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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury

Form 990 (2009)

TEEA0101 07/20/09

Inter		nue Service		- The organizatio		a copy					ements	- 0,	Jen to Fubi	10 1113	pection
	For the	2009 calenda	r year, o	or tax year begin				<u> 2009, </u>	and endin	ig	-		_!		
В	Check if	applicable	lease use	C Name of organiz							D Emp	loyer idei	ntification Num	ber	
	Add	ress change	RS label	FRIENDS OF	F OAKLANI	FO	UNDATIO	V, I	NC		47	-071	1028		
	Nam	ne change	or print or type.	Number and stre	eet (or PO box if	mail is	not delivered to s	treet ad	dr) Room/s	uite	E Telep	ohone nui	mber		
	Initia	al return	See specific	212 N OAK	LAND AVE)		(4	02)	685-562	1	
	Terr		Instruc- tions.	City, town or cou				State	ZIP code + 4	 -	<u> </u>				
	F-1	ended return		OAKLAND				NE	68045		G Gros	s receipts	e 92.	289	
	=	-	Name s	and address of principa	al officer	 -		1415	00043	H(a) is the	is a group re			Yes	X No
	∐ App			•		0-1		M	C0045		all affiliates i		-	Yes	A No
			_	Anderson 212 N		o Oan	1		68045		o,' attach a li		nstructions)] 163	~~
<u>+</u>		exempt status	X 501	(c) (3)◀	(insert no)		4947(a)(1)	or	527	ĺ			_		
7	Webs	site: ► N/A								· · · · · · · · · · · · · · · · · · ·	p exemption	number	<u> </u>		
<u>K</u> _		of organization X	Corpora	ation Trust	Association	Othe	r >	LY	ear of Forma	tion 19	87 (N	State of	legal domicile	NE	
Pa	rt i	Summar													
	1 E	Briefly describe	the org	janızatıon's missi	ion or most sig	gnifica	int activities:	TO	PROMO	TE_CC	INDWW	ry_si	ERVICES		
ø	_														
Activities & Governance	_									_					
Ē															
ŏ	2 (Check this box	► □	if the organization	on discontinue	d its c	perations or	dispos	sed of mor	e than 2	25% of its	assets			
о «т				bers of the gover								3	7		
50	4 N	Number of inde	penden [,]	t voting members	s of the goverr	ning b	ody (Part VI,	line 1	b)			4	7		
Ě				yees (Part V, line								5	0		
1 3	,			eers (estimate if								6	15		
•		-		ousiness revenue			` '	<u>12</u>				7 a			<u> </u>
	bΝ	Net unrelated b	usiness	taxable income								7 t	<u> </u>		
					1 RE	<u></u>		ပ္က			Prior Yea	ar	Curre	ent Ye	ear
•				its (Part VIII, line				S			30,	090.		18,	956.
Revenue	9 F	Program service	e revent	ue (Part VIII, line art VIII, column (/	290	c O	3 2,010								
8	10 li	nvestment inco	me (Pa	art VIII, column (/	A), lines 3, 4,	and 7	ď)	188			59,	416.		20,	245.
α	11 0	Other revenue ((Part VI	II, column (A), lu	nes 5, <u>6d, 8c,</u>	9c,-1	0c , and 11e)	'=\							
	12 T	otal revenue -	- add lir	nes 8 through 11	(must equal f	PaffN	iii column-(4); <u>-</u> lihe	e 12)		89,	506.		39,	201.
	13 0	Grants and sim	ılar amo	ounts paid (Part	IX, celumn (A), line	s 1-3)				100,	334.	_	21,	133.
	14 E	Benefits paid to	or for r	members (Part I)	X, column (A),	line 4	4)								
	15 S	Salaries, other	compen	sation, employee	e benefits (Pai	rt IX,	column (A),	lines 5	5-10)						
š.				g fees (Part IX, o					•						
Expenses				-					0				1		
蓝	ł		-	nses (Part IX, col					0.			405	 		
			•	X, column (A), li			-	_				435.			204.
İ				nes 13-17 (must	•		nn (A), line 2	25)		<u> </u>		769.	ļ		337.
	19 F	Revenue less e	xpenses	s. Subtract line 1	8 from line 12	<u></u>					<u>-21,</u>	263.		10,	864.
5 6										Beg	jinning of	Year		of Yea	
300	20 T	fotal assets (Pa	art X, lıı	ne 16)							1,321,	358.	1,	332,	222.
Net Assets Fund Balanc	21 T	otal liabilities	(Part X,	line 26)						L					
žŽ	22 N	let assets or fu	ind bala	ances Subtract li	ine 21 from lin	ne 20					1,321,	358.	1,3	332,	222.
Pa	rt II	Signatur	e Bloc	ck											
		lender penalties o	of perjury,	I declare that I have e	kamined this retur	n, inclu	ding accompanyi	ng sched	dules and stat	tements, ar	nd to the bes	t of my ki	nowledge and b	belief, it	is
		true, correct, and	complete	Declaration of prepa	er (other than offic	cer) is b	ased on all infor	mation o	of which prepa	arer has an	iy knowledge سر				
Sig	ın	1///	Ull	ne / lr	dusin	',	grea.	,			/	-J	0-/0	ン	
He	re	Signature of	officer			7-					Date				
		► Marler	ie An	derson											
		Type or print	name and	d title									··		
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	rer's	Firm's name (a-	Pat	ricia Mode		v-00			., ., 1	-					
Ųs		Firm's name (or yours if self-		N. Oaklan							EINI -	117	1200	1/-1	//
On	ıy	employed), address, and			u Ave.		arm /	004			EIN -		-0809		
	. Ale - 10	ZIP + 4		land	about at 1			804	<u>. </u>		Phone no	► (40			
way	∕tne iK	S discuss this	return v	with the preparer	PHOMU Spoke	′ (see	instructions)					X Yes	· 1	No

