Form **990**

A For the 2013 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

, 2013, and ending

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Α	For the	e 2013 calen	dar	year, or ta	x year	begir	nning 7/	01	, 20 °	13, an	nd ending	g 6/	'30	,	, 2014		
В	Check if	applicable:	С										D Empl	oyer Identi	fication Nu	nber	
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I	Tax-ex	cempt status	X	501(c)(3)	501	(c) ()◀ (insert no.)	4947(a)(1)	or	527	- ,		(,		
J	Webs	site: ► WW	W.	SRVEF.C	RG							H(c) Group	exemption	number >	817	1	
K	Form o	of organization:		Corporation	Tru	st	Association	Other ►		L Year	r of formation	on:	M	State of le	egal domicil	e:	-
Pa	rt I	Summar	\ <u></u>										l .		- 3	-	
1 6	1 E	Briefly descri	y he t	he organiz	ation's	miss	ion or most	significant	activities:	C 7 M	D7MON	T 777 T T	בע בח	TIC N TT	ON FOI	יעכועו	PTON
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જ		Number of in															$\frac{14}{14}$
မွ		Total number															3
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		Net unrelated															0.
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ē		Program serv											014,	455.		636,	564.
Revenue		nvestment ir											2.4	754		2.5	677
ě		Other revenu												754.			677.
														192.			056.
		Total revenue				_						_		401.			297.
		Grants and s			•				-				325,	783.		283,	711.
		Benefits paid															
S	15 S	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								·10)		102,	232.		116,	000.	
Se	16a F	Professional	func	draising fee	es (Pai	t IX,	column (A),	line 11e)									
Expenses	h ⊺	Total fundrais	sina	eynenses	(Part I	X co	lumn (D) li	ne 25) ▶		1 / 1	,503.						
莶	17 6													000		F 1	000
		Other expens		•										900.			988.
		Total expense					•							915.			699.
		Revenue less	s ex	penses. Su	ıbtract	line 1	8 from line	12						486.		240,	598.
ts o												Beginni	ing of Curr	ent Year		of Ye	
Net Assets Fund Baland	20 ⊺	Total assets			-								1,363,		1,		889.
A P	21 T	Total liabilitie	s (F	Part X, line	26)								4,	500.		5,	693.
žΞ	22 N	Net assets or	fur	nd balances	s. Subt	tract I	ine 21 from	line 20					1,359,	165.	1.	729.	196.
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Us	e Only	y Firm's addre	ess				WK ROAD	#100					Firm's Ell	ı► 94-	-29218	24	
	_			DANVI			94506						Phone no			-366	0
Mar	v the IR	RS discuss th	nis r					ve? (see in	structions)					() 2 .	. X Ye		No

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses ► 283,711.

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: 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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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
t	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check it Schedule C Contains a response of note to any line in this r art v			لللخ
	Enter the name to die Day 2 of English (O. Enter O. Enter		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1 c	Χ	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b		<u></u>
	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)?	4 a		Χ
b	If 'Yes,' enter the name of the foreign country: ►			İ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			.,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7.0	X	
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a 7 b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	71	Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			İ
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form 990 (2013) SAN RAMON VALLEY EDUCATION FOUNDATION 94-2853998 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 14 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 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a Χ X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. 15 a **b** Other officers of key employees of the organization ... SEE .SCHEDULE .O. 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a Χ 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

