For		90	Under section 501		47(a)(1) of ti	he Internal Re	evenue	e Code (exc	cept private	foundati	ons)	OMB No. 1545-00	47
Depa	artment	of the Treasury		t enter social					•			Open to Publi	ic
and the second se		enue Service		to www.irs.go				the second s				Inspection	
		a second s	dar year, or tax year	beginning	JUL 1,	2019	and	ل ending	<u>UN 30,</u>				
B	Check in applicat	DIE:	of organization						D Employ	/er identif	icatio	n number	
	Addr	ges ALAMEDA EDUCATION FOUNDATION											
	Nam	ge Doing b	ousiness as						94-	28677	769		
	Initia	Numbe	r and street (or P.O. bo	ox if mail is not d	elivered to str	eet address)		Room/suite	E Telepho	one numb	ər		
	Final		30X 1363						510	-337-	-718		
	termi ated	City or	town, state or provinc		d ZIP or fore	eign postal coc	de		G Gross rec	eipts \$		774,87	78.
				4501					H(a) Is this	a group	return		
L	Appl tion pend	IF Name a	and address of princip				R		for su	Ibordinate	s?	Yes X	No
	-	P.0.	BOX 1363, 1			94501			H(b) Are all s				No
		empt status:) (insert		7(a)(1) o	or 527	1			see instructions))
	the second s		X Corporation		Association	Other			H(c) Group				07
	art I	Summan			ssociation			L Year	of formation:	1982	M Stat	e of legal domicile:	CA
Concession of the	1		be the organization's			Dianati viti and Di	POT	תים ים ח	TTCATTC				
& Governance	1.	OPPORTI	JNITIES TO	ALAMEDA			T. CT		S TN C		K-	12	
naı	2	Check this bo		anization disc									
Ver	3		oting members of the							1	Issets.		15
ğ	4		dependent voting me				e 1h)			4	+		$\frac{15}{15}$
es 8	5	Total number	of individuals employ	/ed in calendar	vear 2019 (Part V. line 2a	a)		••••••	5			4
vitie	6											n	75
Activities	7 a Total unrelated business revenue from Part VIII, column (C), line 12									7a		24	18.
-			business taxable inc										0.
									Prior Ye	ear		Current Year	
P	8		and grants (Part VIII,							,278.		260,75	
Revenue	9		vice revenue (Part VIII,		••••••					,138.		482,28	
Rev	10		ncome (Part VIII, colun						10	,435.		14,49	
	11		e (Part VIII, column (A							0.		17,35	
	12		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nts and similar amounts paid (Part IX, column (A), lines 1-3)							,851.		774,87	
	13								128	,116.		130,88	
	14	~ · · · · ·	to or for members (Pa						100	0. ,033.		100 51	$\frac{0}{20}$
see	160	Brofossional	er compensation, emp fundraising fees (Part sing expenses (Part IX	Noyee benefits	(Part IX, col	umn (A), lines	5-10)	······	190	,033.		198,52	<u>10.</u>
Expense	h	Total fundrais	and expenses (Part IV	IA, COlumn (A),	an 25)		2 11	13					<u> </u>
Ĕ	17	Other expens	sing expenses (Part IX, solumn (A	1 lines 112.11	ne 23)		<u> </u>		497	,681.		455,87	14
	18	Total expense	es. Add lines 13-17 (m	ust equal Part	IX column	(A) line 25)				,830.		785,28	
	19		expenses. Subtract I							,021.		-10,41	
Net Assets or Fund Balances									ginning of Cu	and the second sec	1	End of Year	
sets alan	20	Total assets (Part X, line 16)							,426.	1	903,75	5.
t As	21	Total liabilities	s (Part X, line 26)						10	,049.		41,15	.8
Pure	22	Net assets or	fund balances. Subtr	ract line 21 fror	n line 20				843	,377.		862,59	17.
	nrt II	Signatur											
			I declare that I have example								ny knov	vledge and belief, i	t is
true,	corre	1 1 505 8 8 4	e. Declaration of preparer	(other than offic	er) is based o	on all information	on of whi	ich preparer	has any know				
			e of officer	\square	·				L	r15-2	<u> </u>		
Sigr		1.			amp				Dat	le			
Her	е		TNEX SHEPLI	ER, TREA	SURER								
					Dronoverla	aignature		10	Date		<u></u>	PTIN	
Paid	l.	Print/Type pre THOMAS			Preparer's	signature SNEFF			5/14/2	1 if		00181594	
Prep		Firm's name	RINA ACCO	DUNTANCY				<u></u> U	J/14/2	L self-employ	/ed F	1980623	
	Only	and	\$ 475 14TH			E 1200	in				04-	1900023	
	.,		OAKLAND,						Ph	one no (5	10)	893-6908	1
May	the I	RS discuss thi	is return with the prep			structions)							No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part IV Checklist of Required Schedules

