Form 990 (Rev January 2020) Department of the Treasury Internativaevenue Service

### **Return of Organization Exempt From Income Tax**

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

2019

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form **990** (2019)

A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and en	nding (	JUN 30, 2020	· · · · · · · · · · · · · · · · · · ·
	neck if	C Name of organization		D Employer identifi	cation number
	Addres change Name change	GALE RANCH MIDDLE SCHOOL EDUCATION FUND	D	26-22863	99
	Initial return Final return/		oom/suite		r
_	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	331,796.
	Application Application pending	F Name and address of principal officer RAJEE SUBRAMANIAN		H(a) Is this a group refer subordinates	Yes X No
ı T	ax-exe	"   6400 MAIN BRANCH ROAD, SAN RAMON, CA 94 mpt status X 501(c)(3)	458/27,	H(b) Are all subordinates if	Ist (see instructions)
		e: ► GRMS.SCHOOLLOOP.COM/EDFUND		H(c) Group exemptio	
		organization: X Corporation	L Year		A State of legal domicile: CA
Pa		Summary	1		oraco or rogar commono. O22
	1	Briefly describe the organization's mission or most significant activities GALE F	RANCI	H MIDDLE SCH	OOL
& Governance		EDUCATION FUND IS OPERATED FOR THE ENHANCE			
u,		Check this box  if the organization discontinued its operations or disposed			
ver		Number of voting members of the governing body (Part VI, line 1a)	a 01 11101	3	8
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			8
න්				4	0
tie		Total number of individuals employed in calendar year 2019 (Part V. line 2a)		5	
Activities		Total number of volunteers (estimate if necessary)  RECEIVED		6	25
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	12	<u>7a</u>	354.
	D	Net unrelated business taxable income from Form 990 to he 390 4 1 0 2020	RS-OSC	7b	0.
	_		\S	Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)	」 □	331,415.	331,442.
en	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		334.	354.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		331,749.	331,796.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		327,008.	295,217.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L.	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b i	Total fundraising expenses (Part IX, column (D), line 25)	o. 🗀		
ωļ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,307.	13,240.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		333,315.	308,457.
l	19	Revenue less expenses Subtract line 18 from line 12		<1,566.	
58	_		B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	ľ	52,513.	75,852.
d Bes		Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances Subtract line 21 from line 20		52,513.	75,852.
	rt II	Signature Block		3273231	73,032.
		ties of perjury, I declare that I have examined this return, including accompanying schedules ai	nd stater	ments, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of proparei (other than officer) is based on all information of which			
,	3300	A STATE OF THE PROPERTY OF THE PROPERTY OF WHICH THE PROPERTY OF W	ii picpare	1 Indis any knowledge	12020
Sign		Signature of officer		Date	012020
Here		RAJEE SUBRAMANIAN, PRESIDENT		Duit	
nere	•	Type or print name and title			
				Date Check	X PTIN
Paid		Print/Type preparer's name  PHILTE T ANDREWS		10.12 70	المه
		PHILIP J. ANDREWS	</td <td>, sum sumpto)</td> <td>P01405741</td>	, sum sumpto)	P01405741
Prep	_	Firm's name PHILIP J ANDREWS, CHA		Firm's EIN	
Use (	JUIA	Firm's address 319 DIABLO ROAD, SUITE 222			
		DANVILLE, CA 94526		Phone no	
May	the IF	S discuss this return with the preparer shown above? (see instructions)			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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		_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
′	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	_		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7_		
0	Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-10		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1.12		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			7.
47	· · · · · · · · · · · · · · · · · · ·	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_18_		<u> </u>
	complete Schedule G, Part III	40		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Δ_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21	X	
3200	3 01-20-20			2019)
			(	

GALE RANCH MIDDLE SCHOOL EDUCATION FUND 26-2286399 Form 990 (2019) Page 4 Part IV . Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O X 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

GALE RANCH MIDDLE SCHOOL EDUCATION FUND 26-2286399 Form 990 (2019) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 provided to the payor? X 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 to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? X 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? X 9b Section 501(c)(7) organizations. Enter 10 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 Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O