TREASURER P. O. BOX 1463

SAN RAMON CA 94583

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

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per	one bo	Position (do not check more one box, unless person is bo officer and a director/truste employee Officer (notividual trustee)		perso	n is both	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director			Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DAVID BULLOCK	2									
MEMBER	0	Χ						0.	0.	0.
<u>(2)</u> <u>ADAM_CIPRIANO</u> PAST_PRESIDENT	2	Х						0.	0.	0.
(3) ED CHIVERTON	2									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(4) JEFF EORIO	2									
MEMBER	0	Χ						0.	0.	0.
(5) JOE COMBS	2									
MEMBER	0	Χ						0.	0.	0.
(6) MARIANNE GAGEN	2									
MEMBER	0	Χ						0.	0.	0.
(7) PAULA GROSS	2									
MEMBER	0	Χ						0.	0.	0.
(8) DONNA YOKOMIZO	2									
SECRETARY	0	Χ		Χ				0.	0.	0.
(9) ROBBIE LEWIS	22									
TREASURER	0	Χ		Χ				0.	0.	0.
(10) TIM GUNDERSON	2									
MEMBER	0	Χ						0.	0.	0.
(11) COLIN ZINK	22									
MEMBER	0	Χ						0.	0.	0.
(12) JAN VIRANT	22									
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(13) CRISTENE BURR	40									
EXECUTIVE DIREC	0	Χ		Χ				67,341.	0.	0.
(14) JONATHAN WATTS	2									
MEMBER	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	itees,	ney	Em	ipic	oye	es, a	and	Hignest Con	ipensated Emp	oyees	(cont	inued)
(A) Name and title	Average hours per	box	, unle	Pos check ess pe	erson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from		(F) stimated	
	week (list any hours for related organiza - tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	f org an	pensati rom the anization d relate anizatio	on ed
	dotted line)	èe	stee			nsated						
(15)												
(16)												
<u>(17)</u>		-										
<u>(18)</u>												
(19)												
<u>(20)</u>	 											
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total	ļ	 						67,341.	0.			0.
c Total from continuation sheets to Part VII, Section								0.	0.			0.
d Total (add lines 1b and 1c)							► ved	67,341.	0.	ensatio	า	0.
from the organization • 0												T
3 Did the organization list any former officer, directo on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	or, or tru	stee,	key	/ em	nplo	/ee,	or h	nighest compensa	ted employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportab	le co	mpe	ensa	ation	and	oth	er compensation				
such individual	comper	satio	n fr	om	anv	unre	late	ed organization or	individual	4		Х
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te So	chec	lule	J fo	r suc	ch p	erson		. 5		X
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde	epen	den	t cor	ntra	ctors	tha	t received more the	nan \$100,000 of			
(A) Name and business addre		tile o	alcii	uai ,	ycai	Cridii	iig v	(B) Description			C) nsatio	 on
2 Total number of independent contractors (including bur \$100,000 of compensation from the organization ▶		ited to	o the	ose I	listed	d abo	ve)	who received more	than			
+ . 30,000 or compensation from the organization	U											

	11 990 (2013) SAN RAMON VALLEY EDUCATION FO	UNDATION		94-2853998	Page \$
Pa	rt VIII Statement of Revenue				_
	Check if Schedule O contains a response or note to an	ny line 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f \$ Business Code Business Code				
PROGRAI	3 Investment income (including dividends, interest and				
	other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	25,677.	25,677.		
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				
OTHER REVENUE	8a Gross income from fundraising events (not including. \$\\$550,282.\ of contributions reported on line 1c). See Part IV, line 18				-1,857.
	9 a Gross income from gaming activities. See Part IV, line 19				2,007.
	and allowances	11,913.	11,913.		
	d All other revenue	11 013			

692,297

37,590

0.

Part IX Statement of Functional Expenses

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

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	283,711.	283,711.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	67,341.	0.	6,734.	60,607.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		39,096.	<u> </u>	3,807.	35,289.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,030.		3,337.	30,203.
9	Other employee benefits				
10	Payroll taxes	9,563.		956.	8,607.
11	Fees for services (non-employees):				
	a Management				
) Legal				
	Accounting	9,100.		9,100.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	75.		75.	
13	Office expenses	4,822.		4,822.	
14	Information technology	338.		338.	
15	Royalties				
16	Occupancy	5,400.		5,400.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,979.		1,979.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	638.		638.	
23	Insurance	4,897.		4,897.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	BANK SERVICE CHARGES	11,417.		11,417.	
	CHARITABLE CONTRIBUTIONS	4,245.		4,245.	
(ENDOWMENT BROCHURE/NEWSLETTER	2,380.		2,380.	
(PAYCHEX FEES	1,872.		1,872.	
	All other expenses	4,825.		4,825.	
25	Total functional expenses. Add lines 1 through 24e	451,699.	283,711.	63,485.	104,503.
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 ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	167,461.	1	242,847.
	2	Savings and temporary cash investments	41,297.	2	41,374.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,288.	4	1,763.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net.		7	
ASSETS	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges		9	917.
	10		03.		317.
	ıua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	679.
	11	Investments – publicly traded securities.		11	1,433,006.
	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	14,303.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,363,665.	16	1,734,889.
	17	Accounts payable and accrued expenses	4,500.	17	5,693.
	18	Grants payable	,	18	,
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LIABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
[23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	4,500.	26	5,693.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			·
ASSETS	27	Unrestricted net assets.	182,797.	27	299,240.
Ĕ	28	Temporarily restricted net assets.	256,070.	28	349,430.
	29	Permanently restricted net assets	920,298.	29	1,080,526.
Q R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
F UND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ķ	32	Retained earnings, endowment, accumulated income, or other funds		32	
B女し女といい	33	Total net assets or fund balances		33	1,729,196.
Ĕ	34	Total liabilities and net assets/fund balances	= /	34	1,734,889.

