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### · Form 990-PF

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements as beginning.

<u>rur c</u>	alendar year 2009, or tax year beginning	, 2009,	and ending	, <u> </u>		
G C	heck all that apply Initial return Initia	I Return of a former p	· —		al return	
_	Amended return	Address of	hange Name	change		
llea	the	A Employer identification number				
IRS	abel. LEGACY SAN JOSE ALVISO YO	UTH FOUNDATION		94-3345365		
	rwise, 360 KIELY BOULEVARD #240		В	Telephone number (see the	instructions)	
	ont SAN JOSE, CA 95129-1300			408-241-3300		
See S	pecific		c	If exemption application is	pending, check here	
Instru	ctions.		=	1 Foreign organizations, chec	· -	
Н	Check type of organization: X Section 501	(c)(3) exempt private for		2 Foreign organizations meet	ing the 85% test, check	
	Section 4947(a)(1) nonexempt charitable tri		private foundation	here and attach computation	n	
ī		ounting method X Ca		If private foundation status	was terminated	
	(from Doubli column (a) less 10)	Other (specify)	F	under section 507(b)(1)(A)  If the foundation is in a 60-		
<b>&gt;</b>		column (d) must be or		under section 507(b)(1)(B)		
Part						
	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable	
	columns (b), (c), and (d) may not neces	ps550 por 500115			purposes	
	sarily equal the amounts in column (a) (see the instructions) )				(cash basis only)	
	1 Contributions, gifts, grants, etc, received (att sch)					
@.07	2 Ck ► X if the foundn is not req to att Sch B					
7	3 Interest on savings and temporary	0.0	00 -00	0.000		
	cash investments	26,764.	26,764.	26,764.		
⊕ T R R R	4 Dividends and interest from securities	84,944.	84,944.	84,944.		
<b>т</b>	5a Gross rents b Net rental income	·				
Ä B	or (loss)	-62,933.				
E	6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all 1,789,088.	-04, 533.				
<b>⊃</b> ∨	_ assets of time oa		0.			
U E	7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain	<del></del>	0.	0.		
Z Ü	9 Income modifications			0.		
₹ E	10a Gross sales less returns and		· · · · · · · · · · · · · · · · · · ·			
) ()	allowances					
W	b Less Cost of RECEIVED					
	c Gross profit/(loss) (att sch)					
	11 Other income cattach schedill (					
	1 1541 1751	<u>.</u> . <u>.</u>				
	12 Total. Add lines 1 through 1	48,775.	111,708.	111,708.		
	13 Compensation of other state and wages	0.		<u> </u>		
			<del> </del>			
	15 Pension plans, employee benefits	·	<u> </u>			
i	A 16a Legal fees (attach schedule)		<u> </u>		<del></del>	
l	M D Accounting tees (attach sch)					
0	c Other prof fees (attach sch)		<del></del>			
P	17   Interest   18   Taxes (attach scheduleXsee instr.)   See. Stm. 1	-9,110.				
O P E R A T	T   18 Taxes (attach schedule)(see instr.) See Stm 1   R   19 Depreciation (attach	~3,110.		<del>                                     </del>		
Ť '	sch) and depletion					
	20 Occupancy					
	E 21 Travel, conferences, and meetings					
A N D	E 22 Printing and publications X 23 Other expenses (attach schedule)					
		10 000	17 400			
1	N See Statement 2	18,986.	17,496.			
	S 24 Total operating and administrative expenses. Add lines 13 through 23	9,876.	17,496.			
	25 Contributions, gifts, grants paid Stmt 3	164,292.	11,430.	<u> </u>	164,292.	
	26 Total expenses and disbursements.	107,434.			1U4,636.	
	Add lines 24 and 25	174,168.	17,496.	0.	164,292.	
	27 Subtract line 26 from line 12:		<del> </del>		,	
	a Excess of revenue over expenses	105 202				
	and disbursements	-125,393.	04 010			
	<b>b</b> Net investment income (if negative, enter -0-)		94,212.	111 700		
	C Adjusted net income (if negative, enter -0-)		<u> </u>	111,708.		