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

	to line out, out, or you below, december the distances, proceeding, or changes on contradic of cook materials.			
	. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		_	
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  (the second text of the	<u>'</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	.		i
b	Enter the number of voting members included on line 1a, above, who are independent  1b 8	4 1		1
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?		٠. سماء	'
3		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	,		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1"		
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		į,	<b></b> -
	The governing body?	8a	X	'
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		* 	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
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?		***	
_	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			; !
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
D				;
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	401	- ~~~	
Sec	tion C. Disclosure	16b		
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	the only	\ avail	abla.
	for public inspection. Indicate how you made these available. Check all that apply.	75 OHIY	, avail	aule
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina-	icial	
-	statements available to the public during the tax year	u man	icidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RAJEE SUBRAMANIAN - (925) 577-6761			
	6400 MAIN BRANCH ROAD, SAN RAMON, CA 94582			
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		. 51111		(20.0)

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	box	not c	heck ss pe	more	than	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		Key employee	Highest compensated Lay		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RAJEE SUBRAMANIAN	10.00		=		<u>×</u>	1 2	-			
PRESIDENT	10.00	X	-	X	-	$\vdash$	-	0.	0.	0.
(2) PARTHA MITRA	10.00	X		v				_		
VICE PRESIDENT	10.00	^		Х		$\vdash$	$\vdash$	0.	0.	0.
(3) JEAN REDDI	10.00	X	1	x				0.	0.	0
TREASURER	10.00	^	├	^				0.	U •	0.
(4) VICTORIA HAN	10.00	X		X				0.	0.	0.
SECRETARY (5) SUE GOLDMAN	10.00	^	1	^				- 0.	0.	0.
PRINCIPAL	10.00	X						0.	0.	0.
(6) LINDA ZAMFINO-TORRES	10.00			<u> </u>		╁	$\vdash$	•		<u> </u>
FINANCIAL SECRETARY	1000	x		x		ŀ		0.	0.	0.
(7) EKTA RANJAN	10.00									
DIRECTOR		X		X				0.	0.	0.
(8) CIDGEM AKKAYA	10.00									
DIRECTOR		X		X				0.	0.	0.
(9) CYNTHIA WONG	10.00									
DIRECTOR		X		X				0.	0.	0.
(10) GRACE LI	10.00									
DIRECTOR		X		X		<u> </u>		0.	0.	0.
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932007 01-20-20

\$100,000 of compensation from the organization

Form 990 (201	9) <b>GALE</b>	RANCH	MIDDLE	SCHOOL	EDUCATION	FUND
Part VIII	Statement of Reve	nue		,		
	Check if Schedule O con	tains a resp	onse or note to	any line in th	s Part VIII	
					/A)	/B)

