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Form **990**

Dசிவ்rtment of the Treasury Iniன்al Revenue Service

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)

benefit trust or private foundation)

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

2009 Open to Public

Open to Public Inspection

Α_	For the	2009 calendar year, or tax year beginning JUL 1, 2009 and endin	g JUI	N 30, 20	10				
В	Check if applicable	Please use IRS	D	Employer ide	ntifica	ition number			
	Addres	ss label or GALE RANCH MIDDLE SCHOOL EDUCATION FUND	D						
	Name change	type		26	-22	86399			
	lnitial retum	See Number and street (or P 0 box if mail is not delivered to street address) Room/	/suite E	Telephone nur					
	Termin ated	Instruc-		(9)	25)	479-1500			
Ļ	Ameno	City or town, state or country, and ZIP + 4	<u> G</u>	Gross receipts \$					
L	Application pending	DAN RAPON, CA 34303-7212	Н	(a) Is this a grou					
	ponum	F Name and address of principal officer: MOHAMMAD FATTAH		for affiliates?		Yes X No			
		6400 MAIN BRANCH ROAD, SAN RAMON, CA 945	83 н	(b) Are all affiliate					
		empt status:	—-			st. (see instructions)			
		te: > GRMS.SRVUSD.NET		(c) Group exem					
	art I	organization X Corporation Trust Association Other ► L Summary	Year of t	ormation 200	O M	State of legal domicile CA			
		Briefly describe the organization's mission or most significant activities GALE RAI	NCH I	MIDDLE S	CHO	OT.			
Activities & Governance	'	EDUCATION FUND IS OPERATED FOR THE ENHANCEM	ENT (OF EDUCA	TTO	N AT GALE			
'n		Check this box If the organization discontinued its operations or disposed of							
Vel		Number of voting members of the governing body (Part VI, line 1a)	more an	411 20 70 01 113 11	3	11			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4	0			
တ္ခ		Total number of employees (Part V, line 2a)			5	0			
ij		Total number of volunteers (estimate if necessary)	•		6	0			
Ę		Total gross unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
٩	I.	Net unrelated business taxable income from Form 990-T, line 34			7b	0.			
8				Prior Year		Current Year			
Rese, 2010	8	Contributions and grants (Part VIII, line th) RECEIVED		7146	6.	<u> </u>			
	9	Program service revenue (Part VIII, line 20)			_ _				
9.5 9.5	10	investment income (Part VIII, column (Moseines, 2, 4, and 70)			1.	43.			
	11	Other revenue (Part VIII, column (A), lines 4, 6d, 8c, 9c, 18c, and 1e		184	-	1505.			
<u>Q</u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) ne 12)		7340	_	104714.			
EXPENSED NOV	13	Grants and similar amounts paid (Part (X, 经间底的) 原部 3) [[]		6972	5.	83358.			
	14	Benefits paid to or for members (Part X, column (A), line 4)							
Zs.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			_				
		Professional fundraising fees (Part IX, column (A), line 11e)	***************************************		*****				
۲		Total fundraising expenses (Part IX, column (D), line 25)		· · · · · · · · · · · · · · · · · · ·	_	1502			
<u> -כונ</u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7020		1593. 84951.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7039 301		19763.			
	19	Revenue less expenses. Subtract line 18 from line 12	- 						
Net Assets or		Tally 4 (DAY Is 40)	Regin	ning of Current Y		End of Year 22774.			
ASSE Bals	20	Total assets (Part X, line 16)		301	- • -	22/14•			
te le	21 22	Total liabilities (Part X, line 26)		301	1	22774.			
T	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Bløck		301	<u> </u>	22114.			
	WI E M	Under penalties of penuly, Lectare that I have examined this return, including accompanying schedules and stater	ments, and	to the best of my kno	wledge	and belief, it is true, correct,			
		and complete Declarated of preparer (other than officer) is based on all information of which preparer has any know	wledge						
Sig	ın	Mar.		11/04	7 <i>20</i> 0	0.			
He		Signature of officer		Date		·			
		MOHAMMAD FATTAH, PRESIDENT							
		Type or print name and title							
		Preparer's Date	Check	ıf P		s identifying number			
signature and will tous 10/28/10/2019									
	Parer's	Firm's name (or LOW ACCOUNTANCY yours if		EIN ►					
USE	Only	self-employed), 236 LATERA COURT							
		address, and ZIP+4 SAN RAMON, CALIFORNIA 94582-4680		Phone no) (9	25) 828-7203			
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No			

