

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

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

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Santa Visits Alviso Foundation
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 1012
 City or town, state or province, country, and ZIP or foreign postal code
Alviso California 95002

D Employer identification number
81 0656582

E Telephone number
1 (408) 234-3520

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.alvisosanta.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association 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

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|---------|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | | | | | | | | | | | | | | 90,425 | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | 4 | Investment income | | | | | | | | | | | | | | | | | | | | | | | | | | | | 37 | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | b | Less: cost or other basis and sales expenses | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | 6 | Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| c | Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| b | Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 8 | Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 90,462 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 67,810 | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 283 |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16,352 |
| 17 | Total expenses. Add lines 10 through 16 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 84,445 | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6,017 | |
| | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 184,956 | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 184,956 |

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

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
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.
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of; Telephone no.; Located at; ZIP + 4
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

| | Yes | No |
|--|-----|-------------------------------------|
| 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 | | <input checked="" type="checkbox"/> |
| 46 | | <input checked="" type="checkbox"/> |

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

| | Yes | No |
|--|-----|-------------------------------------|
| 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 | | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | | <input type="checkbox"/> |
| 49b | | <input type="checkbox"/> |

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 ▶ 0

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 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: Albert Stojanovich Date: 3/3/15
 Type or print name and title: Albert Stojanovich, Treasurer

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 A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

| | |
|---|---|
| Name of the organization Santa Visits Alviso Foundation | Employer identification number 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (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 listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 66,102 | 93,985 | 77,785 | 94,136 | 90,425 | 422,433 |
| 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 | 66,102 | 93,985 | 77,785 | 94,136 | 90,425 | 422,433 |
| 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) | | | | | | 31,659 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 390,774 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 66,102 | 93,985 | 77,785 | 94,136 | 90,425 | 422,433 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 693 | 365 | 190 | 98 | 37 | 1,383 |
| 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 VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 423,816 |
| 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 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 92.2 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 89.7 % |
| 16a 33 1/3% support test—2014. 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 33 1/3% support test—2013. 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—2014. 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 VI 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—2013. 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 VI 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"/> | | |

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ 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.

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 foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that 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 |
|---|---|

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., Saratoga CA 95070 | \$ 5,000 | 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 | \$ 40,135 | 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.) |

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

2014

**Open to Public
Inspection**

Name of the organization

Santa Visits Alviso Foundation

Employer identification number

81 0656582

Part 1, Line 10 Grants and Similar Amounts Paid:

| | |
|---|----------|
| (1) Santa Visits Alviso Scholarship Program, 19 students currently receiving scholarships | \$51,672 |
| (2) Santa Visits Alviso Program, the 31st annual program for the Alviso Community included a Community Fair, a free gift and an educational book for each child, a free BBQ lunch and a photo with Santa Clause to over 550 children and their families | \$ 5,707 |
| (3) Alviso Neighborhood Group to support various programs and a 4th of July BBQ for Alviso | \$ 1,689 |
| (4) George Mayne Elementary School was provided funds for partial payment toward the Playworks Program | \$ 5,000 |
| (5) Funds provided to the Maki Swim School/Alviso Community Pool which subsidizes free swimming, lessons and events at the pool for the entire community | \$ 3,000 |
| (6) Alviso annual Easter Egg Hunt | \$ 242 |
| (7) Uniforms for the girls Soccer Program at James Lick High School | \$ 500 |

Part 1, Line 16 Other Expenses:

| | |
|--|---------|
| (1) Financial review for 2012 and 2013, by Independent Accounting Firm | \$7,500 |
| (2) Internet and telephone expenses | \$1,338 |
| (3) Cell phone | \$1,148 |
| (4) Mileage reimbursement | \$ 456 |
| (5) Food for events and board meetings | \$1,367 |
| (6) Supplies, business cards etc. | \$ 553 |
| (7) Plaques | \$ 236 |
| (8) Printer Supplies and Equipment | \$1,901 |
| (9) T-shirts for volunteers | \$1,626 |
| (10) Bank charges and filing fees | \$ 227 |

California Exempt Organization Annual Information Return

2014

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name **Santa Visits Alviso Foundation** California corporation number **2655207**

Additional information. See instructions. FEIN **8 1 0 6 5 6 5 8 2**

Street address (suite or room) **P.O. Box 1012** PMB no. _____

City **Alviso** State **CA** Zip code **95002**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