	990 (2009) FRIENDS OF OAKLAND FOUNDATION, INC	7-0711028	Page 2
Par	t III - Statement of Program Service Accomplishments		
	Briefly describe the organization's mission		
•			
	TO PROMOTE COMMUNITY SERVICES		
			
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
-	Form 990 or 990-EZ?		es X No
			es X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es X No
	If 'Yes,' describe these changes on Schedule O		
Δ	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	nenses Section	501(c)(3)
-	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allog	cations to others	the total
	expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$9,174. including grants of \$8,835.) (Reve		
	CHARITABLE CONTRIBUTIONS WERE COLLECTED AND DISTRIBUTED FOR EDUCATI	ONAL	
	SCHOLARSHIPS TO 17 OAKLAND-CRAIG AREA STUDENTS		
		··-	··· ··· ···
4 b	(Code) (Expenses \$800. including grants of \$800.) (Reve	enue \$	0.)
	FUNDS WERE DISTRIBUTED TO OTHER 501(C)(3)ORGANIZATIONS FOR THE		
	CONSTRUCTION OF A WELCOME TO OAKLAND SIGN AND A COMMUNITY YOUTH		
	PROGRAM		
40			
40	: (Code) (Expenses \$11,498. including grants of \$11,498.) (Reve	enue \$	0.)
40	:(Code)(Expenses \$ 11,498. including grants of \$ 11,498.)(Reversion of the control of the	enue \$	0.)
40	: (Code) (Expenses \$11,498. including grants of \$11,498.) (Reve	enue \$	0.)
40	COMMINITY TARROVEMENT PROJECTS (Code) (Expenses \$ 11,498. including grants of \$ 11,498.) (Reversible to the committee of the committee	enue \$	0.)
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4c	COMMINITY TARROVEMENT PROJECTS (Code) (Expenses \$ 11,498. including grants of \$ 11,498.) (Reversible to the committee of the committee	enue \$	0.)
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40	COMMINITY TARROVEMENT PROJECTS (Code) (Expenses \$ 11,498. including grants of \$ 11,498.) (Reversible to the committee of the committee	enue \$	0.)
40	COMMINITY TARROVEMENT PROJECTS (Code) (Expenses \$ 11,498. including grants of \$ 11,498.) (Reversible to the committee of the committee	enue \$	0.)
	C(Code) (Expenses \$11,498. including grants of \$11,498.) (Reversion of the community improvement projects	enue \$	0.)
	COMMINITY TARROVEMENT PROJECTS (Code) (Expenses \$ 11,498. including grants of \$ 11,498.) (Reversible to the committee of the committee	enue \$	0.)
	C(Code.) (Expenses \$ 11,498. including grants of \$ 11,498.) (Reversion of the funds were distributed to other non profit entities for various community improvement projects Other program services (Describe in Schedule O)	enue \$	0.)
4 d	COMMUNITY IMPROVEMENT PROJECTS Other program services (Describe in Schedule O)	enue \$	0.)

Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A 2 Is the organization required to complete Schedule B. Schedule of Contributors? Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Χ Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III ጵ Χ Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 X Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII. VIII. IX, or 11 Х X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D. Part VI 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 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 • 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 Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D. Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a X 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

X

19

20

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		<i>,</i>	
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	-,	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
BAA		Form	990 ((2009)

12a

12b

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1 a 0 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c 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 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business Х holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Х a Did the organization make any taxable distributions under section 4966? 9a Х b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter , e 47 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b

BAA Form 990 (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Governing Body and Management

Section A.

