

Short Form**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Santa Visits Alviso Foundation</td> <td>D Employer identification number 81 0656582</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 1(408)234-3520</td> </tr> <tr> <td colspan="2">P.O. Box 1012</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Alviso, California, 95002</td> <td></td> </tr> </table>	C Name of organization Santa Visits Alviso Foundation		D Employer identification number 81 0656582	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 1(408)234-3520	P.O. Box 1012		F Group Exemption Number ▶	City or town, state or province, country, and ZIP or foreign postal code Alviso, California, 95002		
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P.O. Box 1012		F Group Exemption Number ▶											
City or town, state or province, country, and ZIP or foreign postal code Alviso, California, 95002													
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶													
I Website: ▶ www.alvisosanta.com													
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other													
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$													

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																																																																					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																																					
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td style="text-align: right;">94,136</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td style="text-align: right;">0</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td style="text-align: right;">0</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td style="text-align: right;">98</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td style="text-align: right;">0</td></tr> <tr><td>b</td><td>Less: cost or other basis and sales expenses</td><td>5b</td><td style="text-align: right;">0</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td style="text-align: right;">0</td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td style="text-align: right;">0</td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td></td></tr> <tr><td>c</td><td>Less: direct expenses from gaming and fundraising events</td><td>6c</td><td></td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td style="text-align: right;">0</td></tr> <tr><td>b</td><td>Less: cost of goods sold</td><td>7b</td><td style="text-align: right;">0</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td style="text-align: right;">0</td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td style="text-align: right;">0</td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td style="text-align: right;">94,234</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	94,136	2	Program service revenue including government fees and contracts	2	0	3	Membership dues and assessments	3	0	4	Investment income	4	98	5a	Gross amount from sale of assets other than inventory	5a	0	b	Less: cost or other basis and sales expenses	5b	0	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		c	Less: direct expenses from gaming and fundraising events	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	7a	Gross sales of inventory, less returns and allowances	7a	0	b	Less: cost of goods sold	7b	0	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	8	Other revenue (describe in Schedule O)	8	0	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	94,234
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Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>10</td><td>Grants and similar amounts paid (list in Schedule O)</td><td>10</td><td style="text-align: right;">72,082</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td><td style="text-align: right;">0</td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td><td style="text-align: right;">0</td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td><td style="text-align: right;">0</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td><td style="text-align: right;">0</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td><td style="text-align: right;">289</td></tr> <tr><td>16</td><td>Other expenses (describe in Schedule O)</td><td>16</td><td style="text-align: right;">8,731</td></tr> <tr><td>17</td><td>Total expenses. Add lines 10 through 16</td><td>17</td><td style="text-align: right;">81,102</td></tr> </table>	10	Grants and similar amounts paid (list in Schedule O)	10	72,082	11	Benefits paid to or for members	11	0	12	Salaries, other compensation, and employee benefits	12	0	13	Professional fees and other payments to independent contractors	13	0	14	Occupancy, rent, utilities, and maintenance	14	0	15	Printing, publications, postage, and shipping	15	289	16	Other expenses (describe in Schedule O)	16	8,731	17	Total expenses. Add lines 10 through 16	17	81,102																																				
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Net Assets	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td style="text-align: right;">13,132</td></tr> <tr><td>19</td><td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td><td>19</td><td style="text-align: right;">165,820</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td style="text-align: right;">-14</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year. Combine lines 18 through 20</td><td>21</td><td style="text-align: right;">178,938</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,132	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	165,820	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-14	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	178,938																																																				
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Part II

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	165,820	22 178,938
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	165,820	25 178,938
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,820	27 178,938