			Check if Schedule O contains a	response	or note to arry in		, <u>, , , , , , , , , , , , , , , , , , </u>	10.	
	•	,	· · ·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a		高级 点级 25kg	Tank State State	AT LESS CAPE	· Car palify Thi
E a	•		Membership dues		275,296.				
Contributions, Gifts, Grants and Other Similar Amounts					<u> </u>				
ξĒ			Fundraising events	1c	<u> </u>				
<u> </u>		d	Related organizations	1d					
S.E		e	Government grants (contributions)	1e				DELLE STREET	
후		f	All other contributions, gifts, grants, and						
출출			similar amounts not included above	1f	56,146.				
들의	-	g	Noncash contributions included in lines 1a-1f	1g \$		· 10 10 10 10 10 10 10 10 10 10 10 10 10			
중심		_	Total. Add lines 1a-1f	-31+	<b></b>	331,442.			
			Total. Add iirioo 14 11		Business Code	FRANCE BEAUTIFE	THE PARTY OF THE P	4018741135747	
	_	_			Business Code	The second of the bridge I see The second	1 777 4 4 6 6 4 1,744, 1957	1877 187 187 187 18 18 18 18 18 18 18 18 18 18 18 18 18	- 
Program Service Revenue	2	a	- •		. <u> </u>			·	
e e		b	<del></del>	<del></del>	·				
n S		¢				· · · · · · · · · · · · · · · · · · ·			,
e a		d							
<u>6</u>		е			_	٥			
ፈ		f	All other program service revenue						
		a	Total. Add lines 2a-2f	,	<b>•</b>		对自然性的原则是自己的	FA GRADATA	THE PROPERTY OF A STANK
	3		Investment income (including divide	nds intere			Bucker Ett - D1 02 Cubb Art 58	The Albert Waterback - 1	Sedemical Land Ref. Programme
	9			ilus, ilitere	st, and	354.		354.	
			other similar amounts)			334.		354.	
J	4		Income from investment of tax-exen	npt bond p	roceeds				
	5		Royalties			elicin negati visiti di al bi abi i Y	136, 3, c. 3 m. v. 160 7 7 1 h.		at made the low rest and
			·   <u>  (</u>	ı) Real	(ii) Personal				
	6	а	Gross rents 6a						
;-		b	Less rental expenses 6b						
	د د		Rental income or (loss) 6c	-					
			Net rental income or (loss)	•		7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 100-20 May 201	AAA . CA
	٠,		·	ecurities	(II) Other	STATE OF THE PROPERTY OF THE PARTY OF THE PA			68岁产上来, 有C型CL表 1995
- 1	. 1	а		ecunics	(ii) Other				经多数投资的
- 1			assets other than inventory 7a						
ا م		b	Less cost or other basis	•					
ž			and sales expenses 7b						
Other Revenue		С	Gain or (loss) 7c		-			活的人物	
~ l		d	Net gain or (loss)		<b>•</b>				
Ĕ	8	а	Gross income from fundraising events (r	not			ARTON AND AND LEADING		您送出海路的
₹	•		including \$	of				· 如何为了	
			contributions reported on line 1c) S						<b>高级的复数形式</b>
					- 1				
.	-		Part IV, line 18	8a					
·			Less direct expenses	8b		Barran Santan	The state of the s	toring to "That all and	被篡作物。许有管理人
.			Net income or (loss) from fundraising		<u> </u>		The state of the s	6 4	
	9	а	Gross income from gaming activities	s See				计	经验的
	-		Part IV, Ine 19	9a					
		b	Less direct expenses	9b	•				
,		c	Net income or (loss) from gaming ad		•				
	10		Gross sales of inventory, less return			MANAGER WILLIAM	APPRIATE PROPERTY	SP. BY HERWING W	The section of the se
-		-	and allowances			ESTRUCTURE.			
				10a		DAM MERIAL			<b>高级学规模</b>
_			Less cost of goods sold	10b		EST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24以"完多。"等人不可經過於"	<b>发现的现在分词转换</b>	· 我想到了了多年的
-		С	Net income or (loss) from sales of in	ventory		FERRY PT J.F. P. II. Get.	S. PAN L	. Value	
2					Business Code	<b>发展,其中国家</b>	是是自己的自己是是	THE THE STATE	大学をは、これでは
ğ <u>ə</u>	11	а							
E Z		b							
scellaneo Revenue		С			-				
Miscellaneous Revenue		d	All other revenue	<del></del>	-				
2			Total. Add lines 11a-11d	ì				<b>运送产生的现在分</b> 件	CONTRACTOR
	12		Total revenue See instructions	<del>-</del>	<b>_</b>	221 706	mar carrier at attach.	19年後、アルドアの高いで	extraction - Carl Coll
	-12		TOTAL TEACHING SEE HISH HEHOLIS		<del>-</del>	331,796.	0.	354.	<u> </u>

		. All other organizations mu	

	. Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	295,217.	295,217.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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 accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<del>_</del>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а					
b	. · • · · · · · · · · · · · · · · · · ·	500			
C	Accounting	500.		500.	
d	, ,				
e	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			-
f	Investment management fees				
g	` '				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	F 2 0		<b>5</b> 20	
13	Office expenses	539.		539.	
14	Information technology				- · · · ·
15	Royalties				
16	Occupancy Travel				<del></del> .
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials		ļ		
40	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance	497.		497.	
24	Other expenses. Itemize expenses not covered			3310	<del></del>
£-7	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	•			_
а	OMDIDE DEE EVENIAGE	7,254.	7,254.		
b	MONTE CARLO FUNDRASING	3,867.	3,867.		
С	MEMBERSHIP DUES EXPENSE	450.	450.	-	
d	V7.0007 T 11170110	133.		133.	
е	411 .11				
25	Total functional expenses Add lines 1 through 24e	308,457.	306,788.	1,669.	0
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

10a

10b

Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Assets 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 14 Intangible assets

Other assets See Part IV, line 11

Grants payable

of Schedule D

Deferred revenue

Tax-exempt bond liabilities

Accounts payable and accrued expenses

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33. Net assets without donor restrictions

Net assets with donor restrictions

and complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total assets. Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

controlled entity or family member of any of these persons

(B) (A) Beginning of year End of year 75,852. 52,513 1 2 3 4 5 6 7 8 9 10c 11 12 13 14 15 52,513 75,852 16 17 18 19 20 21 trustee, key employee, creator or founder, substantial contributor, or 35% 22 23 24 parties, and other liabilities not included on lines 17-24) Complete Part X 25 0 0. 26 27 28 Organizations that do not follow FASB ASC 958, check here 

X 0 0. 29

0.