Yes No

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

14	a Enter the number of voting members of the governing body	1a 7				
1	b Enter the number of voting members that are independent	1b 7		~		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	lationship with any other	2		x	
3	Did the organization delegate control over management duties customarily performed by or up of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	nder the direct supervision	3	-	х	
4	Did the organization make any significant changes to its organizational documents		4		X	
	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		х	
6	Does the organization have members or stockholders?		6	Х		
7	a Does the organization have members, stockholders, or other persons who may elect one or members governing body?	nore members of the	7a	х		
ı	Are any decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7b	X	_	
8	Did the organization contemporaneously document the meetings held or written actions under the following	•				
í	The governing body?		8a	X		
ı	Each committee with authority to act on behalf of the governing body?		8ь	Х		
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9						
Sec	tion B. Policies (This Section B requests information about policies not	required by the Interna	i 		<u> </u>	
Rev	enue Code)	•				
				Yes	No	
10:	a Does the organization have local chapters, branches, or affiliates?		10a		Х	
ı	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10ь			
	Has the organization provided a copy of this Form 990 to all members of its governing body by		11		Х	
11/	A Describe in Schedule O the process, if any, used by the organization to review this Form 990	-				
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		Х	
•	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12b			
•	Does the organization regularly and consistently monitor and enforce compliance with the polischedule O how this is done	icy? If 'Yes,' describe in	12c			
13	Does the organization have a written whistleblower policy?		13		X	
14	Does the organization have a written document retention and destruction policy?		14		X	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent ision?	4	,		
í	The organization's CEO, Executive Director, or top management official		15a		Х	
i	Other officers of 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 entity during the year?	arrangement with a taxable	16a		Х	
ı	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt	166			
Soc	status with respect to such arrangements?		16b			
	List the states with which a copy of this Form 990 is required to be filed					
	'' '	-4 000 T (F01(-)(2)	 -	·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ai inspection. Indicate how you make these available. Check all that apply. Own website	ng 990-1 (501(c)(3)s only) av	aliable	TOT PL	JDIIC	
10		amba aaadhab at oo saaab - 1 -		£.n.e	1	
19			, and	tinand	заі	
	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public	•	•			
	statements available to the public State the name, physical address, and telephone number of the person who possesses the bo	ooks and records of the organ	•		<u>5621</u>	

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (c) **(F)** (D) **(E)** Position (check all that apply) Average Reportable compensation from Reportable compensation from Name and Title Estimated hours per week amount of other FULL thribs: Officer employee netitutional lated organization (W-2/1099-MISC) key employee the organization (W-2/1099-MISC) compensation from the 3 organization ã Œ) companies led organizations faustee SUSAN BECKNER PRESIDENT Х MARLENE ANDERSON Х TREASURER PATRICIA MODEROW SECRETARY Х BONNIE GOODRICH VICE-PRESIDENT X AARON ARLT DIRECTOR $0.00 \times$ DONNA BALDWIN DIRECTOR 0.00 Х JEFF TROUPE 0.00 X DIRECTOR

(A)	(B)	_		•	c)			(D)	(E)	(F)
Name and Title		ल Individual trustee P or director	institutional trustee	Officer		Highest compensa employee		Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			e e			ē.				
	-								····	
	<u> </u>									
l b Total							•			
2 Total number of individuals (including but not limited from the organization	I to thos	e lis	ted	abo	ve)	who	rece	eived more than \$	100,000 in report	able compensation
Did the organization list any former officer, director on line 1a ³ If 'Yes,' complete Schedule J for such in	dıvıdual	·	-	•	•	•	Ĭ	,	. ,	3
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable an \$150	com 0,000	ipen)? <i> f</i>	satı ' <i>'Ye</i>	on a s' c	ind d ompi	othe <i>lete</i>	r compensation fro Schedule J for su	om ch	4
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa edule J	ition for s	fror uch	m ar <i>per</i> :	ny u son	nrela	ated	organization for s	ervices	5
ction B. Independent Contractors									4100 000 1	
Complete this table for your five highest compensate compensation from the organization	d indep	ende 	ent d	conti	racto	ors ti	hat —-	received more tha	n \$100,000 of	
(A) Name and business address	s							Description of	of Services	(C) Compensation
2 Total number of independent contractors (including b	out not !	mita	od to	the		istor	1 25	ove) who recover	more than	