Part III

Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

What is the organization's primary exempt purpose? **Provide Educational Opportunities to Alviso Community.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Santa Alviso Scholarship Program supported 18 students at various Colleges, Universities and Vocational Schools in 2013. Expenses and GPA's were monitored by receipts and regular reports. GPA's ranged from 2.15 to 4.60. (Grants \$ 48,742) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	48,742
29	The 30th annual Santa Visits Alviso Program provided a Community Fair, a free gift, educational Books, a free BBQ Lunch, and a photo with Santa Claus to over 500 Alviso families this year. (Grants \$ 7,470) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	7,470
30	The Center for Training and Careers in San Jose CA, a 501(c)3 organization, was granted a scholarship fund for their selected students. (Grants \$ 4,000) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	4,000
31	Other program services (describe in Schedule O) (Grants \$ 11,870) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	11,870
32	Total program service expenses (add lines 28a through 31a) ▶	32	72,082

Part IV

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶ <u>California</u>		
42a The organization's books are in care of ▶ <u>Albert Stojanovich</u> Telephone no. ▶ <u>1(408) 234-3520</u> Located at ▶ <u>1619 Aster Lane, Cupertino CA</u> ZIP + 4 ▶ <u>95014</u>		
b 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ **Yes** ☒ **No**

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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 **47** ☐ **Yes** ☒ **No**

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**

b If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☒ **No**

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ **Yes** ☐ **No**

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.

Sign Here Signature of officer _____ Date _____
 Albert Stojanovich, Treasurer
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions ☐ **Yes** ☐ **No**

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, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Name of the organization**

Santa Visits Alviso Foundation

Employer identification number

81 0656582

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For 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 *exclusively* 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 file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Santa Visits Alviso Foundation	Employer identification number 81 0656582
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Zanker Road Resources Mgmt Ltd. 1500 Berger Drive, San Jose CA 95112	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	Anna Marie Cook 13194 Via Arriba Dr., Saratog CA 95070	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	San Jose Alviso Youth Foundation 507 Valley Way, Milpitas CA 95035	\$ 50,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Santa Visits Alviso Foundation	Employer identification number 81 0656582
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization Santa Visits Alvise Foundation	Employer identification number 81 0656582
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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 the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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

2013

Open to Public Inspection

Name of the organization

Employer identification number

Santa Visits Alviso Foundation

81 0656582

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.)

- 1 ☐ 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: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 9 ☐ 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 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)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) 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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year 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.")	62,680	66,102	93,985	77,785	94,136	394,688
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3.	62,680	66,102	93,985	77,785	94,136	394,688
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).						37,921
6 Public support. Subtract line 5 from line 4.						356,767

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	62,680	66,102	93,985	77,785	94,136	394,688
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,809	693	365	190	98	3,155
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						397,843
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	89.7 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	87.6 %
16a 33¹/₃% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33¹/₃% 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		<input type="checkbox"/>
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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year 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.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Santa Visits Alviso Foundation

Employer identification number

81 0656582

Part I, Line 10 -- Grants and similar amounts paid:

(1) Alviso Scholarship Program, 18 students currently receiving scholarships	\$48,742
(2) Center for Training and Careers, scholarships granted to their selected students	\$ 4,000
(3) Santa Alviso Program which was the 30th annual program for the Alviso Community, included a Community Fair, a free gift and educational book for every child, a free BBQ lunch and a photo with Santa Claus, to over 500 families	\$7,470
(4) George Mayne Elementary School was provided funds for sports equipment for students	\$3,513
(5) Funds provided for programs at the Maki Swim School & the Alviso Community Pool, subsidizes free swimming, swimming lessons and events at the pool for the entire Community	\$1,780
(6) James Lick High School Girls Varsity Soccer Program	\$3,000
(7) Alviso Neighborhood Group to support various programs for the youth of Alviso	\$3,300
(8) Alviso annual Easter Hunt	\$ 277

Part I, Line 16 -- Other Expenses:

(1) Internet charges and telephone expenses	\$1,072
(2) Cell phone usage	\$1,142
(3) Reimbursement for mileage	\$ 401
(4) Food for events open to the public & scheduled Board Meetings	\$1,379
(5) Business cards, flash drives, pens used for handouts	\$1,181
(6) Paper and supplies	\$ 831
(7) Plaques for awards	\$ 370
(8) Printer equipment	\$ 98
(9) Web Site	\$ 239
(10) T-shirts for numerous volunteers at events supporting the Santa Alviso Foundation	\$1,986
(11) Bank charges and filing fees	\$ 32

Part I, Line 20 -- Accounting difference from prior year <\$ -14>

California Exempt Organization Annual Information Return

2013

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization Name

Santa Visits Alviso Foundation

California corporation number

2 6 5 5 2 0 7

Address (suite, room, or PMB no.)