Form **990** (2013) BAA

BAA

Form **990** (2013)

	The contraction of the contracti	1 000	0,00			<u> </u>
Pai	art XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		69	2,2	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2		45	51,6	99.
3	Revenue less expenses. Subtract line 2 from line 1	3			10,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,35	59,1	65.
5	Net unrealized gains (losses) on investments	5			29,4	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10						
	column (B))	10		1,72	29,1	96.
Pai	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	in Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewed or	n a			
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	b Were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate				
	basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	ıdit,		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е		2 -		Х
_				3 a		
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		

TEEA0112L 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

SAN RAMON VALLEY EDUCATION FOUNDATION 94-2853998 Part I 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a 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 4 name, city, and state: 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 q 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 Type III - Functionally integrated Type III — Non-functionally integrated Type II С d 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 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Yes No Yes No No (A) (B) (C) (D) (E) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			T						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) 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									
Sec	tion B. Total Support		Ī	T	1	1				
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
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 IV.)									
11	Total support. Add lines 7 through 10						_			
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	n 501(c)(3)	▶			
Sec	tion C. Computation of Pu	blic Support P	ercentage							
14	Public support percentage for 20						%			
15	Public support percentage from	2012 Schedule A,	Part II, line 14				%			
16 a	33-1/3% support test – 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	3-1/3% or more, o	check this box			
b	33-1/3% support test — 2012. If and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported c	ox on line 13 or 16 or 16 or 16 or 16 or 16	5a, and line 15 is 3	33-1/3% or more,	check this box			
17 a	17a 10%-facts-and-circumstances test — 2013. 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									
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	IV how the▶			
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	is box and see ins	tructions ►			

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support									
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions and membership fees						_			
	received. (Do not include any 'unusual grants.')	400 540	442 752	600 274	706 460	0.40 010	2 200 161			
2	Gross receipts from admis-	490,548.	443,752.	628,374.	796,468.	843,019.	3,202,161.			
_	sions, merchandise sold or									
	services performed, or facilities									
	furnished in any activity that is related to the organization's									
	tax-exempt purpose						0.			
3	Gross receipts from activities that are not an unrelated trade									
	or business under section 513.						0.			
4	Tax revenues levied for the									
	organization's benefit and either paid to or expended on									
	its behalf						0.			
5	The value of services or facilities furnished by a									
	governmental unit to the									
	organization without charge						0.			
	Total. Add lines 1 through 5	490,548.	443,752.	628,374.	796,468.	843,019.	3,202,161.			
/ 8	Amounts included on lines 1, 2, and 3 received from									
	disqualified persons	0.	0.	0.	0.	0.	0.			
k	Amounts included on lines 2									
	and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or									
	1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.			
,	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.			
	Public support (Subtract line	0.	0.	0.	0.	0.	<u> </u>			
	7c from line 6.)						3,202,161.			
Sec	tion B. Total Support									
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	Amounts from line 6	490,548.	443,752.	628,374.	796,468.	843,019.	3,202,161.			
10 a	Gross income from interest, dividends, payments received									
	on securities loans, rents,									
	royalties and income from similar sources	10 000	10 600	22 720	24 754	25 667	110 000			
ŀ	Unrelated business taxable	19,990.	19,692.	22,730.	24,754.	25,667.	112,833.			
	income (less section 511									
	taxes) from businesses acquired after June 30, 1975						Λ			
(Add lines 10a and 10b	19,990.	19,692.	22,730.	24,754.	25,667.	112,833.			
11	Net income from unrelated business	13/330.	13,032.	22,730.	21,701.	23,007.	112,000.			
	activities not included in line 10b,									
	whether or not the business is regularly carried on						0.			
12	Other income. Do not include									
	gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV									
		11,703.	15,241.	8,036.	15,582.	11,913.	62,475.			
	Total Support. (Add Ins 9,10c, 11 and 12.)	522,241.	478,685.	659,140.	836,804.	880,599.	3,377,469.			
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □			
Sec	tion C. Computation of Pul	•								
	Public support percentage for 20			e 13, column (f)).		15	94.81 %			
16	Public support percentage from 2	2012 Schedule A,	Part III, line 15			16	94.44 %			
Sec	tion D. Computation of Inv	estment Incon	ne Percentage			•				
17	Investment income percentage for	or 2013 (line 10c,	column (f) divided	d by line 13, colu	mn (f))	17	3.34 %			
	Investment income percentage for						3.63 %			
19 a	19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
ŀ	b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and									
	line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	alifies as a publicl	y supported orga	nization >			
20	Private foundation. If the organize	zation did not che	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions.				