Pa	rt V	III Statement of Re	evenue						·
			; .		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S.	1 a	Federated campaigns		1 a			•		1
E S		Membership dues	<u> </u>	1b					
35		•	⊢		·	·	. ,	1 , , ,	,
S S	C	: Fundraising events	_	1 c			-		
F &	C	d Related organizations							
	e	Government grants (contribution	ons)	1e		,	,	[,
× 5		•			***************************************				·
Ĕ	f	All other contributions, gifts, g similar amounts not included a	rants, and	1		<u>'</u>)
風景		similar amounts not included	above	1f	18,956.			,	\ ' '
Ę a	Q	Noncash contribus included in	Ins 1a-1f.	\$,	,		İ
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	ĥ	Total. Add lines 1a-1f		-	>	18,956.			
_		Total: Add lines 1a 11			Business Code	10/330.	 		
夏				_ <u> </u>	Business Code				
K	2 a	·		L					
#	b								
걸	c								
- ≩	_					<u> </u>		 	
S	C	'				 		 	
PROGRAM SERVICE REVENUE	e	·		L				ļ <u></u>	
ğ	f	All other program service	e revenue	1					
Ϋ́	0	Total. Add lines 2a-2f		_	•				
				1	-11				
	3	Investment income (incl other similar amounts)	uding divid	enas,	interest and	35,800.	0.	0.	35,800.
ĺ		•					<u> </u>	ļ	33,800.
	4	Income from investment	t of tax-exe	empt b	ond proceeds	`			
	5	Royalties			•				Ì
			(ı) Rea	31	(II) Personal				
	٤.	Gross Rents			 	1			İ
					 		,		
	b	Less rental expenses			ļ		ļ]
	C	Rental income or (loss)			<u> </u>				
	c	Net rental income or (lo	ss)		▶	}			
		· 1	(ı) Securi	ties	(II) Other				
	/ a	Gross amount from sales of assets other than inventory	37,			•	,,		
		assets other than inventory	31,	333.					
	b	Less, cost or other basis						,	. ,
i		and sales expenses	53,0	088.			((() () () () ()		ļ
i	c	Gain or (loss)	-15,	555.					
		Net gain or (loss)			<u>'</u>	-15,555.	0.	0.	-15,555.
Į		• , ,				13,333.		· · · · · ·	13,333.
w	8 a	Gross income from fund	Iraising eve	ents		,]		
		(not including \$. ,	31.6, 1 %		
7		of contributions reported	d on line 1d	:)		(,	Į.	ļ
2		See Part IV, line 18		а	,				
4	L	Less direct expenses		b		- `;'		l l	
OTHER REVENU		•		_	` L				
-	C	: Net income or (loss) fro	m tundrais	ıng ev	rents -	ļ 		ļ	ļ
	9 a	Gross income from dam	iing activitii	es	1	, , ,	× 10, 45,	1	}
į		Gross income from gam See Part IV, line 19	.5	a	·[}
		Less direct expenses		b	,	,		,	1
		: Net income or (loss) fro	m gamina	actuut	105				
	C	Her income of (1022) 110	iii yannig	activit	103	 			
	10 a	Gross sales of inventory	, less retui	rns		,	' ,]
		and allowances		а	L]			
	t	Less: cost of goods sold	J	b	·}			}	
		: Net income or (loss) fro		inven	tory >				
Ì		Miscellaneous Reven		<u>.</u>	Business Code	 			
					22711033 0000			-	
l	11 a	'							ļ
	b)		L		L		<u></u>	
	c	;	_						
	_	All other revenue							
			4	_		 	 	 	
		Total. Add lines 11a-11d					 	 	20 21-
	12	Total revenue. See instr	ructions			39,201.	0.	0.	20,245.

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) but are not required to complete columns (B), (C), and (D).

