990 Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2006

Open to Public Inspection

| | ~ r | טו נוופ | 2000 Calellus | i year, c | tax year beginning | // 1/2006 | , and | enaing | | 0/2007 |
|-------------------|------------|-----------|-------------------|-------------------|-----------------------------------------------------------------------------------|----------------------------|---------------------------------------|-----------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _ | <u>B</u> (| heck if | applicable | Piease | C Name of organization | | | | D Employe | r Identification number |
| | A | ddress | change | use IRS | Oakland Small Schools Fou | ndation Inc | | | 43-201463 | 30 |
| Ī | ٦, | lame cl | nange | tabel or print or | Number and street (or P O box if | | et address) | Room/suite | E Telephor | |
| F | ╡ | nitial re | _ | type. | D O D-11 20228 | | • | 1 | | 0.40 |
| - | ≓" | miai ic | igiii | See Specific | P.O Box 20238 | | | L | <u>510-534-7</u> | |
| Ļ | ᆜુ⋷ | inal ret | urn | instruc- | City or town | State or cou | ntry ZI | P + 4 | F Account | ing method: Cash X Accrual |
| Ĺ | _ ^ | mende | d retum | tions | Oakland | CA | 9. | 4620 | Othe: | r (specify) 🕨 |
| L | | pplicat | ion pending | Section | on 501(c)(3) organizations and 4947 | (a)(1) nonexempt charital | ble | H and I are no | ot applicable to | section 527 organizations |
| | | | | trusts | must attach a completed Schedule | A (Form 990 or 990-EZ). | | H(a) Is this | s a group retur | n for affiliates? Yes X No |
| _ | G W | ebsite | smalls | schoolsfo | oundation.org | | | H(b) If "Ye | s," enter numb | per of affiliates ► N/A |
| | | | | | | | | H(c) Are a | ill affiliates ind | uded? Yes No |
| | J O | rganiza | ation type (chec | k only one) | ► X 501(c) (3) ◀ (in | isert no) 4947(a)(1) o | r 527 | , , , | | See instructions) |
| _ | · · | hant be | | 1 .6 150 000 | | | | 1 | | |
| | | heck he | _ | | anization is not a 509(a)(3) supporting \$25,000 A return is not required, but | | | 1 ' ' | • | turn filed by an organization |
| | | | eturn, be sure to | | | a are organization enboses | • | | ed by a group | |
| _ | | | | | | | | I Grou | p Exemption N | , |
| | | | | | | | | M Chec | | of the organization is not required |
| _ | | _ | | | b, 9b, and 10b to line 12 | | <u>803,727</u> | <u> </u> | | orm 990, 990-EZ, or 990-PF) |
| ŀ | art | | Revenue, | Expens | ses, and Changes in Net | Assets or Fund B | alances | (See the in | structions | s. <i>)</i> |
| | | 1 | Contribution | ns, gifts, | grants, and similar amounts | received: | | | , (4) | |
| | | а | | | | | 1a | | 0 3 | |
| | | b | Direct public | c suppor | t (not included on line 1a). | 1 | 1b | 79 | 3,612 | ξ. 9 |
| | | | • | | ort (not included on line 1a). | , | 1c | | 0 (1) | § |
| | | | | | utions (grants) (not included | | 1d | | 0 | u de la companya de l |
| | | | | | | 782,662 noncash | | 10,950 | | 793,612 |
| | | 2 | | | enue including government f | ees and contracts (fi | om Part V | | | 4,378 |
| | | 3 | _ | | nd assessments | • | , | | 3 | 2,250 |
| | | 4 | Interest on | savings a | and temporary cash investme | ents | | | . 4 | 3,233 |
| | | 5 | | _ | est from securities | | | | . 5 | 0 |
| | | 6 a | Gross rents | | | | 6a | | Mark S | c . |
| | | b | Less rental | expense | es | [| 6b | | B. 286 | |
| 3 2008 | | С | Net rental in | ncome o | r (loss) Subtract line 6b from | line 6a . , | | | 6с | 0 |
| <u>5</u> | Φ | 7 | | | come (describe | | | |) 7 | 0 |
| ~ | <u> </u> | 8 a | Gross amou | ınt from | sales of assets other | (A) Securities | | (B) Other | 1,31 | 4 |
| 673 | Revenue | | than invento | ory . | | | 8a | | O | : i |
| \Leftrightarrow | Œ | | | | pasis and sales expenses . | | 8b | | 0 | - |
| \cong | | | | | h schedule) | | 8c | | 0 300 | i |
| MAR | | đ | - | | ombine line 8c, columns (A) | | | | . 8d | 0 |
| | | 9 | • | | ivities (attach schedule) If any a | | , check here | • ▶ [| | , |
| | | а | Gross rever | | | <u>0</u> of | . 1 | | 1,71 6 | |
| Ž | | | | | • | | 9a | | | 4 |
| ANNED | | | | | es other than fundraising exp | | 9b | | O | |
| Æ | | | | | from special events Subtract | | 1 | | 9c | <u> </u> |
| SCF | | | | | itory, less returns and allowa | | 10a | | <u>0</u> | |
| G # | | | Less cost o | | | | 10b | 10 | 0 (10) | |
| | | | | | om sales of inventory (attach sch | • | ub trom line | 10a . | 10c | 254 |
| | | 11 | | | Part VII, line 103) | 00 100 000 | | | 11 | |
| _ | _ | 12 | | | lines 1e, 2, 3, 4, 5, 6c, 7, 8d, | | RECEI | VED. | 12 | 803,727 |
| | | 13 | | | om line 44, column (B)) | | <u> </u> | - | 13 | 669,480 |
| | Expenses | 14 | | | eneral (from line 44, column (| | | 1 | 00 14 | 48,343 |
| | ф | 15 | | | ne 44, column (D)) . | . 135 | FEB 1 '9 | 2008 | Ö 15 | 22,466 |
| | | 16 | | | s (attach schedule) | • L | , | · | 14 15 16 17 | 740 290 |
| _ | _ | 17 | | | d lines 16 and 44, column (A | | · · · · · · · · · · · · · · · · · · · | · | | 740,289 |
| | Net Assets | 18 | | | r the year Subtract line 17 fr | | DGDEI | V; UT · | 18 | 63,438 |
| | Asi | 19 | | | alances at beginning of year | | n (A)) | | · 19 | 382,513 |
| | let. | 20 | | | t assets or fund balances (at | | | | . 20 | 0 |
| _ | _ | 21 | Net assets of | or fund b | alances at end of year Comi | oine lines 18, 19, and | 120 . | · · · · · · | . 21 | 445,951 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form **990** (2006)

