

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No. 1545-0052

**2020**

**Open to Public Inspection**

**For calendar year 2020, or tax year beginning 04-01-2020 , and ending 03-31-2021**

Name of foundation ALALUSI FOUNDATION		A Employer identification number 91-2158518	
Number and street (or P.O. box number if mail is not delivered to street address) 1975 NATIONAL AVENUE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code HAYWARD, CA 94545		B Telephone number (see instructions)	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>0</u>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	1,174,408			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	21,074	21,074	21,074	
	<b>4</b> Dividends and interest from securities	66,694	66,694	66,694	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)				
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	1,262,176	87,768	87,768		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.				
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	6,875			6,875
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	809			809
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	1,748			1,748
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	9,432	0		9,432
	<b>25</b> Contributions, gifts, grants paid	1,032,215			1,032,215
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,041,647	0		1,041,647	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	220,529				
<b>b Net investment income</b> (if negative, enter -0-)		87,768			
<b>c Adjusted net income</b> (if negative, enter -0-)			87,768		

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	371,902	748,308	
	<b>2</b> Savings and temporary cash investments . . . . .	364,563	300,000	
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ 18,400 Less: allowance for doubtful accounts ▶ _____	203,400	18,400	
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,167,270	1,260,956	
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,107,135	2,327,664	0	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	2,107,135	2,327,664	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	2,107,135	2,327,664		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	2,107,135	2,327,664		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	2,107,135
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	220,529
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	2,327,664
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	2,327,664

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1a</b>			

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{		}	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved	<b>(a)</b> Reserved	<b>(b)</b> Reserved	<b>(c)</b> Reserved	<b>(d)</b> Reserved
<b>2</b> Reserved . . . . .				<b>2</b>
<b>3</b> Reserved . . . . .				<b>3</b>
<b>4</b> Reserved . . . . .				<b>4</b>
<b>5</b> Reserved . . . . .				<b>5</b>
<b>6</b> Reserved . . . . .				<b>6</b>
<b>7</b> Reserved . . . . .				<b>7</b>
<b>8</b> Reserved . . . . .				<b>8</b>

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due and overpayment are calculated at the bottom.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	0
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	0
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	0
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	0
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	0

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	1,220
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	1,220
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	1,220
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,220
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	0

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,041,647
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,041,647
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,041,647

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				0
<b>2</b> Undistributed income, if any, as of the end of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	426,533			
<b>b</b> From 2016. . . . .	529,633			
<b>c</b> From 2017. . . . .	775,238			
<b>d</b> From 2018. . . . .	1,341,703			
<b>e</b> From 2019. . . . .	1,125,952			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	4,199,059			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 1,041,647				
<b>a</b> Applied to 2019, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus	1,041,647			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,240,706			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	426,533			
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a . . . . .	4,814,173			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .	529,633			
<b>b</b> Excess from 2017. . . . .	775,238			
<b>c</b> Excess from 2018. . . . .	1,341,703			
<b>d</b> Excess from 2019. . . . .	1,125,952			
<b>e</b> Excess from 2020. . . . .	1,041,647			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
AL ALUSI FOUNDATION  
1975 NATIONAL AVENUE  
HAYWARD, CA 945451709

**b** The form in which applications should be submitted and information and materials they should include:  
STANDARD LETTER WITH THE NAME AND ADDRESS OF THE APPLICANT AND THE REASON(S) FOR THE ASSISTANCE REQUEST.

**c** Any submission deadlines:  
NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
THE FOUNDATION HAS TO ANALYZE THE FACTS AND ASCERTAIN THE VALIDITY OF THE REQUEST TO DETERMINE THE AMOUNT OF THE ASSISTANCE.