				(-)/(-)/	_ (-).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		12,298.	12,298.		,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,835.	8,835.		,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		,		1
4 5	Benefits paid to or for members Compensation of current officers, directors, 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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	` ' ' '				
	Management				
	Legal				
C	Accounting	360.	0.	360.	<u> </u>
C	Lobbying				
e	Prof fundraising svcs See Part IV, In 17		14	1 ,	
f	Investment management fees	5,429.	0.	5,429.	0.
c	Other				
-	Advertising and promotion				
13	Office expenses				·
	· .	·- ···································			
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16	Occupancy	· · · · · · · · · · · · · · · · · · ·			
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	····	· · · · · · · · · · · · · · · · · · ·		
23	Insurance	458.	0.	458.	0.
	Other expenses, Itemize expenses not			130.	
	covered above (Expenses grouped together				!
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	• 7		, , , , , , , , , , , , , , , , , , ,	,
	below.)	, , , , , , , , , , , , , , , , , , ,	1 .		
a	RECERTIFICATION FEE FOR SCHOLARSHIPS	200.	200.	0.	0.
	SCHOLARSHIP AWARD LUNCHEON	139.	139.	0.	0.
	MISC	117.	0.	117.	0.
	RECONCILIATION DIFFERENCE	1.	0.	1.	0.
		500.	0.	500.	0.
	WEBSITE DESIGN	500.	U.	500.	<u> </u>
	All other expenses	00 007	01 470	6 0.55	
	Total functional expenses. Add lines 1 through 24f	28,337.	21,472.	6,865.	0.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational appropriate and fundamental costs.				
BAA	campaign and fundraising solicitation				Form 990 (2009)

Balance Sheet

(A) Beginning of year **(B)** End of year 757. 28,315. 1 Cash - non-interest-bearing 310,782. 2 Savings and temporary cash investments 298,298 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis 10a Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 993,125. 11 Investments - publicly-traded securities 1,022,303 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets Add lines 1 through 15 (must equal line 34) 1,321,358 16 1,332,222 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 0. 26 Total liabilities. Add lines 17 through 25 0. 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here > X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, and equipment fund 31 1,332,222. 32 Retained earnings, endowment, accumulated income, or other funds 1,321,358 32 Total net assets or fund balances 1,321,358. 33 1,332,222. 33 Total liabilities and net assets/fund balances 1,321,358. 34 1,332,222.

BAA Form **990** (2009)

-orm 990 (2009) FRIENDS OF OAKLAND FOUNDATION, INC. 47	-0/11028	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			!
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c 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?	ne audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue consolidated basis, separate basis, or both:	ed on a		
Separate basis Consolidated basis Both consolidated and separate basis			ا ۔ لہ سم <u>ہ</u> ے
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired audit		!

Form **990** (2009)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

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

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

Open to Public Inspection

Name of the organization						Employe	r identificat	on number		
FRIENDS OF OAKLAND FOUNDATION							711028			
Part I Reason for Public Charity Sta	tus (All organizations	must	comple	ete this	s part.) See i	nstruct	ions		
The organization is not a private foundation bec	ause it is: (For lines 1 throu	ıgh 11, c	heck on	ly one b	ox)					
1 A church, convention of churches or as	ssociation of churches descr	ribed in	section	170(b)(1	XAXi).					
2 A school described in section 170(b)(1	XAXii). (Attach Schedule E	.)								
3 A hospital or cooperative hospital serv		•	n 170(b)	(1)(A)(ii	i).					
4 A medical research organization opera	•		• • •		•	ъутуау	(iii) Ente	r the hospi	tal's	
name, city, and state	,					-74-76-7	,			
5 An organization operated for the benefit 170(b)(1)(A)(iv). (Complete Part II)	it of a college or university	owned o	or operat	ed by a	governi	mental u	init descr	ibed in sec	tion	
6 A federal, state, or local government of										
7 X An organization that normally receives in section 170(b)(1)(A)(vi). (Complete	Part II)		_	ernmen	tal unit	or from	the gene	ral public o	lescribe	ed
8 A community trust described in section			-							
9 An organization that normally receives from activities related to its exempt ful investment income and unrelated busing June 30, 1975 See section 509(a)(2).	nctions — subject to certain ness taxable income (less s	exception	ons, and	(2) no	more th	an 33-1/	′3 % of⊪t	s support f	rom gr	oss
10 An organization organized and operate	ed exclusively to test for pub	olic safet	y See s	section	509(a)(4).				
An organization organized and operate more publicly supported organizations describes the type of supporting organizations.	described in section 509(a)(1) or s	ection 5	09(a)(2)	tions of, See s	or carry ection 5	out the 09(a)(3).	purposes of Check the	of one of box th	or nat
a Type I b Type	II c Type II	l – Fund	tionally	ıntegrat	ed		d 📗	Type III-	Other	
e By checking this box, I certify that the than foundation managers and other the 509(a)(2)	organization is not controlle nan one or more publicly su	ed directl ipported	ly or ind organiza	irectly by ations d	y one or escribed	r more d I in secti	isqualifie on 509(a	ed persons a)(1) or sec	other tion	
f If the organization received a written di check this box	etermination from the IRS t	hat is a	Type I,	Type II (or Type	III supp	orting org	ganızatıon,		
g Since August 17, 2006, has the organi	zation accepted any gift or	contribu	ution froi	n any o	f the fol	lowing p	ersons?			
									Yes	No
 a person who directly or indirectly below, the governing body of the 	supported organization?	ogether v	with pers	sons des	scribed i	n (II) an	d (III)	11 g (i)		
(ii) a family member of a person de	• • • • • • • • • • • • • • • • • • • •							11 g (ii)		
(iii) a 35% controlled entity of a pers	., .,							11 g (iii)		
h Provide the following information about	t the supported organization	ns	<u></u>	r						
(i) Name of Supported (ii) EIN Organization	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (I) listed gove	is the tion in col d in your rning ment?	the organ	ou notify lization in (i) of upport?	lorganizat	s the ion in col zed in the S ?	(vii) Amoun	t of Supp	ort
	1	Yes	No	Yes	No	Yes	No			
				<u> </u>						
			_							
		<u> </u>	ļ		<u> </u>					
		<u> </u>								
										_
						ļ <u>.</u>				
]]]				
						<u> </u>				
		1. 7]		٠,`]				
Total BAA For Privacy Act and Paperwork Reduction Act Noti	ce, see the Instructions for Form	990 or 99	0-EZ.			 Schedule	e A (Forr	n 990 or 99	30-EZ)	2009