		990-EZ) 2013		RAMON	VALLEY	EDUCATION	ON FOUN	DATION	94-2853998	3	Page 4
Part IV	Supplem or 17b; a (See inst	ental Information of Part III, ructions).	nation. line 12.	Provide Also cor	the expla	nations red is part for a	quired by any addit	Part II, lin ional inforr	e 10; Part II, line nation.	e 17a	
								- – – – – –			

2013 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

SAN RAMON VALLEY EDUCATION FOUNDATION

94-2853998

NATURE AND SOURCE	2013		2011	2010	2009
OTHER INCOME TOTAL	\$ 11,913.	\$ 15,582. \$ 15,582	\$ 8,036. \$ 8,036.	\$ 15,241. \$ 15,241.	\$ 11,703. \$ 11,703

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Employer identification number

SAN RAMON VALLEY EDUCATION FO	UNDATION	94-2853998				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Ge	neral Rule or a Special Rule					
Note. Only a section 501(c)(7), (8), or (10) orga	Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)						
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For a section 501(c)(7), (8), or (10) organizatio total contributions of more than \$1,000 for the prevention of cruelty to children or anim	n filing Form 990 or 990-EZ that received from any one contributuse <i>exclusively</i> for religious, charitable, scientific, literary, or als. Complete Parts I, II, and III.	or, during the year, educational purposes, or				
contributions for use <i>exclusively</i> for religious, clif this box is checked, enter here the total contributions. Do not complete any of the parts unle	n filing Form 990 or 990-EZ that received from any one contribute haritable, etc, purposes, but these contributions did not total to mibutions that were received during the year for an exclusively relists the General Rule applies to this organization because it receive,000 or more during the year.	nore than \$1,000. gious, charitable, etc, ved nonexclusively				
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990; or check the box on line H of its Form 9 tiling requirements of Schedule B (Form 990, 990-EZ, or 990).	90-EZ or on its Form 990-PF,				

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

1 of **Part 1**

Name of organization

SAN RAMON VALLEY EDUCATION FOUNDATION

Employer identification number

94-2853998

	Part I	Contributors	(see instructions).	Use duplicate copies of	of Part I if additional space is needed.	
--	--------	--------------	---------------------	-------------------------	--	--

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHEVRON CORPORATION 6001 BOLLINGER CANYON RD.	\$35,000.	Person X Payroll Noncash (Complete Part II for
(2)	SAN RAMON, CA 94583 (b)	(c)	noncash contributions.)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WORKDAY, INC.		Person X Payroll
	6230 STONERIDGE MALL ROAD	\$ <u>30,000.</u>	Noncash
	PLEASANTON, CA 94588		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COIT FAMILY FOUNDATION		Person X Payroll
	1655 N MAIN ST STE 270	\$25,000.	Noncash
	WALNUT CREEK, CA 94596		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION	(c) Total contributions	Person X
	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION	(c) Total contributions \$56,569.	
	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION	contributions	Person X Payroll
	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205	contributions	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205 SAN RAMON, CA 94583	\$56,569.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
4 (a) Number	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205 SAN RAMON, CA 94583 (b) Name, address, and ZIP + 4	\$56,569.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4 (a) Number	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205 SAN RAMON, CA 94583 Name, address, and ZIP + 4 EVENTBRITE	\$56,569. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
4 (a) Number	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205 SAN RAMON, CA 94583 Name, address, and ZIP + 4 EVENTBRITE 651 BRANNAN STREET, SUITE 110	\$56,569. (c) Total contributions	Person X Payroll
4 (a) Number	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205 SAN RAMON, CA 94583 Name, address, and ZIP + 4 EVENTBRITE 651 BRANNAN STREET, SUITE 110 SAN FRANCISCO, CA 94103	\$56,569. (c) Total contributions \$20,801.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Type of contributions.)
(a) Number	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205 SAN RAMON, CA 94583 Name, address, and ZIP + 4 EVENTBRITE 651 BRANNAN STREET, SUITE 110 SAN FRANCISCO, CA 94103 Name, address, and ZIP + 4	\$56,569. (c) Total contributions \$20,801.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Type of contributions.)
(a) Number	Name, address, and ZIP + 4 SAN RAMON ROTARY FOUNDATION 3130 CROW CANYON PL #205 SAN RAMON, CA 94583 Name, address, and ZIP + 4 EVENTBRITE 651 BRANNAN STREET, SUITE 110 SAN FRANCISCO, CA 94103 Name, address, and ZIP + 4 SUNSET DEVELOPMENT	\$ 56,569. (c) Total contributions \$20,801. (c) Total contributions	Person X Payroll