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				





**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MALAK TAHSENFAMILY ASSIST 1522 Waterstone Place San Ramon, CA 94582	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEASSISTANCE	6,500
UCNOOR ALALUSIPO BOX 742908 Los Angeles, CA 90074	NONE	INDIVID	HUMANITARIAN ANDEDUCATIONALASSISTANCE	32,500
AMANI MOHAMMEDEDUCATIONAL ASSIST AL FAHD STREET IRBID, IRBID 15556 JO	NONE	INDIVID	HUMANITARIAN ANDEDUCATIONAL ASSISTANCE	14,028
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ABDELRAHMAN MOHAMMAD ASSIST NEEDY F NEAR DAWAR 4 AMMAN, AMMAN 15556 JO	NONE	INDIVID	HUMANITARIAN AND EDUCATIONAL ASSISTANCE	15,250
ABDULLAH BREDIEDUCATION ASSIST AL SHERMALI SQUARE AMMAN, AMMAN 15556 JO	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEASSISTANCE	3,000
AKAA GATEN ASSIST NEEDY FAMILIES 626 EXTER STREET FRESNO, CA 93710	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEASSISTANCE	15,400
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
APARTHEID OFF CAMPUS ASSIST FOR ED 1081 SOLANO AVE RIVERSIDE, CA 92507	NONE	INDIVID	HUMANITARIAN AND EDUCATIONALASSISTANCE	5,000
MUHAMMAD ENSHASSI BITSCHER SQUARE 8 BERLIN, BERLIN 14195 GM	NONE	INDIVID	HUMANITARIAN ANDASSISTANCE REFUGEESGERMANY	3,300
JIE MI CCA STUDENT ASSIST 2850 SCOTT STREET SANTA CLARA, CA 95050	NONE	INDIVID	UMANITARIAN ANDEDUCATIONALASSISTANCE	46,489
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRANKFURTEDUCATION EXP BERLIN UNIVERSITY BERLIN, BERLIN 14195 GM	NONE	INDIVID	HUMANITARIAN ANDEDUCATIONALASSISTANCE	9,200
IGLESIA ISLAMICAASSIST NEEDY FAMILI 1909 ALAMEDA FRANKLIN SAN SALVADOR, SAN SALVADOR 1909 ES	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEASSISTANCE	5,000
JEHAD ALHINDIFAMMILY ASSIST 5404 BECKWORTH WAY ANTELOPE, CA 95843	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEASSISTANCE	1,000
<b>Total . . . . . ▶ 3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KUALA LUMPURFAMILY ASSIST KUALA LUMPUR KUALA LUMPUR, KUALA LUMPUR 53000 MY	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEASSISTANCE	3,000
MALAK IBRAHIM 1522 WATERTONE PLACE SAN RAMON, CA 94582	NONE	INDIVID	HUMANITARIAN ANDCHARITABLE ASSISTANCE	8,209
MANSORA UNIVERSITYNOOR TUITION EL GOMHOURIA STREET DAKAHLIA GOVERNORATE, EGYPT 35516 EG	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEASSISTANCE	1,500
<b>Total . . . . . ▶ 3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOUSA ABDELAZIZ HELP NEEDY STUDENTS DOWNAR 7 AMMAN, AMMAN 11183 JO	NONE	INDIVID	HUMANITARIAN AND EDUCATIONALASSISTANCE	6,350
MUHANNAD EDUCATIONAL ASSIST BITSCHER STRASSE 8 BERLIN, BITSCHER 14195 GM	NONE	INDIVID	HUMANITARIAN AND EDUCATIONALASSISTANCE	6,519
NUH ARK SCHOOL 426 REGAL LILY LANE SAN RAMON, CA 94582	NONE	INDIVID	HUMANITARIAN ANEDEDUCATIONALASSISTANCE	2,153
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RAED ALALOOSI FAMILY ASSIST ABU BAKIR SIDDIQ AREN UN STREET MOSUL, MOSUL 41 IZ	NONE	INDIVID	HUMANITARIAN ANDEDUCATIONALASSISTANCE	6,500
UC REGENTS EDUCATION ASSIST PO BOX 742908 LOS ANGELES, CA 90074	NONE	INDIVID	HUMANITARIAN ANDEDUCATIONALASSISTANCE	31,166
YAHUSA ISSAKA FAMILY ASSIST HERITAGE TOWERS ACCRA, ACCRA 12345 GH	NONE	INDIVID	HUMANITARIAN AND CHARITABLEASSISTANCE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YAUSER Z ALALISI 2920 RAMONA AVE SACRAMENTO, CA 95826	NONE	INDIVID	HUMANITARIAN AND CHARITABLE ASSISTANCE	7,711
HAYA MUHEED SALAMA 4742 CAMPBELL AVE SAN JOSE, CA 95130	NONE	INDIVID	HUMANITARIAN AND EDUCATIONAL ASSISTANCE	10,000
ALHAB ABDULLAH IRAQ 1196 FLOWERWOOD PLANCE WALNET CREEK, CA 94598	NONE	INDIVID	HUMANITARIAN AND ASSISTANCE REFUGEES IRAQ	25,000
<b>Total . . . . .</b>				<b>1,032,215</b>