Par	t II Support Schedule for	_			b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
Sec	(Complete only if you checkettion A. Public Support	ed the box on line :	5, 7, or 8 of Part				
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	14,828.	10,656.	18,728.	30,090.	18,956.	93,258.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3	14,828.	10,656.	18,728.	30,090.	18,956.	93,258.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported			,		·	
	organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,	· · · · ·	, ,			
6	Public support. Subtract line 5 from line 4		,	<u>.</u>			93,258.
Sec	tion B. Total Support	 	 1	·-·····			
Calendar year (or fiscal year beginning in) ►		or fiscal year (a) 2005 (b) 2006			(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	14,828.	10,656.	18,728.	30,090.	18,956.	93,258.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,201.	20,283.	47,200.	51,957.	20,245.	140,886.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	,	t e e	,	, ,	•	234,144.
12	Gross receipts from related activ	ities, etc (see insti	ructions)			12	
13	First five years. If the Form 990 organization, check this box and		ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) ▶□
Sec	tion C. Computation of Pu	blic Support Pe	ercentage				
	Public support percentage for 20	• •	• • •	11, column (f)		14	39.83%
15	Public support percentage from 2	2008 Schedule A, F	Part II, line 14			15	42.46%
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1/	3 % or more, che	eck this box ► X
t	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more, ch	eck this box ►
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-an	d-circumstances'	test, check this b	ox and stop here.	Explain in Part I	√ how
t	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-an	id-circumstances'	test, check this be	ox and stop here.	Explain in Part I	15 is 10% √ how the
18	Private foundation. If the organi				· ·		tructions 🕨 🗍
BAA					Sch	nedule A (Form 9	90 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

FRI	ENDS OF OAKLAND FOUNDATION,	INC		47-0711028	
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fun	ds or Acc		e if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) F	unds and other acc	ounts
1	Total number at end of year	1.		· · · · · · · · · · · · · · · · · · ·	
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	9,785.	ļ		
4	Aggregate value at end of year	871,735.	<u> </u>		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in doi to the organization's exclusive legal control?	nor advised	X Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for a fit??	s may be any other	X Yes	☐ No
Par	t II Conservation Easements Comp	ete if the organization answered 'Yes'	to Form 9	90, Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)			
	Preservation of land for public use (e g , r	ecreation or pleasure) Preservation of	of an historica	ally important land a	rea
	Protection of natural habitat	Preservation of	of certified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	the form of a	conservation easem	ent on the
				Held at the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easer	nents	2b		
C	Number of conservation easements on a certif	fied historic structure included in (a)	2c		
d	Number of conservation easements included in	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the orga	anization during the	tax
	year ►				
4	Number of states where property subject to co	nservation easement is located			
5	Does the organization have a written policy re-	garding the periodic monitoring, inspection, hand	dling of violat		
6	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring during the year	it it noids? ig, inspecting, and enforcing conservation easer	nents	∐ Yes	∐ No
7	5 ,	specting, and enforcing conservation easements	s \$ _		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion	Yes	No
9		orts conservation easements in its revenue and o the organization's financial statements that de			
Par	Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Sir 8.	nilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial stateme	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtherar nts that describes these items	nt and baland nce of public	ce sheet works of ar service, provide, in I	t, historical Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement a lic exhibition, education, or research in furtherar	ind balance s nce of public	heet works of art, hi service, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		►S	
	(ii) Assets included in Form 990, Part X			> \$ > \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items:	r financial ga	ın, provide the follov	wing
а	Revenues included in Form 990, Part VIII, line	_		► \$	
b	Assets included in Form 990, Part X			► \$	