Name of organization

Page

1 to

of Part II

1

SAN RAMON VALLEY EDUCATION FOUNDATION

Employer identification number 94-2853998

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

1 to

1 of Part III

Name of organization
SAN RAMON VALLEY EDUCATION FOUNDATION

Employer identification number

94-2853998

Part III	Exclusively religious, charitable, et organizations that total more than For organizations completing Part III, enter total contributions of \$1,000 or less for the year.	\$1,000 for the year. Complet	te columns (a)	through (e) and the following line entry.
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional		ee instructior	ns.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres	ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SAN RAMON VALLEY EDUCATION FOUNDATION 94-2853998 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate contributions to (during year). . . . Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Maintai	ining Collection	is of Art, Histo	orical	reasures, or	Otner	Similar Ass	ets (c	ontinu	iea)
3 Using the organization's acquisition items (check all that apply):	, accession, and oth	er records, check a	any of t	he following that ar	e a signif	icant use of its	collectio	n	
a Public exhibition		d Loan	or exc	hange programs					
b Scholarly research		e Other	•						
c Preservation for future gener	ations								
4 Provide a description of the organiz Part XIII.	ation's collections ar	nd explain how the	y furthe	er the organization's	s exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintaine	ed as part of the o	organiz	ration's collection?	?		Yes		No
Escrow and Custodia line 9, or reported an a	l Arrangements amount on Forr	. Complete if n 990, Part X,	the or line 2	rganization ans 21.	swered	'Yes' to For	m 990), Part	: IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or	other intermediary	y for co	ontributions or oth	er assets	s not included	Yes	Г	No
b If 'Yes,' explain the arrangement						ļ		L	
							Amoun	t	
c Beginning balance					1 с				
d Additions during the year					1 d				
e Distributions during the year					1е				
f Ending balance					1f				
2 a Did the organization include an a	mount on Form 99), Part X, line 21	?				Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Check	here if the expla	ntion h	as been provided	in Part	XIII			
Part V Endowment Funds. C	omplete if the c	rganization ar	nswer	ed 'Yes' to For	rm 990	, Part IV, lin	<u>e</u> 10.		
	(a) Current year	(b) Prior yea	ar	(c) Two years back	(d)	Three years back	(e)	Four year	s back
1 a Beginning of year balance	1,049,912	· ·		852,88		694,799.			155.
b Contributions	253,236	. 80,2	274.	79,73	1.	47,120.		78,	392.
c Net investment earnings, gains,									
and losses	169,700	. 88,5	557.	-7,083	3.	120,625.			
d Grants or scholarships									
e Other expenditures for facilities and programs	25,100	. 21,3	346.			0.		2.	300.
f Administrative expenses	14,742	· ·		10,78	7.	9,659.			799.
q End of year balance	1,433,006			914,74		852,885.			799.
2 Provide the estimated percentage						002,000	'	001,	
a Board designated or quasi-endowm	-	8	3,	· //					
b Permanent endowment ►									
c Temporarily restricted endowmer	nt ►	8							
The percentages in lines 2a, 2b,		al 100%.							
3a Are there endowment funds not in to organization by:	ne possession of the	organization that	are nei	d and administered	for the		ſ	Yes	No
(i) unrelated organizations							3a(i)	X	
(ii) related organizations							3a(ii)		Х
b If 'Yes' to 3a(ii), are the related of							3b		
4 Describe in Part XIII the intended	•								1
Part VI Land, Buildings, and									
Complete if the organi		d 'Yes' to Forr	n 990	. Part IV. line	11a. S	ee Form 990). Part	X. lir	ne 10.
Description of property		est or other basis	(b)	Cost or other	(c) Ac	ccumulated		Book va	
	(investment)		oasis (other)	dep	reciation			
1 a Land									
b Buildings									
c Leasehold improvements									
d Equipment				1,596.		917.			679.
e Other									
Total. Add lines 1a through 1e. (Colum	ın (d) must equal F	orm 990, Part X,	columi	n (B), line $10(c)$.)					679.
DAA	·	·				Cabad	Ja D /E	orm 000	\ 2012