			SAN JOSE ALVISO YOUTH FOUN  Attached schedules and amounts in the description	DATTON  Beginning of year	94-33 End	45365 Page 2 of year
Part		Balance Sheets	column should be for end-of-year amounts only (See instructions).	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interes	<del></del>	53,756.	8,115.	8, 115.
	2		rary cash investments			0,110.
		Accounts receivable	·			
		Less allowance for	doubtful accounts ►			
	4	Pledges receivable	<b>-</b>			
		Less: allowance for	doubtful accounts ►			
	5	Grants receivable				
	6	Receivables due from offi	cers, directors, trustees, and other			
	l _	, , ,	ich schedule) (see the instructions)			
Α	7	Other notes and loans rec		·		<del> </del>
A S E T	١.	Less allowance for		-		
E	8	Inventories for sale				
T S	9		and deferred charges			
3		obligations (attach s	•	2 557 604	2 472 020	2 657 057
		b Investments — corporate	` '	3,557,684.	3,473,932.	3,657,857.
	l	c Investments — corporate	, , ,			
	''	Investments – land equipment basis				
		Less: accumulated depred (attach schedule)	<b>-</b>			
	1	Investments – mort	~ ~			
	l	Investments – othe	•			<del> </del>
	'*	Land, buildings, and Less accumulated depre				<del> </del>
	l	(attach schedule)	<b>-</b>			
		Other assets (descr	completed by all filers —		<del></del>	
		see instructions Als	so, see page 1, item l)	3,611,440.	3,482,047.	3,665,972.
Ļ	17	Accounts payable a	nd accrued expenses			
A B	18	Grants payable				1
В	19	Deferred revenue				1
Ļ	20		ctors, trustees, & other disqualified persons			4
÷	21		es payable (attach schedule)			-
Ī	22	Other liabilities (desc	ribe)			-
<u> </u>	23		lines 17 through 22)	0.	0.	}
		Foundations that fo and complete lines	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted				1
EUTN	25	Temporarily restrict				1
A D	26				<u>-</u> -	4
A B A L A N		and complete lines	o not follow SFAS 117, check here X 27 through 31.			
ELTASN	27	Capital stock, trust	principal, or current funds	3,611,440.	3,482,047.	]
	28	Paid-in or capital surplus	s, or land, building, and equipment fund			
O E	29	J ,	nulated income, endowment, or other funds			1
ŔŚ	30		fund balances (see the instructions)	3,611,440.	3,482,047.	İ
	31	(see the instruction	net assets/fund balances s)	3,611,440.	3,482,047.	
Part	III	<b>Analysis of Char</b>	nges in Net Assets or Fund Balanco	es		
1	Tota	I net assets or fund b	palances at beginning of year - Part II, coluded on prior year's return).	mn (a), line 30 (must ag	ree with	
				, - <b></b>		3,611,440.
		r amount from Part I			2	-125,393.
		increases not included in I	ine 2 (Itemize)		3	2 406 047
		lines 1, 2, and 3 ases not included in line 2	(itemize) ► See Statement	Δ	5	3,486,047. 4,000.
J	שטטול	asso not moraded in mic Z	furnities Dee Drarement	<u> </u>		<u> 4,000.</u>

3,482,047.

6

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

الدوس	Capital Gains and L	.055e5 for rax on investmen	it income				
2. story brick warehouse or common stock 200 stars MIC Company)					quired hase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
12	SEE ATTACHED STMT F	D — Dona P	111011	Various	Various		
		ROM ENTERPRISE ROM ENTERPRISE		P		Various	Various
		ROM CBIZ		P		Various	Various
	<del></del>	ROM CBIZ		P		Various	Various
-	Capital gain divide		-	-		Valloab	Various
<del></del>	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa			(h) Gain or (e) plus (f) m	(loss) inus (g)
a	756,999.		73	9,281.			17,718.
b				9,828.			-4,106.
c	750,514.		83	1,906.			-81,392.
d	163,218.		16	1,006.			2,212.
е						·	
	Complete only for assets show	ng gain in column (h) and owned b				(I) Gains (Colu	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		g tha	ain minus column (k an -0-) <b>o</b> r Losses (fr	(), but not less rom column (h))
a							17,718.
<u>b</u>							-4,106.
<u>c</u>							-81,392.
d					-		2,212.
<u> </u>			<u> </u>				2,635.
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), en	o enter in Part I, line 7 iter -0- in Part I, line 7	•	2		-62,933.
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	and (6):				
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see the instructions	) If (loss), enter -0-		3		-63,674.
Par	Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	me		
(For	optional use by domestic private	foundations subject to the section	4940(a) tax on net investme	ent income	)	N/A	
If cor	tion 4940(d)(2) applies, leave the	nic nart blank					
11 300	tion 4540(u)(z) applies, leave to	iis part blank					_
		tion 4942 tax on the distributable ar	• • •	se period?		∐Yes	∐ No
If 'Ye		ify under section 4940(e). Do not co					
		n each column for each year, see th		g any entr	ies		
	(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets	(colı	<b>(d)</b> Distribution umn (b) divided	
	2008						
	2007						
	2006						
	2005						
	2004					·	
2	Total of line 1, column (d)				2		
3		e 5-year base period — divide the to	ntal on line 2 by E or by the				
3		n has been in existence if less than		,	3		
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5							
5 Multiply line 4 by line 3					5		
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			_6_		
7	Add lines 5 and 6				7		
_							
8	Enter qualifying distributions from	om Part XII, line 4			8		