**▶ 3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
H R ALALUSI MOSUL 1945 JOSEPH DR MORAGA, CA 94556	NONE	INDIVID	HUMANITARIAN AND ASSISTANCEREFUGEES MOUSAL	19,000
JIHAD SULTAN IBRAHIM ARAB ED ASSIST EL GOMHOURA STREET DAKAHLIA GOVERNORATE, EGYPT 35516 EG	NONE	INDIVID	HUMANITARIAN ADNASSISTANCEEDUCATIONALREFUGEES ARAB	3,500
KHALED ABDULFATTAH BAGHDAD ASSIST 65/42 HAI AL JAMEA BAGHDAD, BAGHDAD 10081 IZ	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES BAGHDAD	25,000
<b>Total . . . . . ▶ 3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAJD MOHAMMAD IRAQ BESYOL INONY CD NO 38 ISTANBUL, ISTANBUL 34295 TU	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES IRAQ	8,000
RAEL MOSUL REFUGEES AL SEDEQ QR SELAT ABRAHIM COMPLEX MOSUL, MOSUL 41002 IZ	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES MOSUL	5,000
VERONICA ED ASSIST 176 WONDERFUL LIFE WAY JARRELL, TX 76537	NONE	INDIVID	HUMANITARIAN AND EDUCATIONALASSISTANCE	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ZAIL ALALUSI MOSUL 722 DAFFODIL WAY CONCORD, CA 94518	NONE	INDIVID	HUMANITARIAN AND ASSISTANCE MOSUL ORPHANS	6,000
ZIRAAT BANKASIKINALIADA ISTANBUL, ISTANBUL 34977 TU	NONE	INDIVID	HUMANITARIAN AND ASSISTANCE REFUGEES MOSUL	27,000
MOSUL REFUGEES 2811 VM - REEUWIJK HOLLAND, HOLLAND 2811 NL	NONE	INDIVID	HUMANITARIAN AND ASSISTANCE REFUGEES AMSTERDAM NETHERLANDS	14,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RAF NATIONAL ACADEMY SCHOOL ISLAMIC 170 UBAY AMMAN, AMMAN 11183 JO	NONE	INDIVID	HUMANITARIAN ANEDUCATIONALISLAMIC ASSISTANCE	10,000
ALHUDA FOR SOCKS HLA JORDAN NO 199 SHAMLI, SHAMLI 247776 IN	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES JORDAN	16,500
ALKOTOF AL DANYA JORDAN REFUGEES 7250 BC AMMAN, AMMAN 11183 JO	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES JORDAN	11,000
<b>Total . . . . . ▶ 3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMANI ALHINDI JORDAN AL FAHD ST 75556 IRBID, IRBID 21110 JO	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES JORDAN	79,750
NOOR - ALALUSI EDUCATION 1951 JOSEPH DR MORAGA, CA 94556	NONE	INDIVID	HUMANITARIAN ANDASSISTANCE REFUGEES JORDAN	20,000
H R ALALISI JORDAN1945 JOSEPH DR MORAGA, CA 94556	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES JORDAN	11,500