Schedule **D** (Form 990) 2013

Part VII	Investments – Other Securities.	1 'Vac' to Form 00'	N/A N Part IV line 11h See Form 000 Part V line 1
(a) Des	complete if the organization answered cription of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 990, Part X, line 1 (c) Method of valuation: Cost or end-of-year market value
	cial derivatives	, ,	
	ly-held equity interests		
(3) Other			
(A)			
(A) (B)			
(C)			
(C) (D) (E)			
	. – – – – – – – – – – – – – – – – – – –		
(F)			
(G) (H)			
(l)	ımn (b) must equal Form 990, Part X, column (B) line 12.) •		
Part VII			N/A
I alt VII	Complete if the organization answered	d 'Yes' to Form 990	0, Part IV, line 11c. See Form 990, Part X, line 1
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
	umn (b) must equal Form 990, Part X, column (B) line 13.) 🕨		
Part IX	Other Assets.	N/1 1 'Yos' to Form 991	A 0, Part IV, line 11d. See Form 990, Part X, line 1
		scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
	olumn (b) must equal Form 990, Part X, column (B), line 15.)	
Part X	Other Liabilities. Complete if the organization answered 'Yes' to F	orm 000 Part IV line 1	110 or 11f Soo Form 000 Part V line 25
	(a) Description of liability	(b) Book value	
(1) Fed	eral income taxes	(4) = 0000 0000	-
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
/1 1\			
(11)	ımn (b) must equal Form 990, Part X, column (B) line 25.)		

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	eturn.	
1 Total revenue, gains, and other support per audited financial statements	1	1,010,042.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, ,
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
c Recoveries of prior year grants		
e Add lines 2a through 2d.	2 e	317,745.
3 Subtract line 2e from line 1	3	692,297.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	692,297.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return	
1 Total expenses and losses per audited financial statements	1	640,011.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		•
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.) SEE PART XIII 2d 188,312.		
e Add lines 2a through 2d.	2 e	188,312.
3 Subtract line 2e from line 1	3	451,699.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	451 600
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	451,699.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Parl line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	t V, addition	al information.
THE_PURPOSE_OF_THE_ENDOWMENT_FUNDS_IS_TO_SUPPORT_LONG-TERM, INNOVATIV	VE_EDU	<u>CATIONAL</u>
PROGRAMS IN THE SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT.		
PART X - FIN 48 FOOTNOTE		
MANAGEMENT RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN	N TAX	POSITION
ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX AUTHORITY WOULD SU	STAIN_	THE
POSITION IN AN EXAMINATION. FOR TAX POSITIONS MEETING A MORE-LIKELY-	<u>rhan-n</u>	<u>OT</u>
THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE BAA		T EXPECTED • D (Form 990) 2013

2013 SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMAT	ION PAGE 4
SAN RAMON VALLEY EDUCATION FOUNDATION	94-2853998
SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	
DIRECT FUNDRAISING EVENT EXPENSES\$ TOTAL \$	188,312. 188,312.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	
DIRECT FUNDRAISING EVENT EXPENSES \$ TOTAL $\frac{\$}{}$	188,312. 188,312.