	i		T.,	Γ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	 	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	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		
6	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, Part I	6	1	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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			
	Schedule D, Part III	8		X
9	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 Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	<u> </u>	X
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
404	Schedule D, Parts XI, XII, and XIII.	12	-	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	ł		
12		40	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>^`</u>
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		
. •	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	<u></u> -
-	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			1
_	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	1	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990	(2009)

Pa	ne	4

•			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	X	
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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23		X
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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	٥5.		X
00	Schedule L, Part I	25ь		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		x
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	 	<u> </u>
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		1	
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		ļ	
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ĺ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_	<u> </u>	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	,,
	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?		ŀ	١,,
	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)?			U
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,
0-	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	07		X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O.			(2009)
		1 50111	330	(2003)

26-2286399 GALE RANCH MIDDLE SCHOOL EDUCATION FUND Page 5 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 0 U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 X 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 Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a 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 6ь were not tax deductible? 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 X provided to the payor? 7a 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 Х 7¢ to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <u>79</u> g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 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 holdings 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9ь b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Form 990 (2009)

12a

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

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

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

Sec	tion A. Governing Body and Management					
			Yes	No		
1a		1				
b	Enter the number of voting members that are independent	<u> </u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X		
6	Does the organization have members or stockholders?	6		Х		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			v		
	governing body?	7a		X		
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	by the following:		v			
a	,	8a	X			
	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v		
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	-	Van	NI.		
10-	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No X		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa				
D		10ь				
44	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х			
11 11 ^	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		- 11	********		
	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 that could give rise	120				
•	to conflicts?	12b	Х			
c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
_	in Schedule O how this is done	12c	Х			
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 approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		X		
ь	Other officers or key employees of the organization	15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		•			
	taxable entity during the year?	16a	<u> </u>	X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ole for				
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	, and fina	ıncıal			
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	ization:	_			
	JYOTI KRISHNAN - (925) 479-1500					
-	6400 MAIN BRANCH ROAD, SAN RAMON, CA 94582		000			
		Form	990	2009		

932006 02-04-10

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 organization'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 employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	,,		Pos		ı app	l. A	Reportable compensation	Reportable	Estimated
	hours per week			compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations					
MOHAMMAD FATTAH										
PRESIDENT	5.00							0.	0.	0.
SUSAN KIM LAUBACH										
VICE PRESIDENT	5.00				$oxed{oxed}$			0.	0.	0.
JEANETTE ROBSAHM									_	_
VICE PRESIDENT	5.00	<u> </u>						0.	0.	0.
JYOTI KRISHNAN										•
TREASURER	5.00	<u> </u>		<u> </u>	-	_	_	0.	0.	0.
JENNIFER ZHAO	F 00									_
SECRETARY BHAVANI PREMBABU	5.00	⊢		 		 		0.	0.	0.
COMMITTEE CHAIRPERSON	5.00							0.	0.	0.
I-CHIEN WU	3.00			<u> </u>				0.	0.	
COMMITTEE CHAIRPERSON	5.00		ŀ	ŀ				0.	0.	0.
DANIEL CHENG										
ED FUND LIAISON	5.00							0.	0.	0.
LISA WARD										
PRINCIPAL	5.00							0.	0.	0.
DEBBI GRIFFIN										
TEACHER REPRESENTATIVE	5.00							0.	0.	0.
					_					
				ļ.		<u> </u>				
				_						

Form 990 (2009)