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MALAK IBRHIM FAMILY JORDAN 1522 WATERSTONE PLACE SAN RAMON, CA 94582	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES JORDAN	9,000
MOHAMAD FAJR SALKENI JORDAN 9 HROUN AL-RASHID AMMAN, AMMAN 11183 JO	NONE	INDIVID	HUMANITARIAN AND CHARITABLEASSISTANCE	2,000
RUSHDI ZAIDIA RENTAL PROPERTY JORDA POBOX 6070 AMMAN, AMMAN 11183 JO	NONE	INDIVID	HUMANITARIAN ANDASSISTANCE REFUGEES JORDAN - RENTAL PROPERTY	56,270
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMMAR ARIF TURKISH CENTRAL TURKEY EINTAPI, EINTAPI 17060 TU	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES TURKEY	60,640
ELSIBAI ALAITTIN TURKEY MADEN ISTANBUL EINTAPI, EINTAPI 17060 TU	NONE	INDIVID	HUMANITARIAN ANDCHARITABLE ASSISTANCE - TURKEY	60,000
KUYEYT TURK KATILIM TURKEY NO 82F BLOK ISTANBUL, ISTANBUL 34025 TU	NONE	INDIVID	HUMANITARIAN AND ASSISTANCEREFUGEES TURKISH	118,950
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAJD IYAD MOHAMMAD TURKISH 82F BLOK ISTANBUL, ISTANBUL 34010 TU	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES TURKISH	20,000
MOHAMMED ABDULLA TURKISH NO 82F BLOK ISTANBUL, ISTANBUL 34030 TU	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES TURKISH	50,000
NAJM ABDULLAH TURKEY185 L EAST EINTAPI, EINTAPI 17060 TU	NONE	INDIVID	HUMANITARIAN ANDASSISTANCETURKISH	35,000
<b>Total . . . . . ▶ 3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ZIRAAT BANKASI TURKEY NO 33/2 KORUR ISTANBUL, ISTANBUL 34041 TU	NONE	INDIVID	HUMANITARIAN ANDASSISTANCETURKISH	15,000
ABDELRAHMAN MOHAMMAD NEEDY FAMILIES 9 HROUN AL-RASHID ST AMMAN, AMMAN 11183 JO	NONE	INDIVID	HUMANITARIAN AND CHARITABLEASSISTANCE	4,400
AD ALJANABI ORPHANS ASSIST 1196 FLOWERWOOD PLACE WALNET CREEK, CA 94598	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEFAMILY AND ORPHANS	40,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMANI MOHAMMED ORPHANS NEEDY ASSIST ARCHAEOLOGICAL MUSEUM IRBID, IRBID 21110 JO	NONE	INDIVID	HUMANITARIAN ANDCHARITABLEREFUGEES/ORPHAN	17,930
AMMAR ARIF FAMILY ASSIST UNIVERSITY ISTANBUL, ISTABUL 34035 TU	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES/ORPHAN	10,000
SAY ALALISI FAMILY ASSIST 1951 JOSEPH DR MORAGA, CA 94556	NONE	INDIVID	HUMANITARIAN ANDASSISTANCEREFUGEES/ORPHAN	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,032,215