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 Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key Yes X No 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. (i) Name and address of individual (ii) Activity (vi) Amount paid to (or retained by) (iv) Gross receipts (v) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in or entity (fundraiser) have custody or control of contributions? from activity organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R E			(a) Event #1 PRIMO'S RUN FO (event type)	(b) Event #2 NIGHT WITH THE (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	509,446.	161,285.	66,006.	736,737.
Ě	2	Less: Charitable contributions	381,781.	129,865.	38,636.	550,282.
	3	Gross income (line 1 minus line 2)	127,665.	31,420.	27,370.	186,455.
D I R E C T	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	127,665.	31,420.	29,227.	188,312.
S	10 11	Direct expense summary. Add lines 4 thr. Net income summary. Subtract line 10 fro				188,312. -1,857.
Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.						
R E V E N U E		ψ15,000 0H1 0HH 330 EZ, HHC 0d.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
_	2	Cash prizes				
D X I P R N E N C T E	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes%	Yes %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
а	Is th	er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain:	activities in each of th	es: nese states?		Yes No
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If 'Yes,' explain:						

Sche	edule G (Form 990 or 990-EZ) 2013 SAN RAMON VALLEY EDUCATION FOUNDATION 94	4-2853998	Page 3			
11	Does the organization operate gaming activities with nonmembers?	····· Yes	No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		No			
á	Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility	13a	0/0			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records Name					
15.	Address ►					
ł	a Does the organization have a contact with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party to If 'Yes,' enter name and address of the third party:		No			
	Name ►Address ►					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ►					
	Director/officer Employee Independent contractor					
17	Mandatory distributions					
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the					
	organization's own exempt activities during the tax year ► \$	···>				
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	umns (III) and (y additional	V),			

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 94-2853998 SAN RAMON VALLEY EDUCATION FOUNDATION Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990. Part IV. line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, (a) Description of (h) Purpose of grant or assistance (1) SRV UNIFIED SCHOOL DISTRICT EDUCATION OF 699 OLD ORCHARD DRIVE YOUTH IN THE DANVILLE, CA 94526 214,811 0 SRVUSD. (2) SRVUSD PRIMO'S RUN INCENTIVES EDUCATION OF 699 OLD ORCHARD DRIVE YOUTH IN DANVILLE, CA 94526 SRVUSD. 68,400 0 (3) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table.

Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7	_					
Part IV	Supplemental Information. Prov	ide the information	n required in Part I	, line 2, Part III, co	olumn (b), and any other	er additional information.
BAA						Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number SAN RAMON VALLEY EDUCATION FOUNDATION 94-2853998 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION SAN RAMON VALLEY EDUCATION FOUNDATION AWARDS GRANTS TO SCHOOLS IN THE SAN RAMON VALLEY UNIFIED DISTRICT. THROUGH PARTNERSHIPS WITH VARIUS CORPORATIONS IN NORTHERN CALIFORNIA AND NATIONWIDE, THE FOUNDATION RAISES MONEY TO SUPPORT CLASSROOMS OF THE FUTURE, STEM, LITERACY AND PROFESSIONAL DEVELOPMENT THROUGHOUT SCHOOLS IN THE SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S TREASURER. THE TREASURER THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT OR THE BOARD SIGNS AND MAILS THE RETURN TO THE DEPARTMENT OF TREASURY. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT

THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE

Name of the organization

Employer identification number

SAN RAMON VALLEY EDUCATION FOUNDATION	94-2853998
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APP	ROVAL PROCESS - CEO, TOP MANAGEMENT (CONT
ORGANIZATION'S POLICIES AND PROCEDURES.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APP	ROVAL PROCESS - OFFICERS & KEY EMPLOYEES
COMPENSATION OF OTHER PERSONNEL AND KEY EMPLOYEES	IS REVIEWED AT LEAST ANNUALLY BY
MEMBERS_OF_MANAGEMENTEFFORTS_ARE_MADE_TO_SECURE	COMPENSATION DATA FROM INDUSTRY
SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND	APPROPRIATENESS OF SALARIES AND
ALL_RELATED_BENEFITS. ALL_DECISIONS_ARE_THEN_DOCUMENT	MENTED IN PERSONNEL FILES.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUME	NTS PUBLICLY AVAILABLE
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FIR	NANCIAL STATEMENTS AND OTHER LEGAL
FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND	D HELD AVAILABLE FOR INSPECTION BY
TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURN	NS ARE POSTED ANNUALLY TO
WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEW	ING AS AN ELECTRONIC COPY) AND ARE
ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAI	N RAMON, CALIFORNIA (FOR A PHYSICAL
INSPECTION).	