Schedule D From 990) 2009 FRIEI							47-07			Page 2
Part III Organizations Mainta	ining Colle	<u>ections</u>	of Art, Histo	orical T	Treasur	es, or O	ther Similar As	sets (contin	ued)_
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):										
a Public exhibition d Loan or exchange programs										
b Scholarly research e Other										
c Preservation for future generations										
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 										
	ather than to	be maint	ained as part of	f the org	ganization	's collection	on?	Yes		No_
Part IV Escrow and Custodia 9, or reported an amo	I Arranger unt on For	nents (rm 990,	Complete if on Part X, line	organiz 21.	zation a	nswered	'Yes' to Form	990, Pa	art IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?					ributions o	or other as	ssets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	and comp	lete the following	ig table				Amoun	t	
c Beginning balance	•						1 c			
d Additions during the year						i	1 d			
e Distributions during the year							1 e			
f Ending balance						İ	1f			
2a Did the organization include an a	mount on Fo	rm 990, F	art X, line 21?					Yes		No
b If 'Yes,' explain the arrangement										
Part V Endowment Funds Co	mplete if c	organiza	ation answere	ed 'Ye	s' to Fo	rm 990,	Part IV, line 10).		
	(a) Curren	t year	(b) Prior year	r	(c) Two ye	ars back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance										
b Contributions	ļ <u> </u>					,, ,	, 9 ,			
c Net Investment earnings, gains, and losses									<u>-</u>	
d Grants or scholarships	L									
Other expenditures for facilities and programs	: 				1 _p	3 1	, v	1,,		
f Administrative expenses										
g End of year balance						L				
2 Provide the estimated percentage of the year end balance held as										
a Board designated or quasi-endow			%							
b Permanent endowment ►		\$								
c Term endowment ►	€									
3a Are there endowment funds not in organization by:	the possess	sion of the	e organization th	hat are	held and a	administer	ed for the	ſ	Yes	No
(i) unrelated organizations								3a(i)	162	140
(ii) related organizations								3a(ii)		X
b If 'Yes' to 3a(ii), are the related o	roanizations	listed as	required on Sch	adule 5	27			3b	<u> </u>	
4 Describe in Part XIV the intended	_		•					<u> </u>		
Part VI Investments-Land, B						art X. li	ine 10.			
Description of investment		(a) Cost	or other basis vestment)	(b) (Cost or oth	er	(c) Accumulated Depreciation	(d)	Book Va	alue
1 a Land		 	, ,					<u> </u>		
b Buildings								[
c Leasehold improvements										
d Equipment										
e Other										
Total. Add lines 1a through 1e (Column	ı (d) must eg	ual Form	990, Part X, co	olumn (l	B), line 10	(c))	<u> </u>	1		
BAA							Sche	dule D (orm 90	2009

Part VII	Investments - Other Securities See	Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial of				
	ld equity interests			
^				
		- +		
				 -
Total. (Colu	mn (b) must equal Form 990 Part X, col. (B) line 12)			
Part VIII	Investments-Program Related (Se	e Form 990, Part X, line	e 13)	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
				
Total. (Colur	nn (b) must equal Form 990, Part X, Col. (B) line 13)	•	, , , , , , , , , , , , , , , , , , ,	
Part IX	Other Assets (See Form 990, Part	X, line 15)		
		Description	(b) Bo	ok value
	——————————————————————————————————————			
				
	<u> </u>			
Total (Co	lumn (b) must equal Form 990, Part X, col.(B)	(ine 15)	—	
Part X	Other Liabilities (See Form 990, Part X, Col. (B)	ort Y line 25)	- 1	
I all X				
C	(a) Description of Liability	(b) Amount	-	
rederal in	come Taxes		-	
				
			-	
				
·			_	
			-	
			_	
	· · · · · · · · · · · · · · · · · · ·		_	
				
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 25)		<u>L</u>	
2. FIN 48 F	Footnote In Part XIV, provide the text of the fo	otnote to the organization's fu	nancial statements that reports the organization	's liability