ALAMEDA EDUCATION FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	<u>л</u>	
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Part IV Checklist of Required Schedules (continued)

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		x				
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10						
U		24c						
	any tax-exempt bonds?							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV							
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
u	"Yes," complete Schedule L, Part IV							
h	• A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV							
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	28b		X				
C	, ,	000		x				
~	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v				
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		Х				
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		x				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>				
00	Note: All Form 990 filers are required to complete Schedule O	38	х					
Pa		50	23	L				
. u								
	Check if Schedule O contains a response or note to any line in this Part V		 Vc -					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v					
	(gambling) winnings to prize winners?	_1c	X					
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				and Tax Complian	ce (continued)
Form 990	(2019)	ALAMEDA	EDUCATION	FOUNDATION	

ALAMEDA EDUCATION FOUNDATION

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 13c	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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ALAMEDA EDUCATION FOUNDATION

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

X

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

Sec	tion A. Governing Body and Management							
			1 1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1!	긱				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1	-				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1!	2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	•	•			37		
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				х			
а								
b	b Each committee with authority to act on behalf of the governing body?							
9								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a								
b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	lescribe					
	in Schedule O how this was done			12c				
13	Did the organization have a written whistleblower policy?			13		Х		
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a					
	taxable entity during the year?			16a		<u> </u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (Section 501(c)(3)s only	/) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website Upon request Other (explain	on S	chedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd fina	ncial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records 🕨					
	VICKI SEDLACK - 510-337-7189							
	500 PACIFIC AVE, PORTABLE 26, ALAMEDA, CA 94501							
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensate
	Employees, and Independe	ent Contrac	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					l		from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	In stitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) BILL SONNEMAN	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) KELLY SCOTT	4.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) DANIELLE LONDON	2.00									
SECRETARY		Х		X				0.	0.	0.
(4) COURTNEY SHEPLER	2.00									
TREASURER		Х		X				0.	0.	0.
(5) PAM RILEY CHANG	4.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DANIEL CHIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) XIMENA DE LA BARRERA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DANIEL JEW	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KELLY LUX	4.00									
BOARD MEMBER		Х						0.	0.	0.
(10) STEVE MACK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) STEVE MCADAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) GINGER SCHULER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MARGIE SHERRATT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ANGIE WATSON-HAJJEM	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KATHLEEN C. WOULFE	2.00									
BOARD MEMBER		Х						0.	0.	0.

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Form 990 (2019)

	990 (2019) ALAMEDA E									94-2	867	769	Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										—			
	(A) Name and title	(B) Average hours per week (list any	box, offic	not c , unle	ss pe	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatic from related organization	on J	an	(F) stimate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	om the anizati d relate anizatio	e ion ed
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but ne							no re	_	,000 of reportab				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for sa</i>	-			•			Ŭ		•		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	omp	ensa	ation	n and	d oth		the organization		4		X
5	Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv					x
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	JT	or sl	licn	pers	son .					5		
1	Complete this table for your five highest con	-	-								pens	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)									(C				
	Name and business address NONE Description of services									ompe	nsatio			
								+						
								┥						
								┥						
								+						
2	Total number of independent contractors (in	•	ot lir	nite	d to		•	sted	above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				()					Form	990 (2	2019)

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Form 990 (20	19)	ALAMEDA
Part VIII	Statement	of Revenue