31

32

52,513.

<u>52,513.</u>

52,513

Form **990** (2019)

75,852.

<u>75,852.</u>

75,852.

0.

15

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Net Assets or Fund Balances

Form 990 (2019)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	<del></del> .			DLE SCHOOL E				2	6-2286399	
Pa	rt i	Reason for Public (	Charity Status (	All organizations must co	mplete th	ıs part ) Se	e instructions	_		
he	organı	zation is not a private found	ation because it is (	For lines 1 through 12, c	heck only	one box )			X (	
1	$\square$	A church, convention of chi	urches, or association	on of churches described	ın sectio	n 170(b)(1	)(A)(i).		( )	
2	=	A school described in secti		,						
3	Щ	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4	$\Box$	A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(	iii). Enter	the hospital's name,	
		city, and state								
5	$\Box$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II )								
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	$\sqcup$	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (Co	omplete Part II)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II )					
9	$\square$	An agricultural research org	janization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a la	and-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	the colleg	e or	
		university			<del></del>					
10	$ \mathbf{x} $	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membersh	าเp fees, a	nd gross receipts from	
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	s support	from gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the org	anızatıon	after June 30, 1975	
		See section 509(a)(2). (Cor	nplete Part III)							
11	닏	An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to car	rry out the	purposes of one or	
		more publicly supported or	•	, ,, ,					Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, and	12g		
а	L_	Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustee	es of the s	upporting	
		organization You must c	•							
b	L_	Type II. A supporting orga	anization supervised	or controlled in connec	tion with i	ts supporte	ed organizatior	n(s), by ha	ving	
		control or management o	· · · · · · · ·		ame perso	ons that co	ontrol or manag	ge the sup	ported	
		organization(s) You mus	-							
С	L_		-					y integrate	ed with,	
		its supported organization		•	•		•			
d		■ Type III non-functionally					• •	_	• •	
		that is not functionally int	•	•	•		•	an attent	iveness	
		requirement (see instruct	•	•						
е		Check this box if the orga					ı Type I, Type I	I, Type III		
		functionally integrated, or		nally integrated support	ing organi	zation				
f		r the number of supported of	•							
g		ride the following information  Name of supported	n about the supporte	(III) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monotany	(vi) Amount of other	
	,	organization	(1) (1)	(described on lines 1-10	ın your govern	ing document?	support (see ins	_	support (see instructions)	
				above (see instructions))	Yes	No	0.000			
					_	-				
			<del></del>							
				<u> </u>				<del></del>		
			<del></del>							
								<del>-</del>		

## Schedule A (Form 990 or 990-EZ) 2019 GALE RANCH MIDDLE SCHOOL EDUCATION FUND 26-2286399 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	, p					
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			(5)		(-)	^
	membership fees received (Do not	į					
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					/	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				/	<b>*</b>	
	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						
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	/ (d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	<del></del>			/		
8	Gross income from interest,	ļ		/			
	dividends, payments received on						
	securities loans, rents, royalties,	}		/			
	and income from similar sources					2 700 1111	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	<u> </u>		/			
	or loss from the sale of capital	İ		/			
	assets (Explain in Part VI)		ļ.	,			
11	Total support. Add lines 7 through 10		/		<u> </u>		
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
50.	organization, check this box and stop		/		<del></del>		<u> </u>
	Public support percentage for 2019 (			naluma (6)			
	Public support percentage for 2019 (I	• •		column (t))		14	%
	Public support percentage from 2018	•	· #		44 - 00 - 100 1	15	%
108	33 1/3% support test - 2019. If the o		,		14 is 33 1/3% or i	more, check this bo	ox and
j.	stop here. The organization qualifies a 33 1/3% support test - 2018. If the organization qualifies a stop here.	-	, -		1 line 15 - 00 1 /00	/ aa	<b>▶</b> ∐
L	and stop here. The organization quali				1 line 15 is 33 1/3%	6 or more, check th	nis box
179	10% -facts-and-circumstances test				0 10 160 ou 16b	and has 4.4 is 4004	<b>P</b>
170							
	and if the organization meets the "fac meets the "facts-and-circumstances"					iit viriow the organ	iization
j.						17a and l 45	100/ 20
L.	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	/ didynot check a	DUX On line 13, 16	a, 100, 1/a, or 1/l			
		/			Sch	edule A (Form 990	or 990-EZ) 2019
		/					