P.O. Box 1012

FEIN

8 1 0 6 5 6 5 8 2

City

Alviso

State

CA

ZIP Code

95002

A First Return. ☐ Yes ☒ No

B Amended Information Return. ☒ ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust. ☐ Yes ☒ No

D Final Information Return? ☒ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) ☐ / ☐ / ☐

E Check accounting method:

(1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

F Federal return filed?

(1) ☐ 990T (2) ☐ 990 PF (3) ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No

If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No

If "Yes," what is the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ☐ Yes ☒ No

If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources. \$

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ☒

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1		00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	94,234	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B.	4	94,234	00
Expenses	5	Cost of goods sold	5	0	00
	6	Cost or other basis, and sales expenses of assets sold	6	0	00
	7	Total costs. Add line 5 and line 6.	7		00
	8	Total gross income. Subtract line 7 from line 4.	8	94,234	00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	81,102	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	13,132	00
	11	Filing fee \$10 or \$25. See General Instruction F.	11		00
	12	Total payments	12		00
Sign Here	13	Penalties and Interest. See General Instruction J.	13		00
	14	Use tax. See General Instruction K.	14		00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title	Date	Telephone
	Treasurer	5/13/14	(408) 234-3520
Preparer's signature	Date	Check if self-employed	PTIN
		<input type="checkbox"/>	
Firm's name (or yours, if self-employed) and address			FEIN
			Telephone
			()

May the FTB discuss this return with the preparer shown above? See instructions ☐ 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	0	00
	2	Interest.	2	0	00
	3	Dividends.	3	0	00
	4	Gross rents.	4	0	00
	5	Gross royalties.	5	0	00
	6	Gross amount received from sale of assets (See Instructions)	6	0	00
	7	Other income. Attach schedule.	7	0	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	0	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	72,082	00
	10	Disbursements to or for members.	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule.	11	0	00
	12	Other salaries and wages.	12	0	00
	13	Interest.	13	0	00
	14	Taxes.	14	0	00
	15	Rents.	15	0	00
	16	Depreciation and depletion (See instructions)	16	0	00
	17	Other Expenses and Disbursements. Attach schedule.	17	9,020	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	81,102	00

Schedule L Balance Sheets

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		165,820		178,938
2 Net accounts receivable		0		0
3 Net notes receivable		0		0
4 Inventories		0		0
5 Federal and state government obligations		0		0
6 Investments in other bonds		0		0
7 Investments in stock		0		0
8 Mortgage loans		0		0
9 Other investments. Attach schedule		0		0
10 a Depreciable assets	0		0	
b Less accumulated depreciation	(0)	0	(0)	0
11 Land		0		0
12 Other assets. Attach schedule		0		0
13 Total assets		165,820		178,938
Liabilities and net worth				
14 Accounts payable		0		0
15 Contributions, gifts, or grants payable		0		0
16 Bonds and notes payable		0		0
17 Mortgages payable		0		0
18 Other liabilities. Attach schedule		0		0
19 Capital stock or principle fund		0		0
20 Paid-in or capital surplus. Attach reconciliation		0		0
21 Retained earnings or income fund		0		0
22 Total liabilities and net worth		0		0

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	13,132	7	Income recorded on books this year not included in this return. Attach schedule.	0
2	Federal income tax	0	8	Deductions in this return not charged against book income this year. Attach schedule	0
3	Excess of capital losses over capital gains	0	9	Total. Add line 7 and line 8	0
4	Income not recorded on books this year. Attach schedule	0	10	Net income per return. Subtract line 9 from line 6	13,132
5	Expenses recorded on books this year not deducted in this return. Attach schedule	0			
6	Total. Add line 1 through line 5.	13,132			