ALAMEDA EDUCATION FOUNDATION

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
nts	1 a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b					
A ^m	с	Fundraising events 1c	13,202.				
lar	d						
ĩ	е	Government grants (contributions) 1e					
ŝ	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	247,551.				
잏	g	Noncash contributions included in lines 1a-1f	5,096.				
an	h	Total. Add lines 1a-1f	►	260,753.			
			Business Code				
	2 a	ENRICHMENT CLASS REGIS	611110	452,636.			
Revenue	b	SPORTS PLAYER FEES	611110	26,252.	26,252.		
ň	с	OTHER PROGRAMS	611110	3,392.	3,392.		
š	d						
۱	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		482,280.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)	►	14,245.			14,245
	4	Income from investment of tax-exempt bond p					
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 248 .					
	b	Less: cost or other basis					
anı		and sales expenses 7b 0 •					
Hevenue	с	Gain or (loss) 7c 248.					
Ĕ	d	Net gain or (loss)	>	248.		248.	
	8 a	Gross income from fundraising events (not					
5		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	🕨				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	· · · · · · · · · · · · · · · · · · ·					
	С	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
			Business Code	10 100	12 100		
e	11 a	REGISTRATION FEES	611110	13,402.	13,402.		
ēn	b	OTHER CASH PAYMENT INC	611110	3,950.	3,950.		
ě	с						
Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	►	17,352. 774,878.	499,632.	248.	14,245
	12	Total revenue. See instructions					

ALAMEDA EDUCATION FOUNDATION 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	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	130,886.	130,886.		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
0	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	178,590.	103,063.	74,734.	793
, 8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,261.		5,261.	
9 0		14,677.		14,677.	
1	Payroll taxes Fees for services (nonemployees):	11,0770		11/0//1	
a h	Management				
b		7,933.		7,933.	
	Accounting	7,555.		1,555	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	320,640.	319,695.	735.	210
~	column (A) amount, list line 11g expenses on Sch 0.)	1,940.	1,912.	28.	210
2	Advertising and promotion	42,153.	34,411.	7,532.	210
3	Office expenses	42,133.	54,411.	1,552.	210
4	Information technology				
5	Royalties	7,246.	5,362.	984.	900
6		30.	30.	904.	900
7	Travel	50.	50.		
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	597.	319.	278.	
9	Conferences, conventions, and meetings	597.	213.	4/0.	
20					
21	Payments to affiliates	658.	122.	536.	
2	Depreciation, depletion, and amortization				
3		12,264.	9,811.	2,453.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	07 022	07 022		
а	PROGRAM MATERIAL FEES	27,033.	27,033.		
b	REGISTRATION FEES	13,403.	13,403.		
с	DONATIONS	10,000.	F	10,000.	
d	SUPPLIES - DONATED GOOD	5,096.	5,096.		
е	All other expenses	6,881.	962.	5,919.	
5	Total functional expenses. Add lines 1 through 24e	785,288.	652,105.	131,070.	2,113
6	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)				

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Check here

if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

Form 990 (2019)

ALAMEDA EDUCATION FOUNDATION

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	<u>1990 (</u> rt X	Balance Sheet	TON	FOUNDATION		94	2007709 Page 11
га				w line in this Dart V			
		Check if Schedule O contains a response or no	te to ar		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			282,498.	1	126,194.
	2	Savings and temporary cash investments			2,716.	2	2,738.
	3	Pledges and grants receivable, net			, -	3	,
	4	Accounts receivable, net			1,150.	4	71,566.
	5	Loans and other receivables from any current o	r forme	r officer director		· ·	/ • • • •
	ľ	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
	ľ	under section 4958(f)(1)), and persons describe				6	
6	7	Notes and loans receivable, net				7	
Assets						8	
As	8	Inventories for sale or use Prepaid expenses and deferred charges				9	
	9		I			3	
	10a	Land, buildings, and equipment: cost or other	100	14 366			
	h	basis. Complete Part VI of Schedule D	10a	14,366. 10,968.	306.	10c	3,398.
		Less: accumulated depreciation			565,581.	11	699,590.
	11	Investments - publicly traded securities			505,501.	12	055,550.
	12	Investments - other securities. See Part IV, line				13	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	1,175.		269.		
	15	Other assets. See Part IV, line 11			853,426.	16	903,755.
	16	Total assets. Add lines 1 through 15 (must equ			9,866.	17	505,155.
	17	Accounts payable and accrued expenses			5,000.	18	
	18 19	Grants payable				19	
	20	Deferred revenue				20	
		Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
bili		trustee, key employee, creator or founder, subs				20	
Lia		controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrela				23 24	
	24 25	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D			183.	25	41,158.
	26	Total liabilities. Add lines 17 through 25			10,049.	26	41,158.
	20	Organizations that follow FASB ASC 958, che	ock hor		10,0490	20	41,1500
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			843,377.	27	862,597.
Bal	28	Net assets with donor restrictions			01070770	28	
lpu	20	Organizations that do not follow FASB ASC 9				20	
Ъ		and complete lines 29 through 33.	50, cm				
o.	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			843,377.	32	862,597.
2	33	Total liabilities and net assets/fund balances			853,426.	33	903,755.
	00				,	00	Form 990 (2019)