- A** First Return. Yes No
- B** Amended 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? See instructions. Yes No
- 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 to its guidelines not reported to the FTB? See instructions. Yes No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- 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 meets the filing fee exception, 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
- P** Is an IRS Form 1023/1024 pending? Yes No
Date filed with IRS _____

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 | 37 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. | 3 | 90,425 | 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 | 90,462 | 00 |
| | 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 | 0 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 90,462 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 84,445 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 6,017 | 00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | | 00 |
| | 12 | Total payments | 12 | | 00 |
| | 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 |

Sign Here 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 *[Signature]* Title **Treasurer** Date **3/3/15** Telephone **(408) 234-3520**

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed PTIN _____ 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 | | 00 |
| | 2 | Interest | 2 | 37 | 00 |
| | 3 | Dividends | 3 | | 00 |
| | 4 | Gross rents | 4 | | 00 |
| | 5 | Gross royalties | 5 | | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) | 6 | | 00 |
| | 7 | Other income. Attach schedule. | 7 | | 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 | 37 | 00 |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. | 9 | 67,810 | 00 |
| | 10 | Disbursements to or for members | 10 | | 00 |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. | 11 | | 00 |
| | 12 | Other salaries and wages | 12 | | 00 |
| | 13 | Interest | 13 | | 00 |
| | 14 | Taxes | 14 | | 00 |
| | 15 | Rents | 15 | | 00 |
| | 16 | Depreciation and depletion (See instructions) | 16 | | 00 |
| | 17 | Other Expenses and Disbursements. Attach schedule. | 17 | 16,635 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | 18 | 84,445 | 00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 178,938 | | 74,947 |
| 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 | | 110,009 |
| 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 | | 178,938 | | 184,956 |
| 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 principal 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 | 6,017 | 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. | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | 0 | | Subtract line 9 from line 6 | 6,017 |
| 6 | Total. Add line 1 through line 5 | 6,017 | | | |

SVAF Statement of Activities
For The Year Ended, December 31, 2014

| | 12/31/14 |
|--|-----------------|
| REVENUE: | |
| Donations | \$50,290.00 |
| Legacy Foundation | \$40,135.00 |
| | \$90,425.00 |
| EXPENSES: | |
| <u>Alviso Scholarship Program</u> | \$51,672.00 |
| <u>Program Services</u> | |
| Santa Alviso Program | \$5,706.89 |
| Alviso Neighborhood Group | \$889.17 |
| 4th of July Barbeque | \$800.00 |
| Easter Egg Hunt | \$241.44 |
| George Mayne School | \$5,000.00 |
| Swimming Program-Maki Swim School | \$3,000.00 |
| Soccer Programs | \$500.00 |
| Total Program Services | \$16,137.50 |
| Total Scholarships and Programs Services <u>(PART II, LINE 9, FORM 199)</u> | \$67,809.50 |
| <u>Operating Expenses</u> | |
| Accounting services for Financial Review | \$7,500.00 |
| Website | \$264.40 |
| Internet and Telephone | \$1,073.38 |
| Cell phone | \$1,147.56 |
| Mileage | \$455.98 |
| Food for events and board meetings | \$1,367.48 |
| Business Cards, flash drives, pens | \$82.65 |
| Paper and supplies | \$470.78 |
| Plaques | \$236.10 |
| Printer/Computer Equipment | \$1,900.76 |
| Stamps/Postage | \$282.50 |
| T-Shirts, Jackets | \$1,625.81 |
| Bank charges | \$51.87 |
| Filing fees | \$175.00 |
| Total Operating Expenses <u>(PART II, LINE 17, FORM 199)</u> | \$16,634.27 |
| Total Disbursements | \$84,443.77 |
| NET ACTIVITIES BEFORE INTEREST | \$5,981.23 |
| Interest | \$36.97 |
| TOTAL NET ACTIVITIES | \$6,018.20 |
| Cash account balance on 12/31/14 | \$74,946.60 |
| Investment Account as of 12/31/14 | \$110,009.19 |
| TOTAL ASSETS | \$184,955.79 |

California Exempt Organization Annual Information Return, Form 199

Santa Visits Alviso Foundation

Part II, Schedule L, Line 9 "Other Investments"

SEI Liquid Asset Trust

Management By:
David "Val" Fernelius
Managing Partner
Vantage Wealth Management