| Part I | Statement of All organizations must complete column organizations and section 4947(a)(1) n | | | | | |
|----------|--------------------------------------------------------------------------------------------|-----------|---------------------|---------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Do not include amounts reported on line | 1140 | | (B) Program | (C) Management | |
| | 6b, 8b, 9b, 10b, or 16 of Part I | 31 M | (A) Total | services | and general | (D) Fundraising |
| 22 a | Grants paid from donor advised funds (attach schedule) | | | | AND A PAR | K Walls A. |
| | (cash \$ 0 noncash \$0) | 1 | | | | Mark C. Mark C. Mark |
| | If this amount includes foreign grants, check here | 22a | ol | 0 | | |
| 22 b | Other grants and allocations (attach schedule) See Stmt 4 | | | | | |
| | (cash \$ 546,484 noncash \$ 0) | | | | | |
| | If this amount includes foreign grants, check here ▶ | 22b | 546,484 | 546,484 | | |
| 23 | Specific assistance to individuals (attach | | | | | Control of the Contro |
| | schedule) | 23 | 0 | 0 | | 网络 |
| 24 | Benefits paid to or for members (attach | 1 | i | | | A STATE OF THE STA |
| | schedule) | 24 | 0 | | and the same | Charles State Later |
| 25 a | Compensation of current officers, directors, | 1 | ŀ | | | Ī |
| | key employees, etc. listed in Part V-A (attach | 25a | 40,550 | 30,007 | 5,271 | 5,27 |
| | schedule) | ZSA | 40,550 | 30,007 | 3,211 | 3,21 |
| U | key employees, etc. listed in Part V-B (attach | | | | | |
| | schedule) | 25b | ol | 0 | l o | , |
| С | Compensation and other distributions, not included above, to | | | | | |
| • | disqualified persons (as defined under section 4958(f)(1)) and | | İ | | | } |
| | persons described in section 4958(c)(3)(B) (attach schedule) | 25c | 0 | 0 | 0 | (|
| 26 | Salaries and wages of employees not included | | | | | } |
| | on lines 25a, b, and c | 26 | 57,843 | 38,984 | 10,238 | 8,62 |
| 27 | Pension plan contributions not included on | | | | | |
| | lines 25a, b, and c | 27 | 0 | | | |
| 28 | Employee benefits not included on lines | 28 | 8,299 | 6,111 | 1,525 | 66: |
| 20 | 25a – 27 | 29 | 11,158 | 8,832 | | |
| 29 30 | Professional fundraising fees | 30 | 11,130 | 0,032 | 2,021 | - 55. |
| 31 | Accounting fees | 31 | 11,959 | | 11,959 | |
| 32 | Legal fees | 32 | 6,758 | | 6,758 | |
| 33 | Supplies | 33 | 5,199 | 3,841 | 307 | 1,05 |
| 34 | Telephone | 34 | 988 | 692 | 221 | |
| 35 | Postage and shipping | 35 | 1,135 | 623 | 60 | 45 |
| 36 | Occupancy | 36 | 0 | | ļ <u>.</u> | <u> </u> |
| 37 | Equipment rental and maintenance | 37 | 0 | 1011 | 700 | 100 |
| 38 | Printing and publications | 38 | 3,809 | 1,811 100 | | 1,20 |
| 39 | Travel | 39 40 | 124 0 | 100 | | |
| 40 41 | Conferences, conventions, and meetings | 41 | 0 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) See Statement 1 | 42 | 869 | 721 | 70 | 7 |
| 43 | Other expenses not covered above (itemize) | | | | | |
| | See attached statement | 43a | 45,114 | 31,274 | 9,120 | 4,72 |
| b | | 43b | 0 | 0 | | |
| С | | 43c | 0 | | | |
| d | | 43d | 0 | 0 | | |
| е | | 43e | 0 | | | |
| f | | 43f | 0 | | | |
| g 44 | Total functional expenses. Add lines 22a | 43g | 0 | | | ' |
| 44 | through 43g. (Organizations completing | | ! | | | |
| | columns (B)–(D), carry these totals to lines | | | | | |
| | 13–15) | 44 | 740,289 | 669,480 | 48,343 | 22,46 |
| Joint | Costs. Check ►X if you are following SOP 98-2. | احتضيي | | | | |
| | y joint costs from a combined educational campaign and fundraising solicit | ation rer | oorted in (B) Prog | ram services? | | Yes XNo |
| | ," enter (i) the aggregate amount of these joint costs \$ | | , (ii) the amount a | | | النناء- ر |
| | e amount allocated to Management and general \$ | | nd (iv) the amount | • | ***** | |
| | | | | | | |

| Part III | Statement of Program | m Service Accomplishments | (See the instructions. |
|----------|----------------------|-----------------------------|------------------------|
| | Statement of Frogram | II Setaice Accomplishinelis | (See the monactions. |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

43-2014630

| What is the organization's primary exempt purpose? To promote excellence and sustainability in Oaklands new small public schools. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| a See Statement 2 | Outers) |
| | |
| | |
| | |
| | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ▶ | 669,480 |
| b | |
| | |
| | |
| | |
| | |
| (Grants and allocations \$) If this amount includes foreign grants, check here | |
| C | |
| ., | |
| | |
| | |
| | |
| (Grants and allocations \$) If this amount includes foreign grants, check here | |
| d | |
| . ,, ,,, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,, | |
| | |
| | |
| | |
| (Grants and allocations \$) If this amount includes foreign grants, check here | |
| e Other program services (attach schedule) | |
| (Grants and allocations \$ 0) If this amount includes foreign grants, check here | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) . | 669,480 |
| | For 990 (2006) |

43-2014630 Part IV Balance Sheets (See the instructions.) (A) Note: Where required, attached schedules and amounts within the description (B) Beginning of year End of year column should be for end-of-year amounts only 322,826 45 184,701 45 46 Savings and temporary cash investments . . . 72,502 46 76,735 47 a Accounts receivable 47a b Less, allowance for doubtful accounts . . . 47b 0 47c 53,538 48a n 48 a Pledges receivable . . . **b** Less allowance for doubtful accounts n 48b 0 48c 14,229 49 49 Grants receivable 203,000 50 a Receivables from current and former officers, directors, trustees, and 0 50a 0 **b** Receivables from other disqualified persons (as defined under section 50b 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . 51 a Other notes and loans receivable (attach 51a 51c **b** Less allowance for doubtful accounts . . 51b 0 52 Inventories for sale or use Prepaid expenses and deferred charges . 813 53 FMV 0 54a 0 54 a Investments—publicly-traded securities. . **b** Investments—other securities (attach schedule) FMV 0 54b 0 55 a Investments-land, buildings, and equipment basis 55a 0 **b** Less: accumulated depreciation (attach 2,608 55c 0 55b 0 0 56 Investments—other (attach schedule) . . 6,366 57 a Land, buildings, and equipment: basis . . . 57a **b** Less accumulated depreciation (attach 5,497 869 0 57c 57b schedule) See Statement 1 0 58 58 Other assets, including program-related investments) (describe Total assets (must equal line 74) Add lines 45 through 58. 59 523,471 59 412,978 60 Accounts payable and accrued expenses 30,465 77,520 61 Grants payable 61 62 62 63 Loans from officers, directors, trustees, and key employees (attach Liabilities ol 63 0 0 0 64 a Tax-exempt bond liabilities (attach schedule) 64a 0 **b** Mortgages and other notes payable (attach schedule) 0 64b Other liabilities (describe Ol 65 0 65 Total liabilities. Add lines 60 through 65 30,465 66 77,520 Organizations that follow SFAS 117, check here | x | and complete lines 67 through 69 and lines 73 and 74 42,810 67 21,200 67 Assets or Fund Balances 339,703 424,751 68 Temporarily restricted Permanently restricted 69 Organizations that do not follow SFAS 117, check here complete lines 70 through 74. 70 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds . . . Total net assets or fund balances. Add lines 67 through 69 or lines 73 ¥ 70 through 72. (Column (A) must equal line 19 and column (B) must 382,513 73 445.951

Total liabilities and net assets/fund balances. Add lines 66 and 73.

412,978 74

| Part I | _ | Reconciliation instructions.) | n of Rev | venue per Au | dited F | inancial State | ements With | Rev | enue pe | r Return | ı (Se | e the |
|-------------|--------------|------------------------------------|--------------|-------------------------|--------------|---------------------|----------------|-------------------|----------------|--------------|---------------|------------------------------------------|
| | | | and other | r support per au | udited fir | nancial stateme | nts | | | · | а | 848,971 |
| b | | nts included on | | | | | | | | | | 1 |
| 1 | | realized gains | | | | | | b1 | | | | |
| 2 | Donat | ed services and | d use of fa | icilities . | | | | b2 | | 45,244 |] | |
| 3 | Recov | eries of prior ye | ear grants | | | | | b3 | | | } | |
| 4 | Other | (specify): | | | | | | | | _ | | |
| | | | | | | | | b4 | <u></u> | 0 | | |
| | | nes b1 through | | | | | | | | | b | 45,244 |
| C | | act line b from li | | | | | | | | | С | 803,727 |
| d | | nts included on | | • | | | | 1 | ı | | | |
| 1 | | ment expenses | not inclu | ded on Part I, II | ne 6b . | | | <u>d1</u> | | | 1 | ĺ |
| 2 | Other | (specify) [.] | | | | | | l | | | | |
| | | | | | | | | d2 | <u> </u> | | | |
| _ | | nes d1 and d2 | line 10\ | | | | | | | | d | 902.727 |
| e Part I | l otal | revenue (Part I | , line 12). | Add lines C an | <u>u a .</u> | Eineneiel Ste | tomonto Wit | h Ev | | or Boti | <u>e</u> | 803,727 |
| | | | | | | Financial Sta | tements vvit | n ex | penses p | er Kett | 7 | 705.500 |
| a | | expenses and lo | • | | | ments | • | | | | a | 785,533 |
| b | | nts included on ed services and | | | | | | 1 64 | ı | 45 244 | | |
| 1 2 | | | | | | | | b1 b2 | | 45,244 | 1 | |
| 3 | | s reported on P | | | | | | b3 | | | 1 | |
| 4 | | (| | | | | | 155 | | | 1 | |
| 4 | Other | (Specify). | | | | | | b4 | 1 | 0 | | |
| | Add Ju | nes b1 through | | | | | | _ D 4_ | L | | ь | 45.244 |
| С | | act line b from li | | | | | | | • • | • | c | 740,289 |
| d | | nts included on | | | | | | | | | | , , , , , , , , |
| 1 | | ment expenses | | | | | | d1 | | | | |
| 2 | | (specify): | | | | | | <u> </u> | | - | 1 | |
| | | (, | | | | | | d2 | | 0 | - | |
| | Add lin | nes d1 and d2 | | | | | | <u> </u> | | | d | l c |
| е | Total | expenses (Parl | t I, line 17 |). Add lines c a | | | | | | . ▶ | е | 740,289 |
| Part V | | | | <u></u> | | d Key Employ | | | | as an of | ficer, | |
| | _ | | • | • | • | year even if the | | • | | | | |
| | _ | | | | Ī | (B) | (C) Compensati | | (D) Contributi | | | |
| | | (A) Name and | address | | | d average hours per | (If not paid, | | • | ns & deferre | | (E) Expense account and other allowances |
| | | | | | | levoted to position | enter -0) | | compens | ation plans | | |
| | | Babe Faust | | Box 20238 | | xecutive Director | | | | | | _ |
| | <u>Oakla</u> | | ST CA | ZIP 94620 | Hr/WK | 30 | 40,5 | 50 | | | 3,33 <u>8</u> | |
| | | of Directors | Str | | Title | | | _ | | | _ | 1 |
| | | tatement 3 | ST | ZIP | Hr/WK | | | 0 | | | 0 | 0 |
| Name | | | Str | | Title | | | | | | | |
| City | | | ST | ZIP | Hr/WK | | | | | | | |
| Name | | | Str | | Title | | | | | | | |
| Cıty | | | ST | ZIP | Hr/WK | | | + | | | | - |
| Name | <u>N/A</u> _ | | Str | | Title | | | | | | | |
| Cıty | | | ST | ZIP | Hr/WK | | | _ | | | | |
| Name | N/A | | Str | | Title | | | | | | | |
| City | <u></u> | | ST | ZIP | Hr/WK | | | _ | | | | |
| Name | N/A | | Str | | Title | | | | | | | |
| City | | | ST | ZIP | Hr/WK | | <u> </u> | | | | | <u> </u> |
| Name | N/A | | Str | | Title | | | | | | | |
| City | <u> </u> | | ST | ZIP | Hr/WK | | | | | | | |
| Name | N/A | | Str | | Title | | | | | | | |
| City | | | ST | ZIP | Hr/WK | | | | | | | |
| Name | N/A | | Str | | Title | | | | _ | | | |
| City | | | ST | ZIP | Hr/WK | | | | | | | |

| Form 9 | 00 (2006) Oakland Small Schools Foundation | n, inc | | 43-2014630 | | | Page 6 |
|--------------|-------------------------------------------------------------|--------------------------------------------------|---------------------|-------------------------------|-------------|----------|----------------------------------------------|
| Part ' | V-A Current Officers, Directors, Tru | stees, and Key Emp | oloyees (contin | ued) | | Yes | No |
| 75 a | | d trustees permitted to | vote on organizat | on business at board | | ĺ | l |
| | meetings | | | · | 1 | | |
| þ, | Are any officers, directors, trustees, or key emp | ployees listed in Form 9 | 90, Part V-A, or h | nighest compensated | ' | | |
| | employees listed in Schedule A, Part I, or high | est compensated profes | ssional and other | ındependent | | | |
| | contractors listed in Schedule A, Part II-A or II- | B, related to each other | through family o | r business | | | |
| | relationships? If "Yes," attach a statement that | identifies the individual | s and explains the | e relationship(s) | 75b | | х |
| С | Do any officers, directors, trustees, or key emp | loyees listed in Form 99 | 00, Part V-A, or h | ighest | | | 1 |
| | compensated employees listed in Schedule A, | • | | - | 1 ' | | ĺ |
| | independent contractors listed in Schedule A, I | | | | | | { |
| | organizations, whether tax exempt or taxable, t | that are related to the or | rganization? See | the instructions for | | 1 | 1 |
| | the definition of "related organization." | | | | 75c | | х |
| | If "Yes," attach a statement that includes the in | | the instructions | | | | |
| | Does the organization have a written conflict of | finterest policy? | · | _ | 75d | <u> </u> | x |
| Part | V-B Former Officers, Directors, Trustees, | and Key Employees T | hat Received Co | mpensation or Other Bene | efits (If a | any for | mer |
| | officer, director, trustee, or key employee | e received compensatio | n or other benefit | s (described below) during th | ne year, | list tha | at |
| | person below and enter the amount of co | ompensation or other be | enefits in the appi | opriate column. See the inst | ructions | ;) | |
| | | · | (C) Compensation | (D) Contributions to employee | | Expens | |
| | (A) Name and address | (B) Loans and Advances | (if not paid, | benefit plans & deferred | | nt and o | |
| | | | enter -0-) | compensation plans | alle | owance | <u>. </u> |
| Name | • | } | | 1 | | | |
| City | | | | | | | |
| Name | • | } | | 1 | | | |
| City | | | | | | | |
| Name | *** | | | | | | |
| City | | | | | | | |
| Name | | 1 | | | | | |
| City Name | | | | | | | |
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| City Name | | | | | | | - |
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| Name | ······································ | | | | | | |
| City | | } | | Į J | | | |
| Name | | | | | | | |
| City | | 1 | | | | | |
| Name | | | | | | | |
| City | • • • • • • • • • • • • • • • • • • • • | | | j | | | |
| Name | | | | | | | |
| City | • • • • • • • • • • • • • • • • • • • • | 1 | | | | | |
| Part ' | VI Other Information (See the instruct | ions.) | | | | Yes | No |
| 76 | Did the organization make a change in its activ | ities or methods of cond | ducting activities? | If "Yes," attach a | | | ĺ |
| | detailed statement of each change | | | | 76 | | Х |
| 77 | Were any changes made in the organizing or g | overning documents bu | t not reported to | the IRS? | 77 | | Х |
| | If "Yes," attach a conformed copy of the chang | | • | | | | |
| 78 a | Did the organization have unrelated business g | | or more during th | e year covered by | | | ĺ |
| | this return? | | | | 78a | | x |
| ь | If "Yes," has it filed a tax return on Form 990-T | | | | 78b | N/A | |
| 79 | Was there a liquidation, dissolution, termination | | | | | | |
| . • | a statement | | | | 79 | | × |
| 80 a | Is the organization related (other than by associated) | | | | | | |
| J. u | common membership, governing bodies, truste | | | | | | ı |
| | | • | Calci exempt of | Horioxompt | 80a | | × |
| h | organization? If "Yes," enter the name of the organization | | | | Jua | | |
| D | in res, erner the name or the organization | | .:: ή | | | | |
| | | and check whether | | | | | |
| 81 a | Enter direct and indirect political expenditures | | s.) . | 81a N/A | - | | |
| | Did the association file Form 4420 BOL for th | | | | 041- | | . · · |

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

and Financial Accounts.

| Form 990 (2006) | Oak | land Small Sch | nools F | <u>oundatio</u> r | , Inc. | 43-2014630 | | Page 8 |
|-------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------------------|-------------------|----------------------|--------------------------------------------------|--------------|-----------|
| Part VI Other Information (continued) | | | | | | | Yes | No |
| c At any time during the calendar year, did If "Yes," enter the name of the foreign co | | | | | de of the United | States? 9 | lc | x |
| 92 Section 4947(a)(1) nonexempt charitable | trusts filir | ng Form 990 in | | | | | | ▶ [|
| and enter the amount of tax-exempt inter- | est receiv | ed or accrued | during t | he tax ye | ar | ▶ 92 N/A | | |
| art VII Analysis of Income-Producin | | | | | | | | |
| ote: Enter gross amounts unless otherwise | | Unrelated busin | | | Excluded by section | n 512, 513, or 514 | (E |) |
| ndicated | | (A) | | (B) | (C) | (D) | Relate | |
| 93 Program service revenue | В | usiness code | ı | nount | Exclusion code | Amount | exempt f | |
| a Fee for service | <u> </u> | | | | | | IIICO: | 4,378 |
| | | | | | ···· | | | 4,370 |
| b c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f Medicare/Medicaid payments . | | ····· | | | | | | |
| g Fees and contracts from government agencies | . - | | i | | | | | |
| 94 Membership dues and assessments . | | | | | | <u> </u> | | 2,250 |
| 95 Interest on savings and temporary cash investmer | nts | | | | 14 | 3,233 | | |
| 96 Dividends and interest from securities | . | | | | <u></u> | 3,=5,5 | | |
| 97 Net rental income or (loss) from real estate | · | | | | | | i | |
| a debt-financed property . | <u> </u> | ······································ | | | | | | |
| b not debt-financed property | | | T | | | | | |
| 98 Net rental income or (loss) from personal property | . — | | | | | | | |
| 99 Other investment income . | | | | | | | | |
| Gain or (loss) from sales of assets other than inve | ntory | | | | | | | |
| 01 Net income or (loss) from special events | | | | | | T | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | | | | |
| 103 Other revenue a Miscellaneous | | | | 0 | 01 | 254 | | 0 |
| b | | | | 0 | | 0 | | 0 |
| С | ı | | | 0 | | 0 | | 0 |
| d | 1 | | | 0 | | 0 | | 0 |
| е | | | | _ 0 | | 0 | | 0 |
| Subtotal (add columns (B), (D), and (E)) | | | | 0 | | 3,487 | | 6,628 |
| 105 Total (add line 104, columns (B), (D), and (E)) | ٠. ٠ | | | | | > | | 10,115 |
| Note: Line 105 plus line 1e, Part I, should equal | | nt on line 12, F | Part I | | | | | |
| Part VIII Relationship of Activities to t | he Acco | mplishment | of Ex | empt Pu | rposes (See t | he instructions | .) | |
| Line No. Explain how each activity for which incoord fithe organization's exempt purposes | ome is repo (other than | orted in column (i by providing fun | E) of Pa | rt VII contr | ibuted importantly | to the accomplish | nent | |
| Revenue received in exchange for coa | aching pr | incipals in givin | g cam | paigns an | d producing ma | rketing materials | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part IX Information Regarding Taxab | le Subs | idiaries and | Disreç | jarded E | ntities (See th | ne instructions. |) | |
| (A) | | (B) | | | (C) | (D) | (E | .) |
| Name, address, and EIN of corporation, | j | Percentage | of | Nature | e of activities | Total income | End-of | -year |
| partnership, or disregarded entity | | ownership inte | | | | | ass | |
| I/A | | | % | | | 0 | | 0 |
| | | | % | | | 0 | | 0 |
| | | | % | | | 0 | | |
| | | | % | | | 0 | Ĺ | 0 |
| Part X Information Regarding Trans | fers Ass | ociated with | Pers | onal Bei | nefit Contracts | s (See the insti | uctions | <u>.)</u> |
| (a) Did the organization, during the year, receive any fun | ds, directive | or indirectly, to pay | y premiui | ms on a per | sonal benefit contra | ct? | Yes | x No |
| (b) Did the organization, during the year, pay pi | | | | | | | === | ĭx∏No |
| Note: If "Yes" to (b), file Form 8870 and Form | 4720 (504 | e instructions) | uy, 0 | a poroc | Surom Corn | ' | | ٠٠٠٠٠ |
| 100 10 10// 110 1 0111 0070 0110 7 0111 | | | | | | | Form 99 | 0 (2006 |
| | | | | | | | | - 12001 |

| Part X | Information Regarding is a controlling organizati | | | Complete only if the | | zation |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|----------------------|------------|
| 106 | Did the reporting organization make the Code? If "Yes," complete the s | | | ction 512(b)(13) of | Yes | No x |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | | (D) of trans | fer |
| а | , | | | - | | |
| b | | | | | | |
| С | | | | | | |
| | Totals | | | | | 0 |
| 107 | Did the reporting organization rece 512(b)(13) of the Code? If "Yes," of | | | | Yes | No x |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | | (D) t of transfer | |
| а | | | | | | |
| b | | | | | | |
| С | | | | | | |
| | Totals | | | | | 0 |
| 108 | Did the organization have a binding rents, royalties, and annuities desc | | | ng the interest, | Yes | No x |
| Please Sign Here | Under penalties of penury, I declare that I is and belief, it is true, correct, and complete. Signature of officer Type or print name and title | nave examined this return, including Declaration of preparer (other the | ng accompanying schedules and st | on of which preparer has an Z/4/0 | | |
| Paid Preparer's | Preparer's signature Crusher |) & Kauda | Date Check if self- 12/5/2007 employed | Preparer's SSN o | | en Inst X) |
| Use Only | If self-employed). | Kaneda, Certified Public egraph Ave , Ste 318 Oal | | Phone no ► 510-835 | | |
| | address, and ZIP + 4 1611 Tele | egrapii Ave , Sie 310 Oai | Maria, OA 94012 | | orm 990 |) (2006) |

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number Oakland Small Schools Foundation, Inc. 43-2014630 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 > Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services . . Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

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

Total number of other contractors receiving over

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

\$50,000 for other services

| art | Statements About Activities (See page 2 of the instructions.) | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1, | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) | | × |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | | The state of the s |
| а | Sale, exchange, or leasing of property? | | Х |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X_ |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See 990 Part V-A | х | |
| ө | Transfer of any part of its income or assets? | | x |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments). 3a | | × |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | Х |
| С | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . | | x |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | × |
| 4 a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g | | × |
| ь | 1000 | | х |
| С | Did the organization make a distribution to a donor, donor advisor, or related person? | | x |
| d | Enter the total number of donor advised funds owned at the end of the tax year . | | 0 |
| Ð | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . | | 0 |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. | | |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year | | 0 |

| art IV. | | | | | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| ertify tha | at the organization is not a private for | oundation because | it is (Please check only ON | IE applicable bo | x) | |
| ; <u> </u> | A church, convention of churches | , or association of | churches Section 170(b)(1) | (A)(ı) | | |
| 5 <u> </u> | A school Section 170(b)(1)(A)(ii) | (Also complete Pa | art V) | | | |
| | A hospital or a cooperative hospit | al service organiza | ition Section 170(b)(1)(A)(iii |) | | |
| | A Federal, state, or local government | nent or government | tal unit Section 170(b)(1)(A) | (v) | | |
| | A medical research organization | nomtod in conjun | otion with a boontal Section | . 170/b\/1\/A\/m\ | Enter the best | ital'e |
| لـا | name, city, and state | | | | ST | Country |
| | An organization operated for the l | | | ated by a goverr | nmental unit. Sect | ion 170(b)(1)(A)(iv) |
| a X | An organization that normally recipro(b)(1)(A)(vi) (Also complete the | | | vernmental unit | or from the gener | al public Section |
| b 🗌 | A community trust Section 170(b |)(1)(A)(vi) (Also co | omplete the Support Sched | ule in Part IV-A |) | |
| | receipts from activities related to | | | . cacepaons, am | | |
| | An organization that is not contro requirements of section 509(a)(3) | June 30, 1975 Selled by any disqual | ified persons (other than fou at describes the type of supp | omplete the Sup ndation manage porting organizat | n 511 tax) from bupport Schedule in rs) and otherwise ion. | usinesses n Part IV-A.) |
| | An organization that is not contro requirements of section 509(a)(3) Type I | June 30, 1975 Selled by any disqual Check the box the | ee section 509(a)(2) (Also c ified persons (other than fou at describes the type of supp Type III-Functionally Integra | omplete the Sup ndation manage porting organizat ated | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other | usinesses n Part IV-A.) meets the |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interest of the control of | June 30, 1975 Selled by any disqual Check the box the ype II | ee section 509(a)(2) (Also confided persons (other than found at describes the type of supported organizative supported organizative section (Also confidence of Supported organizative | omplete the Sup ndation manage porting organizat ated | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the ins | usinesses In Part IV-A.) In meets the Intructions.) |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disqual Check the box the ype II | ee section 509(a)(2) (Also confied persons (other than found at describes the type of supported organization (c) | omplete the Sup ndation manage porting organizat ated ations. (See p | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the inset of | usinesses in Part IV-A.) in meets the intructions.) |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interest of the control of | June 30, 1975 Selled by any disqual Check the box the present of the control of t | ee section 509(a)(2) (Also confied persons (other than found at describes the type of support the supported organization (c) Type of | omplete the Sup ndation manage porting organizat ated | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the inset of | estructions.) (e) Amount |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | ee section 509(a)(2) (Also confied persons (other than found at describes the type of support the supported organization (c) Type of organization | omplete the Sup ndation manage porting organizat ated | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the inset on listed in | usinesses in Part IV-A.) in meets the intructions.) |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disqual Check the box the present of the control of t | ee section 509(a)(2) (Also confied persons (other than found at describes the type of supported organization (described in lines | omplete the Supndation manage porting organizate ations. (See post is the suporganization the sup | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the inset on listed in opporting | estructions.) (e) Amount |
| ume(s) | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | the supported organiz (c) Type of organization (described in lines 5 through 12 | ations. (See porganizations the suporganizations organizations) | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the insert on listed in opporting zation's | usinesses in Part IV-A.) in meets the intructions.) (e) Amount |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | ee section 509(a)(2) (Also confied persons (other than found at describes the type of supported organization (described in lines | ations. (See porganizations the suporganizations organizations) | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the inset on listed in opporting | estructions.) (e) Amount |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC | ations. (See porganizations the suporganizations organizations) | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the insert on listed in opporting zation's | usinesses in Part IV-A.) in meets the intructions.) (e) Amount |
| ime(s) | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC | ations. (See porganizations organizations or | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the ins d) upported in opporting zation's documents? | usinesses in Part IV-A.) in meets the intructions.) (e) Amount |
| ume(s) | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC | ations. (See porganizations organizations or | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the ins d) upported in opporting zation's documents? | usinesses in Part IV-A.) in meets the intructions.) (e) Amount |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC | ations. (See porganizations organizations or | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the ins d) upported in opporting zation's documents? | usinesses in Part IV-A.) in meets the intructions.) (e) Amount |
| ame(s) | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC | ations. (See porganizations organizations or | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the ins d) upported in opporting zation's documents? | usinesses in Part IV-A.) in meets the intructions.) (e) Amount |
| | An organization that is not contro requirements of section 509(a)(3) Type I Provide the following interpretation of the section 509 (a) (b) | June 30, 1975 Selled by any disquals Check the box the property (b) Employer identification | the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC | ations. (See porganizations organizations or | n 511 tax) from bupport Schedule in rs) and otherwise ion. Type III-Other age 7 of the ins d) upported in opporting zation's documents? | usinesses in Part IV-A.) in meets the intructions.) (e) Amount |

| | t IV-A Support Schedule (Complete only | | | | | |
|----|----------------------------------------------------------------------------------------------------------------|--------------------|------------------|--------------------|--------------------|--------------|
| | : You may use the worksheet in the instructions | | | | T | Y |
| | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 15 | Gifts, grants, and contributions received (Do | 204 500 | 405.007 | 0.700 | | 500.05 |
| 16 | not include unusual grants See line 28) Membership fees received | 394,560 | 105,367 | 8,732 | N/A | 508,659 |
| 17 | Gross receipts from admissions, merchandise | | | | | <u> </u> |
| 17 | sold or services performed, or furnishing of | | | | ı | |
| | facilities in any activity that is related to the | | | | * | 1 |
| | organization's charitable, etc., purpose | 44,940 | | | | 44,940 |
| 18 | Gross income from interest, dividends. | 7.7,0.10 | | | | 44,540 |
| | amounts received from payments on securities | | | | | |
| | loans (section 512(a)(5)), rents, royalties, and | | | | | |
| | unrelated business taxable income (less | | | | | |
| | section 511 taxes) from businesses acquired | | | | | 1 |
| | by the organization after June 30, 1975 . | 1,290 | 212 | | | 1,502 |
| 19 | Net income from unrelated business | | | | · | |
| | activities not included in line 18 . | | | | | |
| 20 | Tax revenues levied for the organization's | | | | | 1 |
| | benefit and either paid to it or expended on | | | | | |
| | its behalf | | | | | C |
| 21 | The value of services or facilities furnished to | | | | | |
| | the organization by a governmental unit | | | | | |
| | without charge. Do not include the value of | | | | | |
| | services or facilities generally furnished to the public without charge | | | | | } |
| 22 | Other income Attach a schedule Do not | | | | | C |
| 22 | include gain or (loss) from sale of capital assets . | | | | | , |
| 23 | Total of lines 15 through 22 | 440,790 | 105,579 | 8,732 | 0 | 555,101 |
| 24 | Line 23 minus line 17 | 395,850 | 105,579 | 8,732 | 0 | |
| 25 | Enter 1% of line 23 | 4,408 | 1,056 | 87 | 0 | |
| 26 | Organizations described on lines 10 or 11: | · | amount in column | | ▶ 26a | 10,203 |
| | Prepare a list for your records to show the name of an | | | • • • | 200 | 10,200 |
| | governmental unit or publicly supported organization) | | | • | | |
| | amount shown in line 26a Do not file this list with y | | | | | 195,782 |
| С | Total support for section 509(a)(1) test: Enter line 24, | | | | . ▶ 26c | 510,161 |
| | * * * * * | 1,502 19 | • | | | |
| | 22 | 26 | ь 195,7 | 82 | ► 26d | 197,284 |
| е | Public support (line 26c minus line 26d total) | | • | | . ▶ 26e | 312,877 |
| f | Public support percentage (line 26e (numerator) d | ivided by line 26c | (denominator)) | <u> </u> | ▶ 26f | 61.33% |
| 27 | | nounts included in | | | | • |
| | prepare a list for your records to show the name of, ar | | | ar from, each "dis | qualified person ' | Do not |
| | file this list with your return. Enter the sum of such | • | =" | | | |
| | (2005) 0 (2004) | 0. | | 0 | (2002) | . 0 . |
| b | For any amount included in line 17 that was received to | | | | | |
| | to show the name of, and amount received for each ye \$5,000 (Include in the list organizations described in I | | | | | |
| | After computing the difference between the amount re | | | | | |
| | differences (the excess amounts) for each year: | | 90 | (., (=,, . | | |
| | (2005) 0 (2004) | 0 | (2003) | .0 | (2002) | 0 |
| | | | | | (====, | _ |
| C | | 16 | ŝ | | | |
| | 17 20 | 2 | 1 | | ► 27c | 0 |
| d | | l line 27b total | | | ▶ 27d | 0 |
| е | Public support (line 27c total minus line 27d total) . | | | | . ► 27e | 0 |
| f | Total support for section 509(a)(2) test Enter amount | | | ► 27f | | |
| g | Public support percentage (line 27e (numerator) di | • | | | ► 27g | 0 00% |
| | Investment income percentage (line 18, column (e) | | | | | 0 00% |
| 28 | Unusual Grants. For an organization described in line a list for your records to show, for each year, the name | | | | | |
| | the nature of the grant Do not file this list with your | | | | and a brief descri | puon or |

43-2014630

| Par | Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|--------------|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | <u> </u> | Yes | No |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) | | | |
| 32 | Does the organization maintain the following | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | <u> </u> | ļ |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | ĺ | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| 33 | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| а | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | ļ |
| С | Employment of faculty or administrative staff? | 33c | - | |
| d | Scholarships or other financial assistance? | 33d | | - |
| е | Educational policies? | 33e | - | - |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | - |
| h | Other extracurricular activities? | 33h | | <u> </u> |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| | | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | <u> </u> |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through | 35 | | |

| Par | t VI-A Lobbying Expenditures by Elec (To be completed ONLY by an el | | | | e instr | ructions.) | |
|---------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|-------------|-----------|-----------------------------------|----------------------------------------------------|
| Cheq | k ▶a ☐ if the organization belongs to an affiliated | group Check ▶ | b if you che | cked "a" a | ınd "lımı | ted control" provis | ions apply |
| - | Limits on Lobbyin (The term "expenditures" mea | | urred.) | | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
| 36 | Total lobbying expenditures to influence public opinion | | ····· | | 36 | 0 | 0 |
| 37 | Total lobbying expenditures to influence a legislative to | | • | • | 37 | 0 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 0 | 0 | | | | |
| 39 | Other exempt purpose expenditures | | | • | 38 39 | 0 | 0 |
| 40 | Total exempt purpose expenditures (add lines 38 and | 39) . | | | 40 | 0 | 0 |
| 41 | Lobbying nontaxable amount. Enter the amount from | • | | | | | |
| • | | lobbying nontaxable | amount is- | | | ļ | |
| | | of the amount on line | | 1 | | | |
| | | 0,000 plus 15% of the e | | 00 |]] | | |
| | | 5,000 plus 10% of the e | • | | 41 | 0 | 0 |
| | | 5,000 plus 5% of the ex | | | | | |
| | | 00,000 | | | | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | • | | | 42 | ol | 0 |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is mo | re than line 36 . | | | 43 | 0 | 0 |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is mo | re than line 38 | | | 44 | 0 | 0 |
| | | | | | · | | |
| | Caution: If there is an amount on either line 43 or line | 44, you must file Form | 1 4720 | | 1 | | |
| | 4-Year Ave | eraging Period U | nder Section 5 | 01(h) | | | |
| | (Some organizations that made a sect | • • | | | e five co | lumns below | |
| | · • | for lines 45 through 50 | • | | | | |
| | | | | | | or Averaging D | oriod |
| | | LODD | ying Expenditur | es Durin | g 4-1e | ar Averaging P | eriou |
| | Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 200 | | (d) 2003 | (e) Total |
| 45 | Lobbying nontaxable amount . | 0 | 0 | | 0 | 0 | 0 |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | | 0 |
| 47 | Total lobbying expenditures | 0 | o | | 0 | 0 | 0 |
| 48 | Grassroots nontaxable amount | 0 | 0 | | 0 | 0 | 0 |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | | 0 |
| 50 | Grassroots lobbying expenditures . | l ol | o | | o | o | 0 |
| | t VI-B Lobbying Activity by Nonelectin | | | | | | |
| | (For reporting only by organization | ns that did not com | plete Part VI-A |) (See p | age 13 | 3 of the instruc | tions. N/A |
| | | | | | | | |
| | g the year, did the organization attempt to influence na ipt to influence public opinion on a fegislative matter or | | | iny | | Yes No | Amount |
| а | Volunteers | | | • | | | |
| b | Paid staff or management (Include compensation in e | xpenses reported on lir | nes c through h.) | | | | |
| С | Media advertisements | | | | | | |
| d | Mailings to members, legislators, or the public | | | | | | |
| е | Publications, or published or broadcast statements | | | • | | | |
| f | Grants to other organizations for lobbying purposes | | | | | | |
| g | Direct contact with legislators, their staffs, governmen | t officials, or a legislativ | e body | | | | |
| h | Rallies, demonstrations, seminars, conventions, spee | ches, lectures, or any o | other means . | ÷ | | | |
| i | Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement g | iving a detailed descrip | | activities. | | | 0 |
| | | | : <u>_</u> | | | chedule A /Form 91 | 00 or 000-E71 2006 |

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

| . | 501(c) | | • | 3) organizations) or in section 5 | 27, relating to political organizations? | | |
|----------|---------|-------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|------------------------------------------------------------|-------|------|
| а | | | | nonchantable exempt organiza | • | Yes | No |
| • | | Cash | organization to a | | | | x |
| | | Other assets | · | | a(ii) | | x |
| b | | transactions | | · | | | |
| | a) s | Sales or exchanges of | f assets with a nor | ncharitable exempt organization | b(i) | | x |
| | | - | | le exempt organization | b(ii) | | × |
| | | Rental of facilities, equ | | , <u> </u> | b(iii) | | × |
| | | Reimbursement arrang | - | 333013 | b(iv) | | x |
| | | oans or loan guarant | _ | | b(v) | | × |
| | | _ | | or fundraising solicitations | b(vi) | | × |
| С | ٠., | | • | other assets, or paid employees | | | X |
| | | • | | | olumn (b) should always show the fair market value | | |
| | of the | goods, other assets, c | or services given b | y the reporting organization If | e goods, other assets, or services received | | |
| | a) | (b) | | (c) | (d) | | |
| Line | no | Amount involved | Name of nonc | charitable exempt organization | Description of transfers, transactions, and sharing arrang | emen | ts |
| | | | | | | | |
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| | | | | | | | |
| | describ | organization directly o bed in section 501(c) o " complete the follow," | of the Code (other | ed with, or related to, one or mo than section 501(c)(3)) or in se | re tax-exempt organizations ction 527? Yes | х | No |
| | 11 1 63 | (a) | ing schedule | (b) | (c) | | |
| | | Name of organization | , | Type of organization | Description of relationship | | |
| | | | · | | | | |
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| | | | | | | | |
| | | | | | Schedule A (Form 990 or 9 | 90-EZ | 2006 |

Oakland Small Schools Foundation, Inc. 43-2014630 Year Ended June 30, 2007

Statement 1 Part II, Line 42 Part IV, Line 57b Fixed Asset Schedule

| | Oakland Small Schools Foundation Schedule of Fixed Assets and Dep | | | | |
|-------|-------------------------------------------------------------------|--------|---------|----------------------|-------------|
| Date | Description | , Cost | method | Depreciation 0607 | Accumulated |
| 06/06 | 3 Dell computers, printer and accessories | 2,608 | 3 years | 869 | 869 |
| 6/07 | 3 good chairs and panels | 3,758 | /ears | | |
| Total | | 6,366 | | 869 | 869 |
| Net | | 5,497 | | | |

Oakland Small Schools Foundation, Inc. 43-2014630 Year Ended June 30, 2007

Statement 2
Form 990
Part III
Statement of Program Service Accomplishments

SERVICES AND PROGRAMS

Foundation coaches and staff work with principals within six key areas:

Administrative Services

In 2006-07 OSSF enrolled 31 schools in the basic School Fund service. OSSF processed donations, provided bookkeeping services, managed the contacts database, processed bills and invoices, produced financial reports, and maintained websites for these schools. In 2007-08, the enrollment has increased to 38 schools.

Strategic and Financial Planning and Operational Coaching

OSSF provides integrated strategic and financial planning and operational coaching to 15 schools in areas including programmatic needs/innovations, staffing structure, budget development, public relations and coordinated marketing, and fundraising

Fund Development Services

In 2006-07 OSSF provided coaching and direct services for 7 schools in individual giving campaigns, marketing collateral, public relations, and websites, coordination for acquiring public grants, program development and monitoring, data analysis and tools, partnership development, and grant writing.

OSSF raised \$600,000 in 2006-07 for 20 schools from donors, corporations, and foundations through these services Funds were applied to a variety of school programs and needs including after-school programs, family resource centers, literacy coaching, library books and supplies, recreation and nutrition programs and supplies, and arts programs. In 2007-08, 17 schools are enrolled in these premium services.

Data Management and Assessment

OSSF monitored programs it funds at 17 schools in 2006-07 using the services of two data coaches. It also produces an Evaluation Toolkit which is disseminated to all schools enrolled in the School Fund.

Partnership Development

In 2006-07 OSSF researched needed resources and developed partnerships that served to enrich the programs, improve operations, and create funding opportunities at 20 schools.

Residency Program

In 2006-07, OSSF executed its second year of residency program in collaboration with UCBerkeley Haas School of Business, by placing six MBA and MPP students in schools to assist principals in creating sustainability and fund development plans. In addition to building the schools' capacity, the program is responsible for developing a cadre of executives who will use their skills in the field of education.

Disk Tax File MasterTax Sched02 xls Sheet Accomp Oakland Small Schools Foundation, Inc. Year Ended June 30, 2007 43-2014630

> Statement 3 Form 990

Part V

List of Officers, Directors, Trustee, and Key Employees

| Expense account and other allowances | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------------------------------------------------------------|----------------|-----------------|---------------------|-----------------|-----------------|-----------------|-----------------|
| Contribution to employee benefit plans and deferred compensation plans | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| lours devoted to position Compensation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hours devoted to position | 3-5 per month | 3-5 per month | 3-5 per month | 3-5 per month | 3-5 per month | 3-5 per month | 3-5 per month |
| Title | Vice President | Member at Large | Treasurer | President & CEO | Member at Large | Secretary | Member at Large |
| Name | Laura Flaxman | Brian Rogers | David Montes De Oca | Jonathon Klein | Hae-Sin- Kim | Vanessa Coleman | Robert F. Kıdd |

The address for all officers and directors is:

P.O. Box 20238 Oakland, CA 94620

Disk Tax File MasterTax Sched02 xls Sheet BOD

Oakland Small Schools Foundation, Inc. 43-2014630 Year Ended June 30, 2007

Statement 4
Form 990
Part II
Line 22
Other Grants and Allocations

| School | Address | City | St | Zip | AMOUNT |
|---------------------------------------------------------|----------------------------|---------|----|-------|--------|
| ASCEND | 3709 E. 12th St | Oakland | CA | 94601 | 23929 |
| Castlement Business & Info Technology School (CBITS) | 8601 MacArthur Blvd | Oakland | CA | 94805 | 28789 |
| Coliseum College Prep Academy | 1390 68th Avenue | Oakland | CA | 94621 | 157611 |
| Elmhurst Community Prep | 1800 98th Avenue | Oakland | CA | 94803 | 16972 |
| EXCEL | 2607 Myrtle St | Oakland | CA | 94607 | 0 |
| Fred T Korematsu Discovery Academy | 10315 E Street | Oakland | CA | 94603 | 9414 |
| Life Academy of Health & Bioscience | 2111 International Blvd | Oakland | CA | 94608 | 40851 |
| Manzanita Community School | 2409 E 27th St | Oakland | CA | 94601 | 804 |
| Manzanita SEED | 2409 East 27th Street | Oakland | CA | 94601 | 2695 |
| Melrose Leadership Academy | 1325 53rd Avenue | Oskland | CA | 94601 | 14030 |
| MetWest High School | 314 E 10th St, Huerta Hall | Oakland | CA | 94606 | 3319 |
| New Highland Academy | 8521 A Street | Oakland | CA | 94821 | 2550 |
| RISE Community School | 8521 A St | Oakland | CA | 94621 | 1020 |
| Roots International Academy | 1390 66th Avenue | Oakland | CA | 94821 | 6471 |
| Think College Now (TCN) | 2825 International Blvd | Oakland | CA | 94601 | 203573 |
| United for Success Academy | 2101 35th Avenue | Oakland | CA | 94601 | 6250 |
| Urban Promise Academy (UPA) | 2825 International Blvd | Oakland | CA | 94601 | 24779 |
| Youth Empowerment School | 8251 Fontaine St | Oakland | CA | 94605 | 1427 |

TOTAL

546484

| Lin | e 43 (990) - Other Deductions | 45,114 | 31,274 | 9,120 | 4,720 |
|-----|-------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| | Description | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 1 | Insurance | 3,456 | | | 159 |
| 2 | Bank and payroll fees | 2,146 | | 2,026 | |
| 3 | Tax and license | 125 | | 125 | |
| 4 | Dues and subscriptions | 775 | | 762 | 13 |
| 5 | Contract service | 31,106 | 24,830 | 2,010 | |
| 6 | Staff development | 565 | | 440 | 125 |
| 7 | Teacher and intern stipends | 2,851 | 2,791 | 28 | 32 |
| 8 | Advertising | 1,474 | 131 | 1,320 | |
| 9 | Hospitality | 2,616 | 1,982 | 532 | 102 |
| 10 | | 0 | | | |
| 11 | | 0 | | | |
| 12 | | 0 | | | |
| 13 | | 0 | | | |
| 14 | | 0 | | | |
| 15 | | 0 | | | |
| 16 | | 0 | | | |
| 17 | | 0 | | | |
| 18 | | 0 | ······ | | |
| 19 | | 0 | | | |
| 20 | | 0 | | | |

Form **8868**

(Rev December 2006)
Department of the Treasury
Internal Resenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

| If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. | . X |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| • If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on pa | ige 2 of this form) |
| Do not complete Part II unless you have already been granted an automatic 3-month extension on a part II Automatic 3-Month Extension of Time. Only submit original (no copies needs | reviously filed Form 8868 |
| | |
| Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension | oncheck this box |
| and complete Part I only | • · · · · · • • □ |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to | request an extension of |
| time to file income tax returns. | |
| Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automotion | atic extension of time to file one |
| of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990. To Hou | vever you cannot file Form |
| 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms | 990-BL 6069 or 8870 group |
| returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and si | gned nage 2 (Part II) of |
| Form 8868. For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file | for Charities & Nonprofits |
| Type or Name of Exempt Organization En | nployer identification number |
| print Qakland Small Schools Foundation 43-2 | 2014630 |
| File by the Number, street, and room or suite no. If a P.O. box, see instructions | |
| due date for P.O. Box 20238 | |
| return See City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| Instructions Qakland, CA 94620 | |
| Check type of return to be filed (file a separate application for each return): | · |
| Form 990-T (corporation) | Form 4720 |
| Form 990-Bi Form 990-T (sec. 401(a) or 408(a) trust) | Form 5227 |
| Form 990-EZ Form 990-T (trust other than above) | Form 6069 |
| Form 990-P# Form 1041-A | Form 8870 |
| | |
| The beside and in the case of . The Organization | |
| The books are in the care of ► The Organization | • |
| Telephone No. ► 510-534-7613 FAX No. ► 510-879-3149 | |
| Telephone Nd. ► 510-534-7613 FAX No. ► 510-879-3149 If the organization does not have an office or place of business in the United States, check this box. | |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | . If this |
| is for the whole group, check this box | |
| list with the names and ElNs of all members the extension will cover | and attach a |
| | 000 70 |
| 1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form | 990-1) extension of time |
| until 2/15/2008 , to file the exempt organization return for the organization na | med above. The extension |
| is for the organization's return for: | |
| calendar year or | |
| ► X tax year beginning 7/1/2006 , and ending | 6/30/2007 |
| A (C) A C C C C C C C C C C C C C C C C C C | ¬ o |
| 2 If this tax year is for less than 12 months, check reason. Initial return Final return | Change in accounting period |
| A COUNTY OF THE | |
| 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, | 3a \$ |
| tess any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax | 38 3 |
| payments made. Include any prior year overpayment allowed as a credit. | 3b \$ |
| c Balance Que. Subtract line 3b from line 3a. Include your payment with this form, or, if required, | 30 4 |
| deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment | 31 (304) |
| System). See instructions | 3c \$ 0 |
| Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC | |
| for payment instructions. | |
| For Privacy Act and Paperwork Reduction Act Notice, see Instructions. | Form 8868 (Rev 12-2006) |
| FUI FIIVALY ALL AND FAPEIWOIR NOUGEDOI AND ITALIOUS, 300 III SUBSUINIE. | 101111 0000 (1101 12:2000) |

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