Form	990 (2019) ALAMEDA EDUCATION FOUNDATION	94-286	7769	Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
				~ -	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	774		
2	Total expenses (must equal Part IX, column (A), line 25)	2	785		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	843		
5	Net unrealized gains (losses) on investments	5	29	,63	30.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		0.00		. –
De	column (B))	10	862	, 55	11.
Ра	rt XII Financial Statements and Reporting			ſ	
	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				х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				х
b	Were the organization's financial statements audited by an independent accountant?		. 2b	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
0 -	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			х
	Act and OMB Circular A-133?		. <u>3a</u>		Δ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nar	ne or t	ne organization אד אאז	ידרים אחשי	ION FOUNDATI	ON				4-2867769			
Pa	rt I	Reason for Public (ic part) Sc	o instruction		4-2007709			
								5.				
	organ	ization is not a private found										
1	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
2							,					
3	\square	A hospital or a cooperative					•					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
_		city, and state:										
5				llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in			
_		section 170(b)(1)(A)(iv). (C	• •									
6		A federal, state, or local gov										
7	X	An organization that norma		intial part of its support	from a gov	ernmental	unit or from	the general	public described in			
		section 170(b)(1)(A)(vi). (Co										
8		A community trust describe										
9		An agricultural research org										
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	je or			
		university:										
10		An organization that norma	•	-	-				•			
		activities related to its exem	-						-			
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.			
		See section 509(a)(2). (Cor		i ali da dast fau aublia as	fate Caa		O(-)(A)					
11	\square	An organization organized a	-	•	•			orm (out the	numpered of one or			
12		An organization organized a										
		more publicly supported or lines 12a through 12d that										
а		Type I. A supporting orga										
ŭ		the supported organization										
		organization. You must c			amajonty				deporting			
b		Type II. A supporting orga			tion with it	s support	ed organizatio	on(s) by ha	avina			
~		control or management o	-				-		-			
		organization(s). You mus						.gee eap				
с		Type III functionally inte			in connec	tion with. a	and functiona	Ilv integrate	ed with.			
		its supported organization						, ,	,			
d		Type III non-functionally						rted organi	ization(s)			
		that is not functionally int										
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III				
		functionally integrated, or										
f	Ente	er the number of supported o	organizations									
g		vide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount o	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)			
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 ALAMEDA EDUCATION FOUNDATION

94-2867769 Page 2

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

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	278,746.	296,260.	345,951.	285,278.	260,753.	1,466,988.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	278,746.	296,260.	345,951.	285,278.	260,753.	1,466,988.
	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)						
~							1,466,988.
	Public support. Subtract line 5 from line 4. ction B. Total Support						1,400,900.
		() 0015	(1) 0010	()0017	(1) 0010	() 0010	(0 T + +
	ndar year (or fiscal year beginning in) 🕨	(a)2015 278,746.	(b) 2016 296,260.	(c)2017 345,951.	(d) 2018 285,278.	(e) 2019 260,753.	(f) Total
	Amounts from line 4	270,740.	290,200.	345,951.	205,270.	200,755.	1,466,988.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1.00	1 0 7 1	F 000	10 425	10 442	
	and income from similar sources \dots	162.	1,971.	5,928.	10,435.	18,443.	36,939.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,503,927.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,382,049.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	line 6, column (f) d	vided by line 11, c	olumn (f))		14	97.54 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	98.76 %
	33 1/3% support test - 2019. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			► X
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets th	0					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
10	i mate foundation. If the organizatio			a, 100, 17a, 01 17k		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ALAMEDA EDUCATION FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				-		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) or	ganization,
_	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li	ine 8, column (f), •	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
See	ction D. Computation of Inves	stment Incom	ne Percentage)			
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2019. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2018. If the	organization did I	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organiza	ition ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	>
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Schedule A (Form 990 or 990-EZ) 2019 ALAMEDA EDUCATION FOUNDATION