•	(A) Name and title	(B) (C) Average Position hours (check all that apply)							(D) (E) Reportable Reportal compensation compensa		ition amount of			
		per week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	s compe SC) fron organ and r		pensation om the anization d related anizations	
							_						_	
							ļ .							
							-	i						
						_	-							
							<u> </u>							
												-		
1 b	Total Total number of individuals (including but r	ent limited to th		lioti		hov	0) 11/	20.5	0.		0.			0.
_	compensation from the organization	lot illinted to ti	1056	. 11516	=U a	DOV	e) w			J,000 III Teportable		Y	<u>.</u>	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the si	um of reportab	le c							the organization				<u></u> Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion i						vices rendered to				
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors											5		X
1	Complete this table for your five highest countered the organization. NONE	mpensated in	dep	ende	ent c	cont	racte	ors t	that received more than	\$100,000 of comp	ensati	on fror	n	
	(A) Name and business	address							(B) Description of	services	Con	(C) pensa	ation	
												_		
												•		
	Total number of independent contractors (\$100,000 in compensation from the organi		ot li	mite	ed to		ose II	stec	above) who received r	nore tnan	<u>-</u> -		Ω :-	000
											Fo	rm 9 9	IU (20	UU9)

932008 02-04-10

c Net income or (loss) from sales of inventory 104714. 0. 1505. Form 990 (2009) 2009.04040 GALE RANCH MIDDLE SCHOOL ED 30055 1

11 a

b Less: cost of goods sold

All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

Miscellaneous Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	- ·			
	organizations in the U.S. See Part IV, line 21	83358.	83358.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				manner militari
5	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 (non-employees)				
	Legal				
	Accounting				
	Lobbying				
u	Professional fundraising services See Part IV, line 17				
f	Investment management fees		<u> </u>		
	<u> </u>				
9	Other				
12	Advertising and promotion	284.		284.	
13	Office expenses	204.		204.	
14	Information technology				
15	Royalties				
16	Occupancy	· · · · · · · · · · · · · · · · · · ·			
17	Travel				
18	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	A O E		425	<u> </u>
23	Insurance	425.		425.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total			,	
	expenses shown on line 25 below)	034		024	
а	BANK CHARGES	834.		834.	
b	DUES AND SUBSCRIPTIONS	50.		50.	
С		-			- -
d					
е					
f	All other expenses		2227	1500	
25	Total functional expenses. Add lines 1 through 24f	84951.	83358.	1593.	0.
26	Jaint casts. Check here 🕨 📖 if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u> </u>	

932010 02-04-10

Form **990** (2009)

•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-	2690.	1	19776.
	2	Savings and temporary cash investments		321.	2	2998.
	3	Pledges and grants receivable, net			3	· · ·
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	ractore truetage kay			
	•	employees, and highest compensated employee	· •			
		of Schedule L	os. complete i ait ii		5	
	6	Receivables from other disqualified persons (as	defined under section	······· 1711 · · · · · · · · · · · · · ·		
	•	4958(f)(1)) and persons described in section 495				
		Part II of Schedule L	o(o)(o)(b). Complete		6	
,	7	Notes and loans receivable, net			7	
Assets	8	inventories for sale or use			8	
2	9	Prepaid expenses and deferred charges			9	
١,		Land, buildings, and equipment: cost or other	1 1		-	
- '	iva		10a			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b		10c	
١,		·	[105]		11	
	11	Investments - publicly traded securities	11		12	
- 1	12	Investments - other securities. See Part IV, line 1	·····	13		
- 1	13	Investments - program-related. See Part IV, line		14	 -	
	14	Intangible assets				
	15	Other assets See Part IV, line 11	at lan a 2.4)	3011.	15 16	22774
	16	Total assets. Add lines 1 through 15 (must equ	3011.		22117	
	17	Accounts payable and accrued expenses		17		
- 1	18	Grants payable			18	
	19	Deferred revenue			19	
١.	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete			21	
[2	22	Payables to current and former officers, director	*			
		highest compensated employees, and disqualifi	ed persons. Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		0.	25	0
	26	Total liabilities. Add lines 17 through 25		0.	26	
		Organizations that follow SFAS 117, check he	ere and complete			
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		· -	27	· · · ·
	28	Temporarily restricted net assets			28	
B 2	29	Permanently restricted net assets	 🔻		29	
[Organizations that do not follow SFAS 117, c	heck here 🕨 🗓 and			
١٥		complete lines 30 through 34.				0
i (30	Capital stock or trust principal, or current funds		0.	30	0
AS :	31	Paid in or capital surplus, or land, building, or ed	• •		31	
; وَ	32	Retained earnings, endowment, accumulated in	come, or other funds	3011.	32	22774
- '	33	Total net assets or fund balances		3011.	33	22774
- 13	34	Total liabilities and net assets/fund balances		3011.	34	22774