932022 09-25-19

## Schedule A (Form 990 or 990-EZ) 2019 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 10 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	254,120.	273,194.	276,693.	290,533.	275,296.	1369836.
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	17,408.	43,177.	34,454.	40,882.	56,146.	192,067.
3	Gross receipts from activities that	17,100.	45,47,	34,434	40,002.	30,140.	152,007.
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-				-	-	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				-		
	furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	271,528.	316,371.	311,147.	331,415.	331,442.	1561903.
	Amounts included on lines 1, 2, and	•		• • •			
	3 received from disqualified persons						0.
t	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.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						1561903.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	271,528.	316,371.	311,147.	331,415.	331,442.	1561903.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88.	122.	109.	334.	354.	1,007.
t	Unrelated business taxable income		<del></del>				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	88.	122.	109.	334.	354.	1,007.
-	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	33.	122.	103.	334.	334.	1,007.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	271,616.	316,493.	311,256.	331,749.	331,796.	1562910.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta			
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (	ine 8, column (f), d	livided by line 13,	column (f))		15	99.94 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	99.95 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))	· <del>-</del>	17	.06 %
18	Investment income percentage from		•			18	.05 %
19a	33 1/3% support tests - 2019. If the	· ·	•	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a						► X
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	re than 33 1/3%,	
200	line 18 is not more than 33 1/3%, che						
<u> 20</u>	Private foundation. If the organization	n aid not check a	00x on line 14, 19	a, or 19b, check th	is box and see ins	tructions	<b>▶</b>

### Schedule A (Form 990 or 990-EZ) 2019 GALE RANCH MIDDLE SCHOOL EDUCATION FUND 26-2286399 Page 4

### Part IV |. Supporting Organizations

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

section A. Ali Supporting Organization:	on A. All Supporting Orga	anizations
---	---------------------------	------------

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	2	-	,
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	edule A (Form 990 or 990-EZ) 2019 GALE RANCH MIDDLE SCHOOL EDUCATION FUND 26-22	<u> 28639</u>	9 P	<u>age 5</u>
Pa	rt IV . Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ľ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		· · · · · · · · · · · · · · · · · · ·	, ···
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ <u>.</u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_ ~		_
	supervised, or controlled the supporting organization	2	l	<u>.</u>
Sec	tion C. Type II Supporting Organizations		ı	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		-	-
<u></u>	the supported organization(s)	1	<u> </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations		Γ	
_	Ordate annual transport of the control of the contr	Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,		٠,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			'
2	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard stion E. Type III Functionally Integrated Supporting Organizations	3		l
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	i).		
b	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations Complete line 3 below			
c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance).		_ \	
2	Activities Test Answer (a) and (b) below.	structions	$\overline{}$	Γ
a			Yes	No
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities		-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a_		
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.	_2b		<u> </u>
а	The state of the s			
~	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	,	•	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		`	-
	this regard	<u> 3b</u>		<u> </u>

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Sche Par	dule A (Form 990 or 990-EZ) 2019 GALE RANCH MIDDLE SCHOOT Type III Non-Functionally Integrated 509(a)(3) Supporting			26-2286399 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part \//\ See instructions All
'	other Type III non-functionally integrated supporting organizations must co	-	• •	ant vij See instructions. An
Sect	ion A - Adjusted Net Income	Jinpiete St	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		<del></del>	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			j
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			12.
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990 EZ) 2019 GALE RANCH MIDDLE SCHOOL EDUCATION FUND 26-2286399 Page 7