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ALAMEDA EDUCATION FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
-	Did the divertory twisters or membership of one or more supported exercitations have the neuror to		Tes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
	The organization satisfied the Activities Test. Complete line 2 below.	•		
a b				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-1	
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ructions		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ALAMEDA EDUCATION FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y integrate	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 ALAMEDA EDUCATION FOUNDATION

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
-	Excess from 2018			
e	Excess from 2019			(Form 000 or 000 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 ALAMEDA EDUCATION FOUNDATION	94-2867769 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	
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Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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~	-	2		'	'	~ ~	

Internal Revenue Service	
Name of the organization	

Organization type (check one):

ALAMEDA EDUCATION FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

94-2867769

ALAMEDA EDUCATION FOUNDATION

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>	J.W. AND IDA M. JAMESON FOUNDATION P.O.BOX 5010 PASADENA, CA 91117	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ALAMEDA MUNICIPAL POWER 2000 GRAND STREET ALAMEDA, CA 94501	\$ <u>11,196.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 EAST BAY COMMUNITY FOUNDATION(THE SHULER-HEIMBURGER FAMILY FUND)	Total contributions	Type of contribution Person X Payroll
	200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	\$ <u>10,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DAVID AND ABRAHAM GRABER CHARITABLE FUND 2837 SANTA CLARA AVENUE ALAMEDA, CA 94501	\$5,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 JAMES CHAPIN TRUST, KEVIN KEARNEY TRUSTEE THE LAW OFFICES OF MATTHEW J. DUNCAN A PROFESSIONAL LAW CORPORATION, 1516 OA ALAMEDA, CA 94501	Total contributions \$ 25,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALAMEDA COMMUNITY FUND P.O. BOX 1273	\$7,000.	Person X Payroll Noncash
	ALAMEDA, CA 94501		(Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

94-2867769

ALAMEDA EDUCATION FOUNDATION

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

	Cash Froperty (see instructions). Use duplicate copies of P		
(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)		(c)	
No. rom vart l	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. irom Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
— <u> </u>			
		\$	
(a) No	(1-)	(c)	(-1)
No. rom Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		(¢	
		\$	
(a) No.	(b)	(c)	(d)
rom art I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
—			
		\$	

923453 11-06-19

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of or	rganization		Employer identification number
ALAME	DA EDUCATION FOUNDATION		94-2867769
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in) through (e) and the following line er charitable, etc., contributions of \$1,000 or	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ī		(e) Transfer of gi	ift ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ī		(e) Transfer of gi	ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	l ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 2019 Department of the Treasury Internal Revenue Service Complete if the organization is described below. ▲ Attach to Form 990 or Form 990-EZ. ▲ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and B. Do not complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then	SCHEDULE C Political Campaign a		and Lobbyir	ng Activities	OMB No. 1545-0047			
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Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$						Yes LINO		
 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political organization. 			anization is exempt und	er section 501(c)	except section 501	c)(3).		
 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization. 	-		-					
 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0. 								
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political committee to a separate political organization's funds. If none, enter -0. 				-	N .			
 line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. 	3 Total exempt functi							
 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 funds. If none, enter -0 promptly and directly delivered to a separate political organization. 	-	-						
 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 funds. If none, enter -0 enter the aseparate political organization. 						Yes No		
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.						h the filing organization		
political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	made payments. Fo	or each organiza	tion listed, enter the amount paic	I from the filing organi	ization's funds. Also enter th	ne amount of political		
(a) Name(b) Address(c) EIN(d) Amount paid from filing organization's funds. If none, enter -0(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		•	. ,			te segregated fund or a		
filing organization's contributions received and promptly and directly delivered to a separate political organization.	political action com	mittee (PAC). If	• •	de information in Part		· · · · · · · · · · · · · · · · · · ·		
funds. If none, enter -0 promptly and directly delivered to a separate political organization.	(a) Name)	(b) Address	(c) EIN				
delivered to a separate political organization.								
						delivered to a separate		