Schedule D Form 990) 2009 FRIENDS OF OAKLAND FOUNDATION, INC

47-0711028

Page 3

Schre	edule D ⊰Form 990) 2009 FRIENDS OF OAKLAND FOU	JNDATION, INC	47-0711028	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from	n Form 990 to Financial Statements	S	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements	s Combine lines 3 and 9		····
	rt XII Reconciliation of Revenue per Audited Fina		r Return	
1	Total revenue, gains, and other support per audited financial s		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line			
ā	a Net unrealized gains on investments	2a		
	Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on I	line 1		
٠,	a Investments expenses not included on Form 990, Part VIII, line	, ,		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	<u> </u>	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990) Part I line 12.)	5	
	rt XIII Reconciliation of Expenses per Audited Fir		per Return	
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line	25		
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	C Other losses	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on lin	ne 1:		
	a Investments expenses not included on Form 990, Part VIII, line	I I		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c (This must equal Form 99	30. Part I. line 18)	5	
	rt XIV Supplemental Information	<u> </u>		
line -	plete this part to provide the descriptions required for Part II, Iin 4, Part X, Iine 2; Part XI, Iine 8, Part XII, Iines 2d and 4b, and I mation	nes 3, 5, and 9; Part III, lines 1a and 4, Part Part XIII, lines 2d and 4b Also complete this	IV, lines 1b and 2b, Pas part to provide any ad	art V, ditional
·				
BAA	TEF	EA3304 02/02/10	Schedule D (Form	990) 2009

Schedule D Form 990) 2009 FRIENDS OF OAKLAND FOUNDATION, INC	47-0711028	Page 5
Schedule D (Form 990) 2009 FRIENDS OF OAKLAND FOUNDATION, INC Part XIV Supplemental Information (continued)		
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<u></u>		
~ 		

Employer identification number 47-0711028 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Grants and Other Assistance to Organizations, Governments and Individuals in the United States ZNI FRIENDS OF OAKLAND FOUNDATION. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

Open to Public Inspection

OMB No 1545-0047 2009

Part I General Information on Grants and Assistance	rants and Assist	ance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant finds in the linted States.	ds to substantiate the register or assistance or assistance or month	amount of the gran	of the grants or assistance, the grantees	intees' eligibility for the	grants or assistance,	and	X Yes No
12	ince to Government of recipient that r	ents and Organ eceived more the	d Organizations in the United States. Complete if the organization answered 'Yes' to Form I more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	this box if no one	ete if the organiza recipient received	ation answered 'Y more than \$5,00	
Part IV and Schedule I-1 (Form 990) if additional 1 (a) Name and address of organization (b) II (b) IIN (c) II	Form 990) if add	tional space is needed	needed (d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıt applıcable		assistance	other)	non-cash assistance	or assistance
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	janizations				A	
3 Enter total number of other organizations	ions					•	
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instr	uction Act Notice, see	the Instructions fo	uctions for Form 990.	TEEA3901	02/10/10	Sched	Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 47-0711028 any grant funds not used or misapplied to another project must be returned Scholarship checks are made payable to the recipients and their respective to the Friends of Oakland Foundation. The grant recipient also agrees to All grant recipients are required to sign a receipt, stating the project to which the grant funds will be applied. The receipt also states that (e) Method of valuation (book, FMV, appraisal, other) provide the Friends of Oakland Foundation with a progress report. (d) Amount of non-cash assistance 8,835. (c) Amount of cash grant FRIENDS OF OAKLAND FOUNDATION, INC educational institutions. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_III_Line_1 Scholarships Pt_I_Line_2_ Pt_I Line 2_ Pt_I_Line_2 Pt_I Line 2 Pt_I Line 2 Part III

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization	Employer identification number			
FRIENDS OF OAKLAND FOUNDATION, INC	47-0711028			
Pt VI-B, Line 11A FORM 990 IS NOT REVIEWED UNTIL THE ANNUAL MEMBERS' MEETING IN OCTOBER.				
ANY CHANGES NEEDED TO THE FORM WOULD HAVE TO BE ADDRESSED BY				
FILING AN AMENDED RETURN.				
Pt_VI-C, Line 19 GOVERNING DOCUMENTS AND FINANACIAL STATEMENTS ARE MAINTAINED				
BY THE TREASURER AND ARE AVAILABLE UPON REQUEST	Г.			
Pt VI-A, Line 6 THE CORPORATION HAS 15 MEMBERS. THESE MEMBERS	ARE VOLUNTEERS			
AND DO NOT HAVE ANY FINANCIAL INTEREST IN THE	CORPORATION.			
Pt_VI-A, Line 7a THE 15 MEMBERS OF THE CORPORATION ELECT THE GOV	VERNING BOARD			
4 OFFICERS AND 3 DIRECTORS.				
Pt_VI-A, Line 7b ALL DECISIONS OF THE GOVERNING BOARD MUST BE A	PPROVED_BY			
THE 15 MEMBERS OF THE CORPORATION.				