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	,		
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity	· ,		
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions			
_ 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	1
	(provide details in Part VI) See instructions	t <sup>r</sup>		
	Distributable amount for 2019 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by line 9 amount			
		(iii)		
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2019	Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6		是你你是想到了我说道:	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI) See instructions			是一个是一个一个。 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
_3_	Excess distributions carryover, if any, to 2019			是"基本"对位第一个基本公司
a	From 2014	Table 1 (M. A.) H. Prot	The second of th	
b	From 2015		\$ 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c	From 2016 `			<b>经在证据的证据的</b>
<u>d</u>	From 2017	Exist Micerial Labor	<b>第4年第四次指数</b>	是是特殊是不可能的。
e	From 2018	Market Committee	"是你的人,我们就是是是一个有什么	K M. C.
	Total of lines 3a through e			<b>数以外外外外外外外</b>
g	Applied to underdistributions of prior years			<b>的"你是是是他们的你这样</b>
<u>h</u>	Applied to 2019 distributable amount			
- <u>- i</u>	Carryover from 2014 not applied (see instructions)			是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f	1		Mary Control of the C
4	Distributions for 2019 from Section D,			
	line 7 \$			BURNEY STATE
a	Applied to underdistributions of prior years		to be a state of the control of the	
<u>b</u>	Applied to 2019 distributable amount	The state of the s	The same of the sa	of and incommendation and the ball according
<u>. c</u>	Remainder Subtract lines 4a and 4b from 4	EFALLS IN ALLEGANISM IN A SOURCE OF THE SOURCE OF	Chirolina Chirolina Chiro	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions	Control of the state of the sta	Sign of the state of the state of the state of	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			La Salla Mark Mark and rest to the Suttantion
7	Excess distributions carryover to 2020. Add lines 3j			
_	and 4c			[4] "多。" (1) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
8	Breakdown of line 7		Transfer to the compact of the first transfer of the first	The state of the s
<u>a</u>	Excess from 2015		THE PERSON OF TH	The state was to be seen to be seen a seen as
	Excess from 2016	The second secon		CAPAD TO SEE STONE
	Excess from 2017			· · · · · · · · · · · · · · · · · · ·
	Excess from 2018	The state of the s	CANAL CONTRACTOR AND AND AND AND AND AND AND AND AND AND	The second secon
<u>e</u>	Excess from 2019	Character and Character		ETT CARLATINA

Schedule A (Form 990 or 990-EZ) 2019

Schedule A							<u> UND 26-2286</u>	
Part Vi	Part IV, Section A, line 1, Part IV, Sec	lines 1, 2, 3b, tion D, lines 2	3c, 4b, 4c, 5a and 3; Part IV,	, 6, 9a, 9b, 9c, 11 Section E, lines	Ia, 11b, and 11c, P 1c, 2a, 2b, 3a, and	art IV, Section B, 3b, Part V, line 1	17a or 17b, Part III, lin , lines 1 and 2, Part IV, , Part V, Section B, line	Section C,
•	Section D, lines 5, (See instructions)	6, and 8, and	Part V, Section	n E, lines 2, 5, an	d 6. Also complete	this part for any	additional information	
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

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

► Attach to Form 990.

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Name of th	Name of the organization				ŕ			Employer identification number
Part I	General Information on Grants and Assistance	ا.		EDUCALION FOND	<u> </u>			6660077-07
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec	(manual)
	criteria used to award the grants or assistance?	stance? .						Yes X No
였⊢	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	toring the use of grant	t funds in the Uniter	d States			
Fart	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recinent that received more than \$5,000. Part II can be disclinated if additional space is needed.	Domestic Organi	izations and Domesti	omestic Governments. Com	Somplete if the orga	anization answered "Y	res" on Form 990, Part	: IV, line 21, for any
1 (a) N	1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SRVUSD 699 OLD (	SRVUSD 699 OLD ORCHARD DRIVE DANVILLE, CA 94526	68-0273221	170	295,217.	0.0			EDUCATION
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations list Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line 1	tions list	ed in the line 1 table				
	For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 22 (b) Number of recipients (a) Type of grant or assistance 932102 10-26-19

Page 2

26-2286399

(Form 990) (2019) GALE RANCH MIDDLE SCHOOL EDUCATION FUND
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

Schedule | (Form 990) (2019)

Part III | Grants and Other

### **SCHEDULE O**

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public

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 IN SAN RAMON, CALIFORNIA. THIS ORGANIZATION
DONATES FUNDS IT RECEIVES TO TEACHING AND EDUCATION PROGRAMS AT THE
SCHOOL.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EDUCATION FUND'S BOARD OF DIRECTORS READ AND REVIEW FORM 990 PRIOR TO
FILING OF THE TAX RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
THE EDUCATION FUND MAKES GOVERNING DOCUMENTS AVAILABLE FOR INSPECTION BY
THE PUBLIC UPON WRITTEN REQUEST MADE TO THE FUND'S BOARD OF DIRECTORS.

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