**TY 2020 Accounting Fees Schedule****Name:** ALALUSI FOUNDATION**EIN:** 91-2158518**Software ID:** 20011551**Software Version:** 2020v4.0

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
	6,875	0	0	6,875

**TY 2020 General Explanation Attachment****Name:** ALALUSI FOUNDATION**EIN:** 91-2158518**Software ID:** 20011551**Software Version:** 2020v4.0**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		General Explanation Supplemental Information for Form 990-PF	We are electronically submitting the 990-PF return for the fiscal year ending March 31, 2021 as w as requested per your letter dated March 21, 2022. It w as unintentionally overlooked to enter the addresses of Donors and Donees on the initial return. It is now correctly entered and w ill follow the requirement for future returns. We - as the CPA office - w ere unable to respond promptly due to the tax filing deadline. Thank you for your understanding and cooperation. AKRAMM. OMARI, CPA

**TY 2020 Investments Corporate Stock Schedule****Name:** ALALUSI FOUNDATION**EIN:** 91-2158518**Software ID:** 20011551**Software Version:** 2020v4.0**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CHARLES SCHWAB	550,128	
SATIRMA CAPITAL CORP	377,050	
SATURNA CAPITAL CORP	333,778	

**TY 2020 Other Expenses Schedule****Name:** ALALUSI FOUNDATION**EIN:** 91-2158518**Software ID:** 20011551**Software Version:** 2020v4.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Advertising	1,600			1,600
Merchant Fees & Bank Charges	54			54
Office Supplies	94			94

**TY 2020 Taxes Schedule****Name:** ALALUSI FOUNDATION**EIN:** 91-2158518**Software ID:** 20011551**Software Version:** 2020v4.0**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
Form 199-California	10			10
Payroll Taxes	136			136
Taxes & License	663			663

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**

Name of the organization  
ALALUSI FOUNDATION

**Employer identification number**  
91-2158518

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
ALALUSI FOUNDATION

**Employer identification number**  
91-2158518

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)

Name of organization  
ALALUSI FOUNDATION

Employer identification number

91-2158518

<b>Part II</b>			
<b>Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization  
ALALUSI FOUNDATION

Employer identification number  
91-2158518

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

# Additional Data

**Software ID:** 20011551  
**Software Version:** 2020v4.0  
**EIN:** 91-2158518  
**Name:** ALALUSI FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HESHAM DIANNE ALALUSI 1945 JOSEPH DR  MORAGA, CA 945562712	\$ 295,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
2	ASAD JAMAL MZF FAMILY TRUST 99 ALMADEN BLVD STE 600  SAN JOSE, CA 951131605	\$ 285,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
3	OMAR AL RAYAHI 43811 PLYMOUTH OAKS BLVD  PLYMOUTH, MI 481702539	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
4	AIMAN KBAKIBO 579 HARRINGTON AVE  LOS LATOS, CA 940244846	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
5	AMER R AL-ALUSI WALA T AL-ALUSI 10821 STONE HAVEN WAY  SAN DIEGO, CA 921304814	\$ 13,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
6	DR AIMAN SHOKR EMMAN D FAIK 109 BANKS DR  AMARILLO, TX 791243025	\$ 40,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DR SAAD SHAKIR 14146 AMHERST CT <hr/> LOS ALTOS HILLS, CA 940223309	<hr/> \$ 56,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
8	GEOTECHNICAL STABILIZATION INC 1566 STERLING CT <hr/> ESCONDIDO, CA 920291208	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
9	IMAD ASHFAQ SABA UNAD 8941 KATUNER AVE <hr/> CAMPBELL, CA 950080909	<hr/> \$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
10	ISAM ALYOUSFI 2013 CAMINO RAMON <hr/> DANVILLE, CA 945263070	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
11	NIZAR AHMED APRIL KING 37168 ALEPPO DR <hr/> NEWARK, CA 945603311	<hr/> \$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
12	DDS FAMILY DENTISTRY 39675 CEDAR BLVD STE 100 <hr/> NEWARK, CA 945605490	<hr/> \$ 13,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RCF ADIL SVED 3575 SUNNYHAVEN DRIVE	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	SAN JOSE, CA 951172956		
14	RUTH FRIEND 2 MILLER TER	\$ 30,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	MILL VALLEY, CA 949412863		
15	SAAD AHMED SADAF A KHAN 1775 ARLINGTON LN	\$ 15,687	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	GLENDALE HTS, IL 601391893		
16	SAADIA HAMEED 252 DEL NORTE AVE	\$ 31,627	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	SUNNYVALE, CA 940853028		
17	SALIM FADOO MAIMOONA FADOO 550 W RECREO WAY	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	MTN HOUSE, CA 953912009		
18	THE KADAH FOUNDATION 2 N 1ST STREET FL6	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	SAN JOSE, CA 951131212		

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ZYDOON JAWADI ZAINB ASAF 12159 DAWN LANE	\$ 77,100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	LOS ALTO HILLS, CA 940223309		
20	CHAFIC CHAARANI 395 TERMINAL AVE	\$ 5,750	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	OTTAWA, ONTARIO K1A 0L5 CA		
21	MAWEL YUSUF 1139 WHITE DR	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	SANTA CLARA, CA 950513933		
22	MOHAMMAD FATTAH 5966 LANTANA WAY	\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	SAN RAMON, CA 945825049		