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019					867769 Page 2
Part II-A Complete if the org	anization is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (el	ection under
section 501(h)).					
	-		in Part IV each affiliated	group member's nam	e, address, EIN,
	re of excess lobbying	. ,			
B Check ► if the filing organiza	tion checked box A a	nd "limited control" p	rovisions apply.		
	ts on Lobbying Expe ditures" means amou		l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add l	ines 1a and 1b)				
d Other exempt purpose expenditur	es			10,000.	
e Total exempt purpose expenditure	es (add lines 1c and 1c	d)		10,000.	
f Lobbying nontaxable amount. Ent	er the amount from th	e following table in bo	oth columns.	2,000.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1	e.		
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5		•	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17		00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
				F 00	
g Grassroots nontaxable amount (er	,			500.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero			-	0.	
j If there is an amount other than ze				Г	¬.,
reporting section 4911 tax for this	,			L	Yes No
(Some organizations t	hat made a section 5	eraging Period Unde 01(h) election do no ate instructions for l	t have to complete all o	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount				2,000.	2,000.
b Lobbying ceiling amount					2 0 0 0
(150% of line 2a, column(e))					3,000.

Schedule C (Form 990 or 990-EZ) 2019

500.

750.

500.

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c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 ALAMEDA EDUCATION FOUNDATION

94-2867769 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
5 2 1	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	5) or se	oction		
ı aı	501(c)(6).		0, 01 30			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, lin	e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
_	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
c	_ · · ·					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)					
_	t IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II.	A lines 1 :	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	noty, i art n	, , , , , , , , , , , , , , , , , , , ,	2110 2 (000		
	RT I-A, LINE 1:					
THI	E FOUNDATION SHARES LEGISLATIVE INFORMATION BY EMAI	L ON P	UBLIC			
EDU	JCATION ISSUES. THE FOUNDATION ALSO ENCOURAGES FAMI	LIES T	O WRI	ТЕ ТО		
ANI	O VISIT ELECTED OFFICIALS TO SUPPORT PUBLIC EDUCATI	ON AND	CHIL	DREN'S	5	
HE	ALTH AND WELFARE ISSUES.					

932043 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

PART II-B, AFFILIATED GROUP RETURN STATEMENT:

ALAMEDA EDUCATION FOUNDATION MADE \$10,000 DONATION TO STRONG SCHOOLS

FOR ALAMEDA 2020 FOR 2020 PARCEL TAX CAMPAIGN PER BOARD MOTION. A

SPECIAL BOARD MEETING WAS HOLD ON 2/10/2020.

Schedule C (Form 990 or 990-EZ) 2019

932044 11-26-19

18180514 769114 0101147

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Employer identification number 94-2867769

Name of the organization

ALAMEDA EDUCATION FOUNDATION

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>I</i>	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
-	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	• • • • • • • • • • • • • • • • • • •		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements during the year
-	► \$	·····g - · · · · · · · · · · · · · · · ·	,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	-	
	organization's accounting for conservation easements.	5	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	AND A A A A A A A A A A		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019
	10-02-19		. ,

Sche		EDUCATION						94-28			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, or	Other	Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that n	nake sig	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange program						
b	Scholarly research	e	• 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		1
Dec	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered "Ye	es" on F	orm 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custoo		-						٦.,		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:			—		A		
_									Amoun	τ	
	Beginning balance						10				
	Additions during the year										
e 4	Distributions during the year						1e 1f				
י 29	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pa											_
		(a) Current year	-	rior year	(c) Two years b			ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(u) ouriert your	(2)!!	nor your		(4	,	ouro suom	(0) ! 0	jouro	Juon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	buld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administered	d for the	e organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Pai	t VI Land, Buildings, and Equipn										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		umulate eciation	d	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment						10 0			<u> </u>	~~
	Other				4,366.		10,9	68.		<u>3,3</u>	
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)		<u></u>			3,3	98.

Schedule D (Form 990) 2019

932052 10-02-19

Schedule D (Form 990) 2019 ALAMEDA EDU	CATION FOUNDA	ATION 94	4-2867769 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<mark>Fotal.</mark> (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) BANK OF MARIN CC			460
(3) SCHWAB - YENJU			489

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

(4)

(5)

(6) (7) (8) (9)

LPL - SARAH

PPP LOAN

MERRILL LYNCH - VICKII

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

Schedule D (Form 990) 2019

1,292.

