CA 94583	\$ 30,650.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	SLINGER FUND PO BOX 1463 SAN RAMON, CA 94583	\$ 1,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	DANVILLE AQUATIC CENTER PO BOX 1463 SAN RAMON, CA 94583	\$ 16,400.
STATEMENT 2 FORM 990-EZ, PART I, LINE OTHER EXPENSES	16	
AFFILIATE EXPENSE AWARD NIGHT BANK SERVICE CHARGES GIFTS INSURANCE MEETING EXPENSE MISCELLANEOUS OTHER EXPENSES PAYROLL SERVICE FEE PO BOX RENTAL TAXES AND LICENSES TELEPHONE WEB SITE EXPENSE	TOTAL	229. 100. 293. 167. 27. 3,743. 195. 1,047. 406. 732. 320. 85. 1,014. 987. 538. 9,883.
STATEMENT 3 FORM 990-EZ, PART I, LINE 2 OTHER CHANGES IN NET AS INVESTMENT REALIZED LOS INVESTMENT UNREALIZED G	20 SSETS OR FUND BALANCES SSSAIN	\$ -94,454. 154,147.
	TOTAL 3	\$ 59,693.

. . . . .

2009

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## **FEDERAL STATEMENTS**

PAGE 2

### SAN RAMON VALLEY EDUCATION FOUNDATION

94-2853998

STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BE	GINNING_		ENDING
ACCOUNTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES TOTAL	\$ \$	500. 10,058. 10,558.	\$	9,800. 1,299. 11,099.
W 9 2 1 1 2	<u> </u>		<u> </u>	

STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	Bl	EGINNING	····	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	2,882. 25.799	\$	2,757. 36 894
TOTAL	\$	28,681.	\$	39,651.

#### STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SAN RAMON VALLEY EDUCATION FOUNDATION AWARDS GRANTS TO SCHOOLS IN THE SAN RAMON VALLEY UNIFIED DISTRICT

# STATEMENT 7 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO