Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury

Open to Public

117001	III III I I CV	ende del vice					mapecae	(1)
Α	For the	he 2013 calend	dar year, or tax year beginning $7/01$, 2013, and endir	ng 6/3	30		, 2014	
В	Check	if applicable:	C				ification Number	
	Ac	ddress change	ALAMEDA COUNTY LIBRARY FOUNDATION			3243		
	∏ _{Na}	ame change	2450 STEVENSON BLVD		E Telepho			
	\vdash	itial return	FREMONT, CA 94538-2326		·		45-1532	
	\vdash	erminated		}	(21	0) /	45-1552	
	H						d	
	\vdash	mended return	E Name and Address of the Control of	Inv. 5. 1- 0.5-	G Gross r			,348.
		oplication pending	F Name and address of principal officer:	H(a) Is this a			163	H
				H(b) Are all :	subordinates attach a list.	included (see ins	d? Yes	l No
<u></u>		exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			•		
J	Wel	bsite: ► N/.	A	H(c) Group e	exemption n	ımber 🏲	-	
K	Form	of organization:	Corporation Trust Association Other ► L Year of format	ion:	Ms	State of le	egal domicile:	
Pa	ert I	Summan	/					-
	1	Briefly describ	be the organization's mission or most significant activities: The foun	dation	raico	c fu	nds for	
		books, s	tate-of-the-art technology and library program	ne that	Tarse	womp ⊇ Tri	TIGS TOT	
nce		community	ages of the green commerced and items brodian	no char	TIGTD.	memr	Sera Or C	ı <u>re</u>
T.			·					
Governance	2	Check this bo	if the organization discontinued its operations or disposed of mo		5% of its			
8	3	Number of vot	ting members of the governing body (Part VI, line 1a)	JIE WAITZ	7/0 01 113	3	SEIS.	6
ంర		Number of inc	lependent voting members of the governing body (Part VI, line 1b).	AUDIONAL AND	1555555	4		6
Activities &	5	Total number	of individuals employed in calendar year 2013 (Part V, line 2a)	*********	# 10+0#0#0#0#0#0	5		0
5	6	Total number	of volunteers (estimate if necessary).	(0 (0)	***********	6		2
g	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12			7 a		0
	b	Net unrelated	business taxable income from Form 990-T, line 34	120000 12000	1.0000	7 b		0.
					ior Year	75	Commont V	0.
	8	Contributions	and grants (Part VIII, line 1h)			<u> </u>	Current Y	
Revenue	9	Program servi	ce revenue (Part VIII, line 2g).	·	496,2	05.	662	,553.
le l			come (Part VIII, column (A), lines 3, 4, and 7d).			20		
é	11	Other revenue	/Part VIII. column (A) lines 5, 4, and 7d)	·	1,3	03.		795.
-	12	Total ravenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0				
\dashv			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		497,5	08.	663	,348.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	·				
			to or for members (Part IX, column (A), line 4)					
S			compensation, employee benefits (Part IX, column (A), lines 5-10)					
Se	16a l	Professional fu	undraising fees (Part IX, column (A), line 11e)					
Expenses			ng expenses (Part IX, column (D), line 25) ► 42, 619.		000 MI			
ă			s (Part IX, column (A), lines 11a-11d, 11f-24e)			ALTERNATION OF		
					412,8			,890.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		412,8	74.	410	,890.
- 2	19	Revenue less	expenses. Subtract line 18 from line 12		84,6	34.	252	,458.
te o				Beginning	of Current	Year	End of Ye	ar
Bals	20	Total assets (F	Part X, line 16)		901,4	21.	1,144	806.
Net Assets o Fund Balance	21	Total liabilities	(Part X, line 26)		9,9	56.	,	883.
Ž	22	Net assets or f	und balances. Subtract line 21 from line 20		891,4		1,143	
Pai		Signature			031,4	05.	1,143	, 943.
				La Last -6				
omp	lete. Dec	claration of prepare	are that I have examined this return, including accompanying schedules and statements, and to the formation of which preparer has any knowledge.	ne best of my	knowledge a	ind belie	f, it is true, correct	, and
			A					
Sig	n	Signature	of officer	Date	-			
Her		man.	o Coulth				_	
161	•		a Smith rint name and title.	Execut	tive D	irec	tor	
		Print/Type pre	The state of the s	c	Check	if P	TIN	
Paid			J. Harrison	s	elf-employed	ı_E	200086390	
re	parei	Firm's name	Harrison Accounting Group, Inc.					
Jse	Only	Firm's address		F	irm's EIN 🏲	94-	2539211	
			Fremont, CA 94538				793-4323	
/lav	the IR	S discuss this	return with the preparer shown above? (see instructions)		TOTIC NO.	210-		N-
	21.00 16.0	wiovass tills	Total and property shows above: (See Instructions)				X Yes	No

Forn	990 (2013) ALAMEDA COUNTY LIBRARY FOUNDATION	94-3243339	Page 2
Pal	The state of the s		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The foundation raises funds for books, state-of-the-art technol	ogy and library	
	programs that help members of the community.		
			* :=
2	Did the organization undertake any significant program services during the year which were not listed on the p	orior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the section 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(ervices, as measured by e	xpenses.
	others, the total expenses, and revenue, if any, for each program service reported.	of grants and allocations to)
	entered, the total experience, and revenue, it any, for each program service reported.		
	(Code:) (Expenses \$ 305,259, including grants of \$	/D ^	
74	(Code:) (Expenses \$305,259. including grants of \$)	(Revenue \$)
			-
			<u>=</u>
4 b	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)
			- 5250-0
			550000
		10000000	
			MAI
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
.05		====	
5=			
_			
4d(Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$	١	
4e1	Total program service expenses ► 305, 259.		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5				х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		x
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12 b		Х
15 11 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		-
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ŧ	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule Q	38		Х
BAA		Form	gan /	20131

Part VI Statements Degrating Other IDS Filings and Tay Counting 1	39	h	age
Check if Schedule O contains a response or note to any line in this Part V.			1
Great in octropate of contains a response of note to any line in this rait v		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	163	NO
t Falsa than a first three transfer and the same and the	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	2		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	1.00
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		325	GV-
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ▶	74		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		-
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).	6 b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.0		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c		Λ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	-	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	 ' 	\dashv	
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	0		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	_	
10 Section 501(c)(7) organizations. Enter:			KK -
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		TA E	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

94-3243339 Page 6 Form 990 (2013) ALAMEDA COUNTY LIBRARY FOUNDATION Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 **b** Enter the number of voting members included in line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents X 4 since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 6 Did the organization have members or stockholders?.... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. 7 b X stockholders, or other persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes?..... X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this was done. X 13 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15 a 15b X b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

Tiona Smith 2450 Stevenson Blvd Fremont CA 94538 (510) 745-1532

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State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Earn 000 (0010)				7		
rorm 990 (2013)	ALAMEDA COUNT	V T TDD X DV	FOUNDATION			
	THE COUNT	TTTDVAKI	FOUNDATION	04.22	42220	_
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	Pariagnori of Offic	ers, Directo	rs, Trustees, Key Employe	os Highart Commana	T	
Inder	ADDAONT / Amino at		,, INDIOVE	va. Luguesi Compensato	O PROPIONA	-

ers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar

independent Contractors	and in the state of the state o
Check if Schedule O contains a response	CO or note to any live 1. U.S. D. A. W.
Section A Officers Directors Transl	Se or note to any line in this Part VII.
indices,	NEV EMDIOVERS and Highest Components of Firm
1 a Complete this table for all persons required to be list	Part Description of the Property of the Proper

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

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

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

X Check this box if neither the organization				(C)					
(A) Name and Title	(B) Average hours per week (list		Position (do not check more than one box, unless person is both an officer and a director/trustee)				than th an e)	compensation nom	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
(1) Ralph Johnson	0						-			
President (2) JANET CAMARENA	0							0.	0.	0
Director										0
(3) Navin Sethi JD	0		\dashv	\dashv			\dashv	0.	0.	0
Treasurer										
(4) DINESH SAWAL	0		-	\dashv	-		-	0.	0.	0
Director	0							0.		
(5) AARON P. WONG	0								0.	0.
Director (6) JAGDISH AHUJA	0		_	\downarrow	_			0.	0.	0.
Director	0 -	v			1					
(7)	1	Х	+	+	\dashv		+	0.	0.	0.
(8)			+	+	1	_				
(9)			\perp	1	1					
0)	 	+	+	+	+	-	+			
1)	++		+	+	+		+			
2)	7		_	1	1		\perp			
3)	1		+-	+	+		+-			

(14)

Part VII Section A. Officers, Directors, Trus	stees, l	Key	Em	ıple	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B)			((2)					
/A\	Average	/do	Position (do not check more than one					(D)	(E)	(F)
(A) Name and title	Average hours	box, unless person is both an officer and a director/trustee)			Reportable	Estimated				
name and the	per week							Reportable compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	(list any hours	오필	l IS	Officer	<u>\$</u>	흲흪	랓	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	for related	or director	릙	CQ	9	Š š	Former			organization and related
	organiza	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	١.			organizations
	- tions below	sur	륄		8	ᅙ				
	dotted line)	98	윷			153				
	'		``			8				
(15)			-	-						
/4 M	-		\vdash	_			-			
(16)										
			\Box		_		_			
(17)	l	.								
(18)	1									
	1	1								
(19)										
		1 1								
(20)	 	\vdash	-		-					
(20)										
(201)		\vdash	\dashv							
(21)										
			\Box							
(22)	l	.								
(23)	l									
	1									
(24)										
	1	1								
(25)	1		\neg							
<u></u>										
1 b Sub-total	ļ	Ш	_				I	0.	0.	0.
c Total from continuation sheets to Part VII, Section							▶			
								0.	0.	0.
d Total (add lines 1b and 1c)							لب	0.	0.1	0.
2 Total number of individuals (including but not limited to	those I	sted a	abov	e) v	vho i	ecei	ved	more than \$100,00	0 of reportable comp	ensation
from the organization 0										
										Yes No
3 Did the organization list any former officer, directo	r. or trus	stee.	kev	em	vola	ree.	or h	nighest compensat	ed employee	
on line 1a? If 'Yes,' compléte Schedule J for such	individu	al								. 3 X
4 For any individual listed on line 1a, is the sum of r	enortabl	e cor	nne	nea	tion	and	٥ŧh	er compensation t	from	
the organization and related organizations greater	than \$1	50,00	00?	lf 'Y	'es'	com	olet	e Schedule J for		
such individual										. 4 X
5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	om a	апу	unre	late	d organization or	individual	
for services rendered to the organization? If 'Yes,'	comple	te Sc	hed	ule	J for	suc	h p	erson		. 5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compensation.	ted inde	pend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of	
		116 6	nenc	iai y	eai	enun	ly w			
(A) Name and business addre	22							(B) Description of	of services	(C) Compensation
							\dashv			
-										
2 Total number of independent contractors (including but	not limit	ted to	tho	se li	sted	abov	ve) v	who received more	than	
\$100,000 of compensation from the organization							•			
DAA		CEAO:	1001		4/40					Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections function revenue revenue 512-514 1 a Federated campaigns...... 1 a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 b **b** Membership dues..... 1 c c Fundraising events 1 d d Related organizations..... e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above. . . . 1f 662,553 Noncash contributions included in lines 1a-1f: 662,553 h Total. Add lines 1a-1f..... PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue . . . g Total. Add lines 2a-2f..... Investment income (including dividends, interest and 795 795 other similar amounts)..... Income from investment of tax-exempt bond proceeds. > Royalties.... (i) Real (ii) Personal 6a Gross rents b Less: rental expenses. c Rental income or (loss).... d Net rental income or (loss).... (i) Securities 7 a Gross amount from sales of assets other than inventory. **b** Less: cost or other basis and sales expenses c Gain or (loss)..... d Net gain or (loss)..... 8a Gross income from fundraising events **STHER REVENUE** (not including . \$ of contributions reported on line 1c). See Part IV, line 18...... a **b** Less: direct expenses..... **b** c Net income or (loss) from fundraising events...... 9a Gross income from gaming activities. See Part IV, line 19...... a **b** Less: direct expenses..... **b** c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11 a d All other revenue.....

795

0

Part IX Statement of Functional Expenses

Coot	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Secu	Check if Schedule O contains a response or note to any line in this Part IX									
Do n 6b, 7	not include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.									
4 5	Benefits paid to or for members	0.	0.	0.	0.					
6	trustees, and key employees	0.	0.	0.	0.					
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):		-							
а	Management									
	Legal									
	Accounting.		<u> </u>							
	Lobbying.									
	Professional fundraising services. See Part IV, line 17.		Contesta valuation (Shirts Warrant - India						
	-									
	Investment management fees									
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology.									
15	Royalties									
16	Occupancy									
17	Travel	906.		906.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization.									
23	Insurance	1,734.		1,734.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
2	Capital Campaign	292,175.	292,175.							
	Printing and Publications	19,979.		19,979.						
		16,621.		16,621.						
	Postage and Shipping	16,157.		10,011.	16,157.					
	Special Events	63,318.	13,084.	23,772.	26,462.					
	All other expenses . See . Sch	410,890.	305,259.	63,012.	42,619.					
25	Total functional expenses. Add lines 1 through 24e	410,890.	303,239.	03,012.	42,013.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)									

BAA

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year 1 2 1,144,806. 901,421 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net..... Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L... 6 7 Notes and loans receivable, net ASSETS 8 Inventories for sale or use.... 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 1,395. 10 c b Less: accumulated depreciation 10b 11 Investments – publicly traded securities 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11.... 13 14 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 1,144,806. 901,421 16 Accounts payable and accrued expenses. 17 17 Grants payable..... 18 18 19 Deferred revenue..... 19 Tax-exempt bond liabilities.... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D $_{\cdot}$ 25 883. 9,956 883. 26 9,956 Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 1,448,074 27 1,693,010. Unrestricted net assets Temporarily restricted net assets 28 -549,087. -556,609 29 8 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds..... 891,465. 33 1,143,923. Total net assets or fund balances..... 33 34 1,144,806. 901,421 Form 990 (2013)

Forn	1 990 (2013) ALAMEDA COUNTY LIBRARY FOUNDATION 94	1-324	3339		Pa	ge 12
Pal	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		60	<u>53,3</u>	348.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		4:	LO,8	<u> 390.</u>
3	Revenue less expenses. Subtract line 2 from line 1			2!	52,4	<u> 158.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	a 4		8.9	91,4	<u> 165.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	· 7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule 0)	. 9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	. 10		1 1.	42 C	122
	column (B)).	- 10	-	⊥, ⊥ ⁴	13,	923.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	wed o	па			
	Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	arate				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dit	- (-	
,	review, or compilation of its financial statements and selection of an independent accountant?			2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit		3 b		
BAA				Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2013

2013

Open to Public inspection

Employer identification number Name of the organization 94-3243339 ALAMEDA COUNTY LIBRARY FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business table income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Non-functionally integrated c | Type III - Functionally integrated d **b** | Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... 11 g (i) A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s). h (iv) Is the organization in column (i) listed in your governing (vii) Amount of monetary (v) Did you notify the organization in (vi) Is the organization in (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported organization (ii) EIN support column (i) organized in the U.S.? column (i) of your support? document? Yes No Yes No Yes (A) (B) (C) (D) (E) **Total**

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

Schedule A (Form 990 or 990-EZ) 2013 ALAMEDA COUNTY LIBRARY FOUNDATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ion A. Public Support							
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge.							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc (see ins	tructions)					
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	n 501(c)(3)	▶	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	013 (line 6, colum	n (f) divided by lir	ne 11, column (f))	14	%	
15		2012 Schedule A,	Part II, line 14				%	
	33-1/3% support test — 2013. If and stop here. The organization	qualifies as a pul	oliciy supported o	rganization				
	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test. The organiza	s test, check this ation qualifies as	a publicly support	ed organization	► □	
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	n, or 1/b, check th	is box and see ins	structions	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> Jec</u>	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')			400.660	40.5.00=		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's			489,663.	496,205.	662,795.	1,648,663.
3	tax-exempt purpose						0.
4	or business under section 513. Tax revenues levied for the						0.
5	organization's benefit and either paid to or expended on its behalf						0.
	facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	0.	0.	489,663.	496,205.	662,795.	1,648,663.
b	disqualified persons	0.	0.	0.	0.	0.	0.
-	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13		_				
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						1,648,663.
	ion B. Total Support		71.000				
Calend	lar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Americale from the C						
9 10a	Amounts from line 6	0.	0.	489,663.	496,205.	662,795.	1,648,663.
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0.	0.	489,663.	496,205.	662,795.	
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	489,663.	496,205.	662,795.	0.
9 10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	489,663.	496,205.	662,795.	0. 0.
9 10 a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0. 0. 0.
9 10 a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0. 0. 0.
9 10 a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0. 496,205.	0.	0. 0. 0. 0.
9 10 a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0. s for the organizastop here	0. tion's first, second	0. 489, 663. d, third, fourth, or	496, 205. fifth tax year as a	0. 662,795. a section 501(c)(3	0. 0. 0. 0.
9 10 a b c 11 12 13 14 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 in organization, check this box and income. Computation of Put Public support percentage for 20	0. s for the organizatop here. Dic Support Pe	0. tion's first, second	489, 663. d, third, fourth, or	496, 205. fifth tax year as a	662,795. a section 501(c)(3	0. 0. 0. 0.
9 10 a b c 11 12 13 14 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 in organization, check this box and ion C. Computation of Put Public support percentage from 20 Public support percentage from 2	0. s for the organization here	0. tion's first, second ercentage (f) divided by line Part III, line 15	489, 663. d, third, fourth, or	496, 205. fifth tax year as a	662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663.
9 10 a b c 11 12 13 14 Sect 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 in organization, check this box and income. Computation of Put Public support percentage for 20 Public support percentage from 2 incomputation of Investors.	0. s for the organizatop here. Dlic Support Per 13 (line 8, column 2012 Schedule A, Festment Incom	0. tion's first, second ercentage (f) divided by line Part III, line 15	489, 663. d, third, fourth, or	496, 205. fifth tax year as a	662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663.)
9 10 a b c 11 12 13 14 Sect 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	0. s for the organizatop here Dlic Support Pe 13 (line 8, column R012 Schedule A, Festment Incomor 2013 (line 10c, column R012 Schedule A)	0. tion's first, second ercentage (f) divided by line Part III, line 15 e Percentage column (f) divided	489, 663. d, third, fourth, or e 13, column (f)).	496, 205. fifth tax year as a	662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663.) X
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	0. s for the organizatop here Dic Support Per 13 (line 8, column 2012 Schedule A, Frestment Incomor 2013 (line 10c, com 2012 Schedule sched	0. tion's first, second ercentage (f) divided by line Part III, line 15 e Percentage column (f) divided e A, Part III, line 1	489, 663. d, third, fourth, or e 13, column (f)).	496, 205. fifth tax year as a	0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663.) X
9 10a b c 11 12 13 14 Sect 15 16 Sect 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and ion C. Computation of Put Public support percentage for 20 Public support percentage from 2 ion D. Computation of Invented in the process of the	0. s for the organizatop here	0. tion's first, second ercentage (f) divided by line Part III, line 15 e Percentage column (f) divided e A, Part III, line 1 lid not check the bere. The organiz	489, 663. d, third, fourth, or e 13, column (f)). by line 13, column fox on line 14, ar exation qualifies as	496, 205. fifth tax year as a	0. 662,795. a section 501(c)(3	1,648,663. 0. 0. 0. 1,648,663.) X 8 8 8 dd line 17
9 10a b c 11 12 13 14 Sect 15 16 Sect 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	o. s for the organizatop here Dic Support Perestand Income 2012 Schedule A, I estment Income or 2013 (line 10c, come 2012 Schedule the organization of this box and stop the organization d, check this box ar	0. tion's first, second ercentage (f) divided by line Part III, line 15 e Percentage column (f) divided e A, Part III, line 1 lid not check the bene. The organized not check a boot stop here. The	489, 663. d, third, fourth, or e 13, column (f)). by line 13, column roox on line 14, ar zation qualifies as x on line 14 or lir organization qua	496, 205. fifth tax year as a fifth tax year as a fifth tax year as a publicly suppose 19a, and line 16 lifies as a publicly	0. 662,795. a section 501(c)(3	1,648,663. 0. 0. 0. 1,648,663.) X 8 8 d line 17

	(Form 990 or 9		ALAM	EDA COUN	TY LIBRARY	FOUNDATION OF THE PROPERTY OF	ON 94	1-3243339	Page 4
Part IV	Suppleme or 17b; an (See instri	ntal Inform d Part III, li uctions).	ation. Pane 12. Al	rovide the so comple	explanations te this part f	required by or any addition	Part II, line 10; onal information	Part II, line 17a	3
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization		Employer identification number					
ALAMEDA COUNTY LIBRARY FOUNI	94-3243339						
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (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) o	rganization can check boxes for both the General Rule and	d a Special Rule. See instructions.					
X For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more (in	money or property) from any one					
,							
Special Rules							
For a section 501(c)(3) organization filing	g Form 990 or 990-EZ that met the 33-1/3% support test o red from any one contributor, during the year, a contributio art VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Pari	on of the dreater of (1) \$5,000 or					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.							
Caution: An organization that is not covered	by the General Rule and/or the Special Rules does not fil line 2, of its Form 990; or check the box on line H of its F the filing requirements of Schedule B (Form 990, 990-EZ,	le Schedule B (Form 990, 990-EZ, or form 990-EZ or on its Form 990-PF.					

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B	(Form 99	90, 990-EZ,	or 990-PI	F) (2013)

Page

1 of

1 of Part 1

Name of organization

ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number 94-3243339

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FREMONT BANK 39150 FREMONT BLVD FREMONT, CA 94538	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Y&H SODA FOUNDATION 2 Theatre Square Suite 211 Orinda, CA 94563-3346	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	David B. Gold Foundation 44 Montgomery Street Ste#3750 San Francisco, CA 94104	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Priem Family Foundation 33385 Palomares Road Castro Valley, CA 94552	\$375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Thomas J Long Foundation 2950 Buskirk Ave, Ste 160 Walnut Creek, CA 94597	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page

1 to 1 of Part II

ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number

94-3243339

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Schedu	ule B (Form 990, 990-EZ, o	r 990-PF) (2013)

Name of organization
ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number 94-3243339

Parli I	organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_=	N/A						
	Transferee's name, addres	(e) Transfer of gift s, 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				
	Transferee's name, address	(e) Transfer of gift s, 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				
	Transferee's name, address	(e) Transfer of gift s, 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				
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

ALAMEDA COUNTY LIBRARY FOUNDATION 94-3243339 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) Aggregate grants from (during year)..... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations mainta	minig conc	CHOII3 OF F	114 11131011	cai i roasares, er	Caron Chimman 7 100	710 (3		
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
a Public exhibition		d	Loan or	exchange programs				
b Scholarly research		e	Other					
c Preservation for future gener	rations							
.		ions and expla	in how they fi	urther the organization's	exempt purpose in			
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
to be sold to raise funds rather t	han to be ma	intained as pa	art of the org	anization's collection?		Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	nents. Com Form 990,	plete if the Part X, lir	e organization ans ne 21.	swered 'Yes' to For	m 990), Part	: IV,
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?								
b If 'Yes,' explain the arrangement	in Part XIII a	and complete	the following	table:				
						Amoun	<u>t</u>	
c Beginning balance								
d Additions during the year	(3)(3)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	666		• • • • • • • • • • • • • • • • • • • •	1d			
e Distributions during the year								
f Ending balance								_
2 a Did the organization include an a						Yes		No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here if	the explantion	on has been provided	in Part XIII		[
Part V Endowment Funds. C	omplete if	the organiz	zation ansv	wered 'Yes' to For	m 990, Part IV, Iin	e 10.		
	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four years	s back
1 a Beginning of year balance								
b Contributions								_
a Niet in reduced comings pains								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses						\perp		
g End of year balance						<u> </u>		
2 Provide the estimated percentag	e of the curre	nt year end b	alance (line	1g, column (a)) held a	as:			
a Board designated or quasi-endown	ent ►		%					
b Permanent endowment ▶	-%		•					
c Temporarily restricted endowmer	nt ►	8						
The percentages in lines 2a, 2b,		d equal 100%).					
2 a A No	d:	-f 4hi-	ation that are	hald and administered	for the			
3a Are there endowment funds not in to organization by:	ne possession	or the organiz	ation that are	neid and administered	ior the	[Yes	No
(i) unrelated organizations				sspanons.n		3a(i)		
(ii) related organizations								
b If 'Yes' to 3a(ii), are the related								
4 Describe in Part XIII the intended					NAME OF THE PARTY	· L		<u> </u>
Part VI Land, Buildings, and								
Complete if the organ			to Form	990 Part IV line	11a See Form 990) Pari	X. lir	e 10.
							Book va	
Description of property		(a) Cost or of (investm	nent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a)		
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment				1,395.	1,395.			0.
e Other	NAME OF TAXABLE PARTY OF TAXABLE PARTY.							
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 99	0, Part X, co	lumn (B), line 10(c).).				0.
BAA					Schedu	ıle D (F	orm 990	2013

Part VII Investments — Other Securities.		N/A	
	'Yes' to Form 990	, Part IV, line 11b. See Form 990, Part	X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year marke	value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			*
Part VIII Investments - Program Related.	07 11 = 000	N/A	
Complete if the organization answered	'Yes' to Form 990	Part IV, line 11c. See Form 990, Part	K, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	arket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N / 3		
Part IX Other Assets. Complete if the organization answered	'Yes' to Form 990.	Part IV. line 11d. See Form 990, Part 3	line 15
(a) Doc	cription	(b) Boo	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Desi			k value
(1)			k value
(1) (2)			k value
(1) (2) (3)			k value
(1) (2) (3) (4)			k value
(1) (2) (3) (4) (5)			ok value
(1) (2) (3) (4) (5) (6)			k value
(1) (2) (3) (4) (5) (6) (7)			k value
(1) (2) (3) (4) (5) (6) (7) (8)			k value
(1) (2) (3) (4) (5) (6) (7)			k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)), line 15.).		sk value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)), line 15.)		sk value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Other Liabilities. Complete if the organization answered 'Yes' to For		▶	sk value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability		▶	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5) (6)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5) (6) (7)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5) (6)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5) (6) (7) (8)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5) (6) (7) (8) (9)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5) (6) (7) (8) (9) (10) (11)	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	k value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fore (a) Description of liability (1) Federal income taxes (2) Other current liabilities (3) (4) (5) (6) (7) (8) (9) (10)	m 990, Part IV, line 11e (b) Book value 883 883 10te to the organization's fina	or 11f. See Form 990, Part X, line 25	

BAA

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statement		turn. N/A
Complete if the organization answered 'Yes' to Form 990, Pa		,
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 ~ -1	
a Net unrealized gains on investments	2a	
b Donated services and use of facilities		F 19
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		P
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1	,,	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		1999
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per F	Return. N/A
Complete if the organization answered 'Yes' to Form 990, Pa	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities.	2 a	
b Prior year adjustments.		
c Other losses		
d Other (Describe in Part XIII.).		
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1.	- 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a Investment expenses not included on Form 990, Part VIII, line 7b	4.2	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV. lines 1b and 2b: Part	V.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I ine 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also com	plete this part to provide any	additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 94-3243339 ALAMEDA COUNTY LIBRARY FOUNDATION Form 990, Part VI, Line 11b - Form 990 Review Process No review was or will be conducted. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available No documents available to the public.

TEEA4901L 09/09/2013

2013	Schedule O	- Suppleme	ntal Inform	ation	Page 2
Client 90001	ALAMEDA	ALAMEDA COUNTY LIBRARY FOUNDATION			
11/13/14					01:35PM
Form 990, Part IX, Line 2 Other Expenses	24e				
		(A)	(B) Program	(C) Management	(D)
		Total	Services	& General	Fundraising
Bad debt Bank charge Board retreat		240. 2,435. 431.	431.	240. 2,435.	
CONSULTING FEES Donor acquistion		10,238. 6,341.	431,		10,238. 6,341.
Dues & subscription Library remittances Licenses	S	1,968. 12,653. 111.	12,653.	1,968.	
Miscellaneous Newsletter		156. 9,727.		111.	156. 9,727.
Office supplies Outside Services		1,116. 13,084.		1,116. 13,084.	
Staff development Staff recognition Telephone		25. 4,071. 722.		25. 4,071. 722.	
	Total		13,084.	\$ 23,772.	\$ 26,462.

California Exempt Organization Annual Information Return

FORM

199

Calendar Y	ear 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2	2013 , and ending (mm/dd/yyyy) 6/30/2()14 .
Corporation/O	rganization Name		California corporation number
ALAMED	A COUNTY LIBRARY FOUNDATION		1961753
Address (suite	, room, or PMB no.)		FEIN
2450 S	TEVENSON BLVD		94-3243339
City		State ZIP Code	
FREMON	f r	CA 94538-2326	
Δ First Ret	urn		
		organization during the year: (1) participated in a	ny
		l legislation or any hallot measure or (2) made an	election
C IRC Sect	on 4947(a)(1) trust	under R&TC Section 23704.5 (relating to lobbying	i by 🗀
D Final Info	ormation Return? Dissolved Surrendered (Withdraw	vn) public charities)?	Yes X No
• M	erged/Reorganized	in res, complete and attach form (15 5505.	
Er	nter date (mm/dd/yyyy);	K Is the organization exempt under R&TC Section 2	3701g? • Yes X No
	counting method:	If 'Yes,' enter gross receipts from nonmember sources	Ś
1 X	Cash 2 Accrual 3 Other		
F Federal r		L If organization is exempt under R&TC Section 23; and is exclusively religious, educational, or charit	'01d able
1 • [990T 2 ● 990 PF 3 ● Sch H (990)	and is supported primarily (50% or more) by pul	olic
G Is this a	group filing for the subordinates/affiliates? Yes	No contributions, check box. No filing fee is required	● ∐
	attach a roster. See instructions	M Is the organization a Limited Liability Company? .	Yes X No
H Is this or	ganization in a group exemption? Yes X		
If 'Yes,' \	What's the parent's name?	taxable income?	Yes X No
		O Is the organization under audit by the IRS or has	the IRS
	rganization have any changes in its activities,	audited in a prior year?	Yes X No
	not been reported to the Franchise Tax Board2 • Yes	No	
	explain, and attach copies of revised documents.		CACA1112L 11/20/13
Part I	Complete Part I unless not required to file this form. See	General Instructions B and C.	CACATTIZE TITZOTIS
	1 Gross sales or receipts from other sources. From Sig	de 2, Part II, line 8	795.
	2 Gross dues and assessments from members and aff		2
Receipts and	3 Gross contributions, gifts, grants, and similar amoun	ts received SEE SCH. B	3 662,553.
Revenues	4 Total gross receipts for filing requirement test. Add I		Militario de la Estade de la constante de la c
	This line must be completed. If the result is less tha		4 663,348.
	5 Cost of goods sold	• 5	
	6 Cost or other basis, and sales expenses of assets so	old ● 6	
	7 Total costs. Add line 5 and line 6		7
	8 Total gross income. Subtract line 7 from line 4		8 663,348.
Expenses	9 Total expenses and disbursements. From Side 2, Pa	·	9 410,890.
	10 Excess of receipts over expenses and disbursements		202/100.
	11 Filing fee \$10 or \$25. See General Instruction F.	10 - 1일 - 전하여만 전하기 위한 전환	101
Filing	12 Total payments		
Fee	13 Penalties and Interest. See General Instruction J		
	Use tax. See General Instruction K	N 000000000000000000000000000000000000	4
	Then subtract line 12 from the result		
	Under penalties of perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than taxpayer) is based in	g accompanying schedules and statements, and to the best of on all information of which preparer has any knowledge.	my knowledge and belief, it is true,
Sign Here	Title	Date	Telephone
	Signature of officer EXEC	CUTIVE DIRECTOR	(510) 745-1532
	Preparer's >	Date Check if	• PTIN
Paid	signature	self- employed	P00086390
Preparer's Use Only	Firm's name HARRISON ACCOUNTING GROUP	•	• FEIN
- ou only	(or yours, if self-employed) 39355 CALIFORNIA STREET,	STE 301	94-2539211
	and address FREMONT, CA 94538		Telephone
	M. II. ETB. II.		510-793-4323
	May the FTB discuss this return with the preparer shown	above? See instructions	X Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all but	siness activities. See	instructions		1	
		2	Interest				2	795.
_		3	Dividends				3	
Rec	eipts	4	Gross rents				4	
Othe	er	5	Gross royalties				5	
Sou	rces	6	Gross amount received from sale of				6	
		7	Other income. Attach schedule				7	
		8	Total gross sales or receipts from other sou				8	795.
		9	Contributions, gifts, grants, and similar amo				9	195.
		10	Disbursements to or for members.				10	
		11	Compensation of officers, directors	and trustops Attach	schedule SEE S'	TATEMENT 1	11	
		12	Other salaries and wages				12	
Ехр	enses	13	Interest				13	
and	urse-		Taxes.					
men		14				_	14	
		15	Rents				15	
		16	Depreciation and depletion (See in				16	<u> </u>
		17	Other Expenses and Disbursement				17	410,890.
		18	Total expenses and disbursements. Add line	···			18	410,890.
	edule	<u> </u>	Balance Sheets	Beginning of	taxable year	End	of taxal	ole year
Asse				(a)	(b)	(c)		(d)
1					901,421.		•	1,144,806.
2			receivable.				•	
3			eivable				•	
4							•	
5			tate government obligations		***************************************			
6			other bonds					
7			n stock				•	
8			S				•	
9			ents. Attach schedule					
			ssets	1,395.		1,39	95.	
b	Less ac	cumula	ated depreciation	1,395.		1,39	95.	
11	Land							
12	Other as	ssets. <i>i</i>	Attach schedule				•	
			······································		901,421.			1,144,806.
Liabi	lities a	nd ne	et worth					
14	Account	s paya	ble				•	
15	Contribu	ıtions,	gifts, or grants payable				•	
16	Bonds a	ind not	es payable				•	
17			able				S	
18	Other lia	abilities	s. Attach schedule STM . 3		9,956.			883.
19	Capital :	stock o	or principle fund		891,465.		•	1,143,923.
20	Paid-in	or capi	tal surplus. Attach reconciliation				•	
21	Retained	i earni	ngs or income fund				•	
22	Total lia	bilities	and net worth		901,421.			1,144,806.
Sch	edule	M-1	Reconciliation of income per be Do not complete this schedule if the	ooks with income per ne amount on Schedule	return L, line 13, column (d),	is less than \$50,000.		
1	Net inco	me pe	books	252,458.		books this year not inclu		
2		-	e tax		1	ch sch		
3	Excess o	of capit	tal losses over capital gains		8 Deductions in this			
4			orded on books this year.		against book incom			
			e					
5			ded on books this year not deducted			nd line 8	1000	VIII.
			Attach schedule		10 Net income per			
6	Total. Ac	dd line	1 through line 5	252,458.	Subtract line 9	from line 6		252,458.

Side 2 Form 199 C1 2013

059

3652134

CACA1112L 11/20/13

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

California Copy

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization		Employer identification number
ALAMEDA COUNTY LIBRARY FOUNDA	TION	94-3243339
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (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 priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
	anization can check boxes for both the General Rule and a S	nacial Rule. See instructions
	anzador carreneck boxes for both the deficial fulle and a o	pecial Naie. See manachoris.
General Rule	000 DE II	
X For an organization filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	r 990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one
,		
Special Rules		
<u>:</u>	orm 990 or 990-EZ that met the 33-1/3% support test of the	vom dations under sections
509(a)(1) and 170(b)(1)(A)(vi) and received (2) 2% of the amount on (i) Form 990, Part	from any one contributor, during the year, a contribution of VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I are	the greater of (1) \$5,000 or and II.
For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-EZ that received from any one contribute	or, during the year,
total contributions of more than \$1,000 for the prevention of cruelty to children or anim	use <i>exclusively</i> for religious, charitable, scientific, literary, or nals. Complete Parts I. II. and III.	educational purposes, or
For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-FZ that received from any one contribute	or, during the year.
contributions for use exclusively for religious, o	haritable, etc, purposes, but these contributions did not total to nributions that were received during the year for an <i>exclusively</i> reli	iore than \$1,000.
purpose. Do not complete any of the parts unle	ess the General Rule applies to this organization because it receives	gious, chantable, etc, /ed nonexclusively
	5,000 or more during the year	
Caution: An organization that is not covered by	the Caparal Bula and/or the Special Bulas does not file Sak	andula B (Farm 000, 000 F7, ar
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Schee 2, of its Form 990; or check the box on line H of its Form 9e filing requirements of Schedule B (Form 990, 990-EZ, or 99	190-EZ or on its Form 990-PF.
Part I, line 2, to certify that it does not meet the	e filing requirements of Schedule B (Form 990, 990-EZ, or 99	0-PF).
BAA For Paperwork Reduction Act Notice, see or 990-PF.	e the Instructions for Form 990, 990EZ, Schedule B (F	orm 990, 990-EZ, or 990-PF) (2013

Page 1 of

1 of Part 1

ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number

94-3243339

Part	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FREMONT BANK 39150 FREMONT BLVD FREMONT, CA 94538	\$ 10,000.	(Complete Part II for
(a) Number		(c) Total contributions	noncash contributions.) (d) Type of contribution
2	Y&H SODA FOUNDATION 2 Theatre Square Suite 211 Orinda, CA 94563-3346	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	David B. Gold Foundation 44 Montgomery Street Ste#3750 San Francisco, CA 94104	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Priem Family Foundation 33385 Palomares Road Castro Valley, CA 94552	\$ 375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Thomas J Long Foundation 2950 Buskirk Ave, Ste 160 Walnut Creek, CA 94597	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number 94-3243339

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/	<u>A</u>		
		\$s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
]\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

1 to

of Part III

Name of organization
ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number 94-3243339

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	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			
	Transferee's name, addres	(e) Transfer of gift	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee			
			Caba	fulls R (Form 990, 990, FZ, or 990, PF) (2013)			

Corporation Depreciation and Amortization

3885

	2013 Cor	poration De	preciation ar	nd An	1ortizati	on				3885
	ch to Form 100 or For	m 100W. FORM	1 199					T 0 11/		
Corpor	ration name							California	-	on number
	MEDA COUNTY I							19617	53	
Parl	Election to Exp	pense Certain Pro _l	perty Under IRC Se	ection 17	79			1		625 000
1	Maximum deduction	under IRC Section	179 for California				(4.4 CONTRACTOR	E 10 00001010		\$25,000
2	Total cost of IRC Sec Threshold cost of IRC	ction 179 property	placed in service .		oitotion			1.00(0)(0)		\$200,000
3	Reduction in limitation	C Section 179 prop	from line 2 If zero	or less	enter -0-	S 9 9	• • • • • • • • • • • • • • • • • • • •			72007000
4 5	Dollar limitation for t	avable vear Subtr	act line 4 from line	1. If ze	ro or less. e	nter -0				
6		Description of property	doc mile t il oil il ili	(b) C	ost (business u	se only)	(c) Electer	d cost		
	(4)	becompanied property		(- 1,				
7	Listed property (elec	ted IRC Section 17	'9 cost)			7			0,0,0	
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in c	olumn (c), li	ine 6 and I	ine 7,			
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							
10	Carryover of disallow	ved deduction from	prior taxable year	s						
11	Business income lim	itation. Enter the s	maller of business	income	(not less th	nan zero) d	r line 5. page.	<u>11</u>	_	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line I	U, but d	o not enter	more than	12			
13	Carryover of disallow	nd Election of Add	ditional First Year	Fynense	Deduction	Under R&	TC Section 2	24356		
Par				LXPCIIS	(d)	(e)	(f)	(g)		(h)
14	(a) Description	(b) Date acquired	(c) Cost or		reciation	Depreciation	Life or	Depreciation		Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	this yea	ar	year depreciation
					er years					
CON	APUTER SOFTWA	6/10/1997	1,395.		1,395.	S/L	3			
				<u> </u>			1			
15	Add the amounts in	column (g) and co	lumn (h). The total	of colu	nn (h) may	not exceed	i .			
	\$2,000. See instruct	ions for line 14, co	lumn (h)				15			
Par									$\overline{}$	T
16	Total: If the corporat	once add the amo	ount on line 12 and	line 15	column (g)	or				
	Additional first year	denreciation under	R&TC Section 243	356. add	the amoun	ts on line 1	15, columns	(g) and (h) o	r 16	
47	Depreciation (if no e	election is made), e	enter the amount tr	om line	15, column	(g)			17	
1/	Total depreciation of	aimed for federal	ourposes from fede	enter t	he differenc	e here and	l on Form 10	00 or		
10	Depreciation adjustn Form 100W, Side 1, Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 100	or		
	Form 100W, Side 1, state adjustments or	line 12. (If Californ	nia depreciation an	nounts a	re used to (determine i	net income b	etore	18	
Par		Troini 100 or roil	11 10044, 110 aujusti	Herit is i	icccssary.				1	
19	(a)	(b)	(c)		(0	d)	(e)	(f)		(g)
	Description	Date acquire	ed Cost o		Amorti allowed or	zation	R&TC section	Period or percentage		Amortization
	of property	(mm/dd/yyy	/) other ba	SIS	in earlie		(see instr)	percentage		for this year
	.									
20	Total. Add the amou	unts in column (g).						2	_	
21	Total amortization c	laimed for federal	purposes from fede	eral Forr	n 4562, line	44		2	1	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter t	he difference	e here and	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 1,	line 5. If line 21 is	less than line 20,	enter th	e anterence	nere and	on Form 100	or 2	2	
	TOTAL TOURY, Olde 1,									

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/ 1		~ 7

California Statements

Page 1

Client 90001

ALAMEDA COUNTY LIBRARY FOUNDATION

94-3243339

01:35PM

11/13/14

Statement 1 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers: Name and Address	Title and Average Hours <u>Per Week Devoted</u>		Contri- bution to EBP & DC	Expense Account/ Other	
JAGDISH AHUJA 2843 EUGENE TERRACE CASTRO VALLEY, CA 94546	Director 0	\$ 0.	\$ 0.	\$ 0.	
Ralph Johnson 101 MONTGOMERY STREET SAN FRANCISCO, CA 94101	President 0	0.	0.	0.	
JANET CAMARENA 37985 3RD STREET FREMONT, CA 94536	Director 0	0.	0.	0.	
Navin Sethi JD 324 Rivercreek Drive Fremont, CA 94536	Treasurer 0	0.	0.	0.	
DINESH SAWAL 1 ALMADEN BLVD SUITE 800 SAN JOSE, CA 95113	Director 0	0.	0.	0.	
AARON P. WONG 38698 CHRISHOLM PLACE FREMONT, CA 94536	Director 0	0.	0.	0.	
	Total	1 \$ 0.	\$ 0.	\$ 0.	

Statement 2 Form 199, Part II, Line 17 Other Expenses

Bank charge Board retreat. Capital Campaign CONSULTING FEES. Donor acquistion Dues & subscriptions Insurance Library remittances. Licenses Miscellaneous Newsletter Office supplies Outside Services Postage and Shipping Printing and Publications Special Events Staff development Staff recognition	\$ 240. 2,435. 431. 292,175. 10,238. 6,341. 1,968. 1,734. 12,653. 111. 156. 9,727. 1,116. 13,084. 16,621. 19,979. 16,157. 25. 4,071.
Deal 1000galulum mining	

I m	\$ ***** x	
2013	California Statements	Page 2
Client 90001	ALAMEDA COUNTY LIBRARY FOUNDATION	94-3243339
11/13/14		01:35PM
Statement 2 (continued) Form 199, Part II, Line 17 Other Expenses		
Telephone. Travel	**************************************	906.
Statement 3 Form 199, Schedule L, Line 18 Other Liabilities		
Other current liabilities	3Total ₹	883. 883.

IN MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Basistantian Number	Check if:				
State Charity Registration Number		Change of address			
ALAMEDA COUNTY LIBRARY FOUNDA	Amended report				
2450 STEVENSON BLVD		Corporate or 0	Organization No. 1961753		
Address (Number and Street)		1			
FREMONT, CA 94538-2326 City or Town	State ZIP Code	Federal Emplo	oyer ID No. 94-3243339		
ANNUAL REGISTRATION RI Make Checi	ENEWAL FEE SCHEDULE (11 Ca k Payable to Attorney General's I	al. Code Regs. s Registry of Cha	sections 301-307, 311 and 312) ritable Trusts		
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	- 1	Fee
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 millio Between \$10,000,001 and \$50 milli Greater than \$50 million	on \$	\$150 \$225 \$300
PART A - ACTIVITIES					
For your most recent full accounting peri			6/30/14) list:		
Gross annual revenue \$			1,144,806.		
PART B – STATEMENTS REGARDING					
Note: If you answer 'yes' to any of the ques 'yes' response. Please review RRF-1	stions below, you must attach a sinstructions for information requ	separate sheet uired.	providing an explanation and detail	,	
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?					No
During this reporting period, was there any the property or funds?	eft, embezzlement, diversion or mis	suse of the organ	ization's charitable		X
3 During this reporting period, did non-progr	am expenditures exceed 50% of	gross revenues	5?		X
During this reporting period, were any organiz Form 4720 with the Internal Revenue Serv	ration funds used to pay any penaltrice, attach a copy.	y, fine or judgme	nt? If you filed a		X
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attachmen provider.	rices of a commercial fundraiser on the listing the name, address, and telegraphs.	or fundraising c lephone number	ounsel for charitable of the service		X
6 During this reporting period, did the organizat the name of the agency, mailing address,			e an attachment listing		X
7 During this reporting period, did the organizat indicating the number of raffles and the da		oses? If 'yes,' pro	ovide an attachment		x
Does the organization conduct a vehicle dona the program is operated by the charity or vehicle purposes.	tion program? If 'yes,' provide an a whether the organization contract	ttachment indicates with a comme	ting whether ercial fundraiser for		x
Did your organization have prepared an au principles for this reporting period?	udited financial statement in acco	ordance with ger	nerally accepted accounting		X
Organization's area code and telephone numbe	r (510) 745-1532				
Organization's e-mail address					
I declare under penalty of perjury that I have example and belief, it is true, correct and complete.	xamined this report, including ac	ccompanying d	ocuments, and to the best of my kno	owled	ge
TIO	NA SMITH	EXECUTIVE	DIRECTOR		
Signature of authorized officer Printed		Title	Date		

Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Department of the Treasury Internal Revenue Service

Inspection For the 2013 calendar year, or tax year beginning 2013, and ending 6/30 2014 Check if applicable: D Employer Identification Number Address change ALAMEDA COUNTY LIBRARY FOUNDATION 94-3243339 2450 STEVENSON BLVD Telephone number Name change FREMONT, CA 94538-2326 Initial return (510) 745-1532 Terminated Amended return G Gross receipts \$ 663,348. H(a) Is this a group return for subordinates? Application pending F Name and address of principal officer: X Yes H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) No Tax-exempt status 4947(a)(1) or 527 X 501(c)(3) 501(c) ((insert no.) Website: ► H(c) Group exemption number ĸ Form of organization: Trust Other > Corporation Association L Year of formation: M State of legal domicile: Briefly describe the organization's mission or most significant activities: The foundation raises funds for books, state-of-the-art technology and library programs that help members of the Governance community. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 6 Activities & Number of independent voting members of the governing body (Part VI, line 1b)..... 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a)..... 5 2 Total number of volunteers (estimate if necessary). 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 496,205. 662,553. Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1,303. 795. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 497,508 663,348. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 412,874 410,890. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 412,874 410,890. 19 Revenue less expenses. Subtract line 18 from line 12..... 84,634. 252,458. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 901,421. 1,144,806. 21 Total liabilities (Part X, line 26)..... 9,956. 883. 22 Net assets or fund balances. Subtract line 21 from line 20..... 891,465. 1,143,923. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Tiona Smith Executive Director Type or print name and title. Print/Type preparer's name Preparer's signature Date Check Paid William J. Harrison P00086390 self-employed Preparer Harrison Accounting Group, Inc. **Use Only** Firm's address ▶ 39355 California Street, Ste 301 Firm's EIN ► 94-2539211 Fremont, CA 94538 Phone no. 510-793-4323 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes No

	m 990 (2013) ALAMEDA COUNTY LIBRARY FOUNDATION	94-3243339 F	age 2
Par	It III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1			
	The foundation raises funds for books, state-of-the-art tec	hnology and library	
	programs that help members of the community.		
		· · · · · · · · · · · · · · · · · · ·	
2	,	<u> </u>	
	Form 990 or 990-EZ?	····· Yes X	No
	If 'Yes,' describe these new services on Schedule O.		
3		gram services? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	ram services, as measured by expen	ses.
	others, the total expenses, and revenue, if any, for each program service reported.	infoant of grants and anotations to	
4a	a (Code:) (Expenses \$ 305, 259. including grants of \$) (Revenue \$)
			_
		202 202	
		: 	
4h	b (Code:) (Expenses \$ including grants of \$		
710	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
410	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
45	a (Code) (Expenses \$ including grants of \$) (Revenue \$)
42	a (Code:) (Expenses \$including grants of \$) (Revenue \$))
40	a (code) (Expenses \$ including grants of \$) (Revenue \$)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
;	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Page 4 Form 990 (2013) ALAMEDA COUNTY LIBRARY FOUNDATION 94-3243339 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or 21 Х 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a...... X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X Schedule L, Part I..... Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III...... 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a X X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 X

Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I......

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....

and V, line 1.....

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV,

35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete

Schedule N. Part II.....

X

Х

X

X

X

X

X

31

32

33

34

35b

36

37

	rm 990 (2013) ALAMEDA COUNTY LIBRARY FOUNDATION 94-32433	,9		age
R	art V Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	210	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IN COLUM	
-	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?	2.0	Strong.	X
•	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3a	_	Λ
		3 b		<u> </u>
4	la At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country:		100	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		70	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Sw / 4	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
_		/ 11		
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	8		811
9	The state of t	0		
_	a Did the organization make any taxable distributions under section 4966?	THE STATE OF	Escup.	
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 a		
	Section 501(c)(7) organizations. Enter:	9b		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	2010		JE V
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1593
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	ges i	in	
Sec	ction A. Governing Body and Management			. 22
	Stoff 74 dovorning body and management		Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
ı	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
ŧ	a The governing body?	8 a		Х
	b Each committee with authority to act on behalf of the governing body?	8 b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	1 1992		100
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12a		Х
(to conflicts?	12b		
	Schedule O how this was done.	12 c		
13		13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a		X
t	Other officers of key employees of the organization.	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avinspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	ailabl	e for p	ublic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availa	ble to		
20	the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	Tiona Smith 2450 Stevenson Blvd Fremont CA 94538 (510) 745-1532			

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

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

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

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

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

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

		(C)									
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						the examination	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Ralph Johnson	0										
President	0							0.	0.	0.	
(2) JANET CAMARENA Director	0 0	-						0.	0.	0.	
(3) Navin Sethi JD	0						\exists		0.	<u> </u>	
Treasurer	0							0.	0.	0.	
_(4)_DINESH_SAWAL	0			İ					_		
Director (5) AARON P. WONG	0		\dashv	\dashv				0.	0.	0.	
Director	0							0.	0.	0.	
(6) JAGDISH AHUJA	0		Ì								
Director	0	Х	_					0.	0.	0.	
					\exists						
(9)											
(10)				_	1						
(11)		_	1		\dashv						
				\perp	\perp		_				
(12)		Ì									
(13)					1		1				
(14)			\dashv	1	\dashv						

Part VII Section A. Officers, Directors, Trus		Key	En			es,	an	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title	Average hours per week	offi	cer a	Pos check	erson direct	e than is bot or/trus	h an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										_
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)								-		
(25)										<u> </u>
1 b Sub-total	A						A	0. 0. 0.	0. 0. 0.	0.
2 Total number of individuals (including but not limited to from the organization ▶ 0							red r		of reportable comp	ensation 0.
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	, or trus	stee,	key	em	ploy	ee, o	or hi	ighest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater is such individual	eportable than \$15	e cor 50,00	npei 0? /	nsat If 'Y	ion es' d	and comp	othe	er compensation f e Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'									ndividual	
Section B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·	
 Complete this table for your five highest compensation from the organization. Report compensation. 	ted inde tion for t	pend ne ca	lent lend	con ar y	trac ear	tors endin	that ig w	received more th ith or within the org	an \$100,000 of anization's tax year.	
Name and business addres	s							Description of	f services	(C) Compensation
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ▶		ed to	thos	se lis	sted	abov	e) w	ho received more t	han	
BAA		FFA01	001	11/11	/12					Form 990 (2013)

	Check if Schedule O contains a response or note to	any line in this Part VII	<u> </u>				
		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<u>د</u> ح	1 a Federated campaigns 1 a						
RAN	b Membership dues						
S S S	c Fundraising events						
등	d Related organizations 1 d						
S S	e Government grants (contributions) 1 e						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 662, 553						
置ら	similar amounts not included above 1f 662,553 g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f.	662,553.					
	Business Code	002,333.					
PROGRAM SERVICE REVENUE	2a						
낊	b						
2	С						
S	d						
Z.	e						
8	f All other program service revenue			118 -01-518-516			
<u>E</u>	g Total. Add lines 2a-2f.						
	3 Investment income (including dividends, interest and other similar amounts)	▶ 795.	795.				
	4 Income from investment of tax-exempt bond proceeds.						
	5 Royalties	•					
	(i) Real (ii) Personal	ts: Lasemens					
	6a Gross rents						
	b Less: rental expenses.						
	c Rental income or (loss)						
	d Net rental income or (loss)	STOCKHOLING SPECIFICAL E					
	7a Gross amount from sales of assets other than inventory.						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)	•					
Lul	8a Gross income from fundraising events						
3	(not including .\$						
Ē	of contributions reported on line 1c).						
OTHER REVENUE	See Part IV, line 18						
5	c Net income or (loss) from fundraising events	▶		STATE OF SERVICE	Christian Brillian A		
	9a Gross income from gaming activities. See Part IV, line 19a			35-30/51			
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities	>					
	10a Gross sales of inventory, less returns						
	and allowancesa						
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory						
	Miscelfaneous Revenue Business Code	Market Market 1987					
	11a						
	c	+					
	d All other revenue						
	e Total. Add lines 11a-11d	>					
	12 Total revenue. See instructions	▶ 663,348.	795.	0.	0.		

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All ot	ther organizations must c	omplete column (A).	
	Check if Schedule O contains a	response or note to any	y line in this Part IX		X
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	0.	0.	0.	0.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
á	Management				
ŀ	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
	= *				
13	Office expenses				
14	Information technology.				
15	Royalties				
16	Occupancy				
17	Travel	906.		906.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	1,734.		1,734.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Capital Campaign	292,175.	292,175.		
	Printing and Publications	19,979.		19,979.	
	Postage and Shipping	16,621.		16,621.	
	Special Events	16,157.			16,157.
	All other expenses See . Sch , O	63,318.	13,084.	23,772.	26,462.
	Total functional expenses. Add lines 1 through 24e	410,890.	305,259.	63,012.	42,619.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		,,		, 020

Form 990 (2013)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... **(B)** End of year (A) Beginning of year 1 2 Savings and temporary cash investments 901,421 1,144,806. 3 Pledges and grants receivable, net 3 Accounts receivable, net..... 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10a 1.395. b Less: accumulated depreciation 10b 1,395. 10 c 11 12 Investments – other securities. See Part IV, line 11. 12 Investments – program-related. See Part IV, line 11..... 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11. 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 901.421 16 1,144,806 Accounts payable and accrued expenses..... 17 17 18 19 19 Deferred revenue..... 20 20 Tax-exempt bond liabilities..... 21 21 Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties..... Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 25 883. 9,956 Total liabilities. Add lines 17 through 25..... 9,956. 26 883. X and complete Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34. ASSET-S Unrestricted net assets. 1,448,074. 27 1,693,010. Temporarily restricted net assets -556,609. 28 -549,087. Permanently restricted net assets..... 29 O R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds...... 31 BALANCES Retained earnings, endowment, accumulated income, or other funds..... 32 Total net assets or fund balances..... 33 33 891,465. 1,143,923. 34 Total liabilities and net assets/fund balances 34 901,421. 1,144,806.

OH	1330 (2013) ALAMEDA COUNTI HIDRARI POUNDATION 54	JZ 433			290 11
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		563,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	- 4	110,	890.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	252,	458.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	{	391,	465.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)).	10	1,1	L43,	923.
Ha	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		432		
	in Schedule O.		64		
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	4	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ			1	123.6
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	• (1014)2008 • FOE.28	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	090800.000	3a		Х
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
) A A				n gan	(2012

TEEA0112L 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

Service at www.irs.gov/form990.

ALAMEDA COUNTY LIBRARY FOUNDATION 94-3243339 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type I Type II C Type III — Functionally integrated d Type III — Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... (i) 11 g (i) A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?...... 11 g (iii) Provide the following information about the supported organization(s). h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization in column (i) listed in (v) Did you notify the organization in (vi) Is the organization in (vii) Amount of monetary support column (i) organized in the U.S.? column (i) of your your governing document? support? No Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support		<u></u>				
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')		,	489,663.	496,205.	662,795.	1,648,663.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			2037000.	130,203.	002,730.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	489,663.	496,205.	662,795.	1,648,663.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
C	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						1,648,663.
	tion B. Total Support				7.0.222		
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0.	0.	489,663.	496,205.	662,795.	1,648,663.
9 10 a	Amounts from line 6	0.			496,205.		
9 10a b	Amounts from line 6		0.	489,663.	496,205.	662,795.	0.
9 10 a b	Amounts from line 6	0.			496,205.		0.
9 10 a b	Amounts from line 6		0.	489,663.		662,795.	0. 0.
9 10 a b	Amounts from line 6		0.	489,663.		662,795.	0. 0. 0.
9 10 a b	Amounts from line 6	0.	0.	0.	0.	0.	0. 0. 0. 0.
9 10 a b c 11	Amounts from line 6	0. is for the organiza	0. 0. tion's first, second	489, 663. 489, 663.	496, 205.	662,795. 662,795. a section 501(c)(3	0. 0. 0. 0. 0.
9 10 a b c 11 12 13 14	Amounts from line 6	0. is for the organiza stop here.	0. 0. tion's first, second	489, 663. 0. 489, 663. d, third, fourth, or	496, 205. fifth tax year as	662,795. 0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663.
9 10 a b c 11 12 13 14	Amounts from line 6	0. is for the organiza stop here.	0. 0. tion's first, second	489, 663. 0. 489, 663. d, third, fourth, or	496, 205. fifth tax year as	662,795. 0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0.
9 10 a b c 11 12 13 14 Sect	Amounts from line 6	0. is for the organiza stop here	0. tion's first, second	489, 663. 0. 489, 663. d, third, fourth, or 13, column (f))	0. 496,205. fifth tax year as	662,795. 0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663.
9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	0. is for the organiza stop here blic Support Pe 13 (line 8, column 2012 Schedule A,	0. tion's first, second ercentage (f) divided by line Part III, line 15	489, 663. 0. 489, 663. d, third, fourth, or 13, column (f))	0. 496,205. fifth tax year as	662,795. 0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663. 3)
9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	0. is for the organiza stop here blic Support Per 13 (line 8, column 2012 Schedule A, lestment Incom	0. tion's first, second ercentage (f) divided by line Part III, line 15	489, 663. 0. 489, 663. d, third, fourth, or 13, column (f))	496, 205. fifth tax year as	662,795. 0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663. 0. x
9 10 a b 11 12 13 14 Sec: 15 16 Sec: 17	Amounts from line 6	0. is for the organizarstop here blic Support Per 13 (line 8, column 2012 Schedule A, lestment Incomor 2013 (line 10c, comor 2013 (line 20c, comor 20c, comor 2013 (line 20c, comor 2013 (line 20c, comor 2013 (line 20c, comor 2013 (line	0. 0. tion's first, second creentage (f) divided by line Part III, line 15 re Percentage column (f) divided	489, 663. 0. 489, 663. d, third, fourth, or 13, column (f))	496, 205. fifth tax year as	662,795. 0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663. 3)
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18 19 a	Amounts from line 6	0. is for the organiza stop here blic Support Per 13 (line 8, column 2012 Schedule A, lestment Incomor 2013 (line 10c, com 2012 Schedule the organization of this box and stop	0. tion's first, second crcentage (f) divided by line Part III, line 15 ce Percentage column (f) divided e A, Part III, line 1 did not check the I here. The organia	489, 663. 0. 489, 663. d, third, fourth, or 13, column (f)). by line 13, column 7. box on line 14, ar ation qualifies as	496, 205. fifth tax year as an ann (f))	662,795. 0. 662,795. a section 501(c)(3	0. 0. 0. 0. 0. 1,648,663. 8) X 8 %
9 10 a b 11 12 13 14 Sect 17 18 19 a b	Amounts from line 6	0. is for the organizatop here blic Support Perestration of 2012 Schedule A, lestment Incomport 2013 (line 10c, comport	0. tion's first, second rcentage (f) divided by line Part III, line 15 re Percentage column (f) divided a A, Part III, line 1 did not check the I here. The organiz lid not check a bo nd stop here. The	489, 663. 0. 489, 663. d, third, fourth, or 13, column (f)) box on line 14, ar cation qualifies as x on line 14 or lir organization qua	496, 205. fifth tax year as a fifth tax year as a publicly suppose 19a, and line 1 lifies as a publicly	662,795. 0. 662,795. a section 501(c)(3 15 16 17 18 than 33-1/3%, arrted organization. 6 is more than 33, supported organ	1,648,663. 0. 0. 0. 1,648,663. X x 8 8 8 8 1,648,663. X 1,648,663. X

			r 990-EZ) 2013			ITY LIBRA				3243339		Page 4
	Part IV	Supplem or 17b; a (See ins	nental Infor and Part III, tructions).	mation. P line 12. A	rovide the Iso comple	explanatio ete this par	ns require t for any a	ed by Part additional	II, line 10; Painformation.	art II, line	17a	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

ALAMEDA COUNTY LIBRARY FOUNDA	94-3243339						
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (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						
1 dilli 5504 1	4947(a)(1) nonexempt charitable trust treated as a prival	ata foundation					
		te loundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the Ge	neral Rule or a Special Rule						
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions.					
General Rule							
X For an organization filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	990-PF that received, during the year, \$5,000 or more (in money	or property) from any one					
Special Rules							
For a section 501(c)(3) organization filing For 509(a)(1) and 170(b)(1)(A)(vi) and received (2) 2% of the amount on (i) Form 990, Part	orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I ar	regulations under sections the greater of (1) \$5,000 or ad II.					
For a section 501(c)(7), (8), or (10) organization total contributions of more than \$1,000 for unthe prevention of cruelty to children or animal contributions.	n filing Form 990 or 990-EZ that received from any one contributo se <i>exclusively</i> for religious, charitable, scientific, literary, or als. Complete Parts I, II, and III.	r, during the year, educational purposes, or					
contributions for use exclusively for religious, characteristics of this box is checked, enter here the total contributions. Do not complete any of the parts unless unless that the contributions is contributed by the contribution of the parts unless that the contribution of the contribution of the contribution of the parts unless that the contribution of the contrib	n filing Form 990 or 990-EZ that received from any one contribute paritable, etc, purposes, but these contributions did not total to multions that were received during the year for an exclusively religns the General Rule applies to this organization because it receiv 000 or more during the year	ore than \$1,000. gious, charitable, etc, ed nonexclusively					
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sch 2, of its Form 990; or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 99	90-EZ or on its Form 990-PF,					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

1 of

1 of Part 1

Name of organization

ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number 94-3243339

Part	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FREMONT BANK 39150 FREMONT BLVD FREMONT, CA 94538	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Y&H SODA FOUNDATION 2 Theatre Square Suite 211 Orinda, CA 94563-3346	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	David B. Gold Foundation 44 Montgomery Street Ste#3750 San Francisco, CA 94104	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Priem Family Foundation 33385 Palomares Road Castro Valley, CA 94552	\$375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Thomas J Long Foundation 2950 Buskirk Ave, Ste 160 Walnut Creek, CA 94597	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_==		\$	Person Payroll Complete Part II for noncash contributions.)

1 to 1 of Part II

Name of organization

ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number

94-3243339

(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
N/A				
a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.	(b) Description of noncash property given	\$ (c) FMV (or estimate) (see instructions)	(d)	
Part I				
(a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.	(b) Description of noncash property given	\$ (c) FMV (or estimate) (see instructions)	(d)	
Part I	Description of noncash property given	(see instructions)	Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$\$		

1 to

1 of Part III

Name of organization
ALAMEDA COUNTY LIBRARY FOUNDATION

Employer identification number 94-3243339

Part	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.						
	For organizations completing Part III, enter total contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional states and the second states are second so that the second se		e, etc., ee instructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
	Transferee's name, address	(e) Transfer of gift s, 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				
			+				
	(a)						
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee				
(0)		(6)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address	(e) Transfer of gift s, 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						

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization 94-3243339 ALAMEDA COUNTY LIBRARY FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year.... Aggregate contributions to (during year) Aggregate grants from (during year)..... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a)...... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year >\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Schedule D (Form 990) 2013 ALAM Part III Organizations Mainta	EDA COUNT	Y LIE	RARY FOUN	DATI orica	ON Treasures, or	Other	94-3243 Similar Asse			Page 2 ed)
3 Using the organization's acquisition items (check all that apply):										
a Public exhibition	The transfer of the second sec									
b Scholarly research			e Other							
c Preservation for future gener	rations					-				
4 Provide a description of the organize Part XIII.										
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or han to be ma	receive intained	donations of ar as part of the o	t, historganiz	orical treasures, o zation's collection	r other s	imilar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	nents. Form	Complete if to 990, Part X,	he o line	rganization an: 21.	swered	'Yes' to Form	n 990,	Part	IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n, or oth	ner intermediary	for co	ontributions or oth	er asset	s not included	Yes	Г	No
b If 'Yes,' explain the arrangement								Amount		
c Beginning balance						1 c			•	
d Additions during the year										
e Distributions during the year.						0.307				
f Ending balance										
2a Did the organization include an a								Vec		No
b If 'Yes,' explain the arrangement									[
Part V Endowment Funds. C	complete if	the ord	nanization ar	swer	red 'Yes' to Fo	rm 990	Part IV. line	2 10.		
Endownion Linds	(a) Current		(b) Prior yea		(c) Two years back		Three years back	(e) Fou	ır vears	back
1 a Beginning of year balance	(4) 5411511	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2)		(-)	(17)		``		
b Contributions										
c Net investment earnings, gains,										
and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentag		nt vear	end balance (lir	ne 1a.	column (a)) held	as:		L		
a Board designated or quasi-endowm		ine your	%	,	(4),					
b Permanent endowment ▶	- %									
c Temporarily restricted endowmen			o _k							
The percentages in lines 2a, 2b,		d equal	° 100%							
				1 1	d and administration	for Hoo				
3a Are there endowment funds not in to organization by:	the possession	of the o	rganization that a	are hei	d and administered	for the		Y	es	No
(i) unrelated organizations						DWV519	740004744	3a(i)	\neg	
(ii) related organizations								<u> </u>		
b If 'Yes' to 3a(ii), are the related								3b		
4 Describe in Part XIII the intended	-									
Part VI Land, Buildings, and										
Complete if the organ			'Yes' to Forr	n 990), Part IV, line	11a. S	ee Form 990	, Part X	(, lin	e 10.
Description of property		(a) Cost (in	or other basis vestment)	(b)	Cost or other casis (other)	(c) Ad	ccumulated preciation	(d) Bo	ok va	lue
1 a Land						W TORK				
b Buildings	ngegraga ,aarara									
c Leasehold improvements										
d Equipment					1,395.		1,395.			0.
e Other										
Total. Add lines 1a through 1e. (Colum	1100000000 -11000000		m 990, Part X,	colum	n (B), line 10(c).).					0.
BAA		-						le D (Forn	n 990)	2013

Part VII Investments - Other Securities.		N/A	0.0.1771. 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(C) (D) (E)			
<u>(F)</u>			
(G)			
(H)			
<u>(I)</u>			,
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' to Form 990	N/A Part IV line 11c See Form 99	0. Part X. line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N / A		
Part IX Other Assets. Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 99	0, Part X, line 15.
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
(10)	D) /inc 15)		
Total. (Column (b) must equal Form 990, Part X, column (b)	3), IIne 13.)		
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	orm 990. Part IV. line 11	e or 11f. See Form 990. Part X. line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Other current liabilities	88	3.	
(3)			
(4)			
(6)			
(7)			
(8)			
(9)		The state of the s	
(10)			
(11)		20 - 10 10 10 10 10 10 10 10 10 10 10 10 10	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 88		shiliby for uncertain
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for tax positions under FIN 48 (ASC 740). Check here if the text of the footnote I			

Schedule **D** (Form 990) 2013

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

94-3243339 ALAMEDA COUNTY LIBRARY FOUNDATION Form 990, Part VI, Line 11b - Form 990 Review Process No review was or will be conducted. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available No documents available to the public.

2013

Schedule O - Supplemental Information

Page 2

Client 90001

ALAMEDA COUNTY LIBRARY FOUNDATION

94-3243339

11/13/14

01:35PM

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	<u>Fundraising</u>
Bad debt Bank charge Board retreat CONSULTING FEES	240. 2,435. 431. 10,238.	431.	240. 2,435.	10,238.
Donor acquistion Dues & subscriptions Library remittances	6,341. 1,968. 12,653.	12,653.	1,968.	6,341.
Licenses Miscellaneous Newsletter	111. 156. 9,727. 1,116.		1,116.	156. 9,727.
Office supplies Outside Services Staff development Staff recognition	1,116. 13,084. 25. 4,071.		13,084. 25. 4,071.	
Telephone	Total $\frac{722.}{\$ 63,318.}$	\$ 13,084.	\$ 23,772.	\$ 26,462.