Form **990** (2009)

•		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 audit,	,		
review, or compilation of its financial statements and selection of an independent accountant?	2c	'	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C	э.		
d if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
consolidated basis, separate basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	ıdıt		
Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

GALE RANCH MIDDLE SCHOOL EDUCATION FUND

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number 26-2286399

Pa	rt i	Keason	tor Public Char	ity Status (All organiz	ations mu:	st complet	e this part) See inst	ructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	' 0(b)(1)(A)(ii) . (Attach Scl	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital'	s name),
		city, and stat	e:										
5		An organizat	on operated for the	benefit of a college or un	niversity ov	wned or op	erated by	a governr	mental uni	describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7		An organizat	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic desci	ribed in	
		section 170	(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9	X	An organizat	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershij	o fees, ar	nd gross red	eipts fr	rom
				nctions - subject to certa									
		income and	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 3	0, 1975	j.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizat	ion organized and op	perated exclusively to tes	st for publi	ic safety. S	ee sectio	n 509(a)(4	I).				
11		An organizat	ion organized and op	perated exclusively for th	ne benefit o	of, to perfo	rm the fur	nctions of,	or to carry	out the	purposes o	f one o	r
		more publicly	y supported organiza	ations described in section	on 509(a)(1	1) or sectio	n 509(a)(2). See sec	ction 509(a	a)(<mark>3).</mark> Che	ck the box	that	
	describes the type of supporting organization and complete lines 11e through 11h												
	a Type b Type c Type · Functionally integrated d Type · Other												
е		By checking	this box, I certify tha	at the organization is not	controlled	directly or	r indirectly	by one or	r more disc	qualified p	persons oth	er than	ı
		foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									
g	1	Since Augus	t 17, 2006, has the c	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (iı) and (ii) below,		Yes	No
		the gov	erning body of the si	upported organization?							11g(i)		
		(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h	ı	Provide the f	ollowing information	about the supported org	ganızatıon	(s).							
				I									
(1)	Name	of supported	(II) EIN	(iii) Type of organization		rganization		ı notify the	(vi) is organization	the	(vii) An	rount of	
	org	anization		/decembed on lines 1-0		sted in your			(I) organiz U S	ed in the	sup	port	
				above or IRC section	<u> </u>	document?							
				(see instructions))	Yes	No	Yes	No	Yes	No			
		_	ļ				_				<u></u>		
										l i			
			ļ										
						ļ		ļ	ļ	<u> </u>			
Tota			L		<u> </u>					<u> </u>			
LHA	For I	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see th	he Instruc	tions for			Schedul	e A (Forn	n 990 or 99	0-EZ) 2	2009

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 GALE RANCH MIDDLE SCHOOL EDUCATION FUND 26-2286399 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