1,292.

37,625.

41,158.

Sche	dule D (Form 990) 2019 ALAMEDA EDUCATION FOUNDAT	ION	94-2867769 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	=	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		
Pa	rt 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; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

18180514 769114 0101147

Schedule D (Form 990) 2019

SCHEDUL (Form 990		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of Internal Reven			Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of th	ne organization ALAMEDA	EDUCATION	FOUNDATION					Employer identification number $94-2867769$
Part I	General Information on Grants	and Assistance						
	s the organization maintain records ria used to award the grants or ass		e amount of the grants					
	cribe in Part IV the organization's p							
Part II	Grants and Other Assistance to	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than					(f) Mathad of	1	
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente	r total number of section 501(c)(3) r total number of other organization Paperwork Reduction Act Notic	ns listed in the line	1 table	l ne line 1 table				►

Part IV

94-2867769

Page 2

Schedule I (Form 990) (2019)

Part III

ALAMEDA EDUCATION FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 ADOPT A CLASSROOM - TEACHER GRANTS
 125
 62,500.
 0.
 CASH GRANTS TO TEACHERS

ENRICHMENT AFTER SCHOOL CLASSES SCHOLARSHIPS	30	0.	5,233.		DISCOUNT TO PARTICIPANTS
ENRICHMENT SUMMER CAMP SCHOLARSHIPS	0	0.	0.		
ENRICHMENT PATHWAYS (COLLEGE PREP) SCHOLARSHIPS	18	٥.	6,404.	FMV	
MIDDLE SCHOOL SPORTS SCHOLARSHIPS	63	0.	4,020.	FMV	DISCOUNT TO PARTICIPANTS

(F) DESCRIPTION OF NON-CASH ASSISTANCE: SPONSORSHIP COST OF CARE SOLACE

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

MENTAL HEALTH CARE PROGRAM, A MENTAL HEALTH CARE CONCIERGE SERVICEFOR

AUSD STUDENTS FOR 2020-2021

10-26-19

luals in the Unit	ed States (Schedule (c) Amount of cash grant	e I (Form 990), Part II (d) Amount of non- cash assistance	I.) (e) Method of valuation (book, FMV, appraisal, other)	94-2867769 Page : (f) Description of non-cash assistance
			valuation (book, FMV,	(f) Description of non-cash assistance
23.	0.	2,079.	FMV	CLASS CREDIT FOR VOLUNTEERS
		,		
0.	0.	0.	FMV	
0.	0.	0.	FMV	
1.	0.	15.	FMV	CLASS CREDIT FOR VOLUNTEERS
1,723.	0.	50,656.	FMV	BACKPACKS & SCHOOL SUPPLIES (923)AND SIP ART KITS (800)FOR K-12 STUDENTS IN NEED.
550	0	4 225	EWU	FACE MASKS FOR AUSD TEACHERS
	0.			SPONSORSHIP COST OF CARE SOLACE MENTAL HEALTH CARE PROGRAM, A MENTAL HEALTH CARE CONCIERGE SERVICEFOR AUSD
	0.	0. 0. 0. 0. 1. 0. 1,723. 0. 550. 0.	0. 0. 0. 0. 0. 0. 0. 1. 0. 15. 1,723. 0. 50,656. 550. 0. 4,225.	0. 0. 0. FMV 0. 0. 0. FMV 1. 0. 15. FMV 1,723. 0. 50,656. FMV 550. 0. 4,225. FMV

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



319,695.

320,640.

320,640.

735.

210.

Employer identification number 94-2867769

ALAMEDA EDUCATION FOUNDATION

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE.

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

THE ORGANIZATION DOES NOT HAVE COMPENSATED OFFICERS.

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

THE FINANCIAL RECORDS ARE IN THE CARE OF THE ALAMEDA EDUCATION FOUNDATION

AT 500 PACIFIC AVE, PORTABLE 26, ALAMEDA, CA 94501, 510-337-7189

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

FORM 990, PAGE 10, LINE 11G

ALAMEDA EDUCATION FOUNDATION CONTRACTS WITH OUTSIDE PROFESSIONALS AS

ENRICHMENT CLASS PROVIDERS AND MIDDLE SCHOOL COACHES AND REFEREES.

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

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

932211 09-06-19