901	Stion At I abito oupport									
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")				71466.		71466.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1847.		1847.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
			-	<u> </u>			_			
4	Tax revenues levied for the organ-			•						
	residual or expended on its behalf									
5	The value of services or facilities				•					
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5				73313.		73313.			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
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						0.			
c	Add lines 7a and 7b						0.			
8	Public support (Subtract line 7c from line 6)						73313.			
	ction B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6				73313.		73313.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				91.		91.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b				91.		91.			
11										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
13	Total support (Add lines 9, 10c, 11, and 12)				73404.		73404.			
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organi	zation,			
	check this box and stop here						▶□_			
Sec	ction C. Computation of Publ	ic Support Pe	ercentage							
15	Public support percentage for 2009 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	99.88 %			
16	Public support percentage from 2008	Schedule A, Par	t III, line 15			16	%			
Sec	ction D. Computation of Inves	stment Incom	ne Percentage							
17	Investment income percentage for 20	09 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	.12 %			
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 lin	e 15 is more than 3	3 1/3%, and line	17 is not			
	more than 33 1/3%, check this box a						ightharpoons X			
b	b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization				his box and see ins	tructions	▶ □			
					Sch	edule A (Form 99	0 or 990-EZ) 2009			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

criteria used to award the grants or assistance?

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Employer identification number 26-2286399 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 SCHOOL EDUCATION FUND GALE RANCH MIDDLE Part # General Information on Grants and Assistance

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8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	States.				
à	<u>T</u>	Governments an	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	'es* to Form 990, Part I	V, line 21, for any	
	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	s box if no one recipier	nt received more th	an \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if additiona	Il space is needed	
	1 (a) Name 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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
S S S S S S S S S S S S S S S S S S S	SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT - 699 OLD ORCHARD DRIVE - DANVILLE, CA 94526			41679.	0.0				
SA FOR	- 5 -			41679.	0.				
1									
81	1	and government or	ganizations					A 4	
<u>س</u> کے	Enter total number of other organizations A For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	s iction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	600

Page 2 (f) Description of non-cash assistance 26-2286399 (e) Method of valuation (book, FMV, appraisal, other) I (Form 990) 2009 GALE RANCH MIDDLE SCHOOL EDUCATION FUND

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. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

Schedule I (Form 990) 2009

932102 02-02-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

GALE RANCH MIDDLE SCHOOL EDUCATION FUND

Employer identification number 26-2286399

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RANCH MIDDLE SCHOOL THROUGH COLLECTION AND DISTRIBUTION OF ITS FUNDS.
FUNDS ARE RECEIVED VIA CONTRIBUTION FROM PARENTS, BUSINESSES, ORGANIZED
EVENTS AND THE GENERAL COMMUNITY AND RETURNED TO GALE RANCH MIDDLE
SCHOOL FOR CONTINUING CLASS SIZE REDUCTION AND FURTHER FUNDING OF
ACADEMIC ACTIVITIES NOT PROVIDED FOR BY THE SAN RAMON UNIFIED SCHOOL
DISTRICT.
FORM 990, PART VI, SECTION B, LINE 11: A COMPLETED COPY OF THE FUND'S FORM
990 IS PROVIDED TO THE PRESIDENT PRIOR TO FILING WITH THE TAXING AUTHORITY,
WHERE IN TURN IT IS MADE AVAILABLE FOR REVIEW AND DISCUSSION BY ALL BOARD
MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEETING ARE HELD ON A
REGULAR BASIS AND ALL OFFICERS AND MEMBERS ARE ENCOURAGED TO NOTIFY THE
BOARD OF ANY POSSIBLE CONFLICT OF INTEREST ISSUES THAT MAY ARISE FOR
DISCUSSION AND RESOLUTION BY THE BOARD OF ANY AFFECT THEY MAY HAVE ON THE
FUND'S OPERATION.
FORM 990, PART VI, SECTION C, LINE 19: GALE RANCH MIDDLE SCHOOL EDUCATION
FUND'S BYLAWS, FINANCIAL STATEMENTS AND ADDITIONAL GOVERNING DOCUMENTS ARE
AVAILABLE AT GALE RANCH MIDDLE SCHOOL DURING THE COURSE OF NORMAL OPERATING
HOURS VIA REQUEST OF THE FUND'S PRESIDENT MOHAMMAD FATTAH.