**b** If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? *If 'No,' attach explanation* 

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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X

8b

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CA

Parti VIIFA Statements Regarding Activities Continued			
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		Х
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► http://legacyalvisoyouth.org/			
14 The books are in care of ► MICHAEL J. KELLY, JR. CPA, CFP Telephone no ► 408-2	41-33	300	
Located at ► 360 KIELY BLVD, SUITE 240, SAN JOSE, CA ZIP + 4 ► 95129			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	<b>-</b>	
and enter the amount of tax-exempt interest received or accrued during the year			N/A
Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		ļ	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No			
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1 b	N	/A
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?			
If 'Yes,' list the years ► 20 , 20 , 20 , 20		į	
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see the instructions.)	2 b	Ŋ	/A
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  20, 20, 20			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
determine if the foundation had excess business holdings in 2009)	3ь	N	/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X
	70		

2-23-44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1100 100111 100			. cccc , ago c
Part VII-B   Statements Regarding Activiti		4720 May Be Requ	uired (continued)	Caronica Contact
5a During the year did the foundation pay or incu	-			
(1) Carry on propaganda, or otherwise attemp	t to influence legislatio	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	No			
(3) Provide a grant to an individual for travel,	No			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a a current notice regard	qualify under the except ding disaster assistance	tions	5b N/A
Organizations relying on a current notice regard	rding disaster assistand	ce check here	▶ [_]	(C) (V)
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No
If 'Yes,' attach the statement required by Regu	ulations section 53 494!	5-5(d)		
6a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes [X]	
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or indirec	tly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the found	lation a party to a prob	ibited tax shelter transa	iction? Yes X	No V
<b>b</b> If yes, did the foundation receive any proceed:				7b N/A
Part VIII Information About Officers, Di				
and Contractors				
1 List all officers, directors, trustees, foundatio				43.5
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EDGAR M. THRIFT	President	0.	0.	0
4000 EAST THIRD AVE.,6TH FLOOR	5.00			
FOSTER CITY, CA 94404				
JENNIFER C. NIKLAUS	Secretary	0.	0.	0
507 VALLEY WAY	5.00			
MILPITAS, CA 95035	M			
MICHAEL J. KELLY, JR. CPA, CFP 360 KIELY BLVD., STE 240	Treasurer 5.00	0.	0.	0
SAN JOSE, CA 95129	3.00			
		,		
2 Compensation of five highest-paid employee				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None		7		
		_		
Total number of other employees paid over \$50,000	)		<b>&gt;</b>	0

Total. Add lines 1 through 3
BAA

All other program-related investments. See instructions

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PartX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. a Average monthly fair market value of securities. 1 a 3,447,875. 1 b 61,163. **b** Average of monthly cash balances 1 c c Fair market value of all other assets (see instructions) 3,509,038. d Total (add lines 1a, b, and c) 1 d e Reduction claimed for blockage or other factors reported on lines 1a and 1c 1 e 0. (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3,509,038. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 52,636. 4 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 3,456,402. 172,820. 6 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and do not complete this part.) and certain foreign organizations check here Minimum investment return from Part X, line 6 172,820. 2a Tax on investment income for 2009 from Part VI, line 5 2a 1,884. b Income tax for 2009 (This does not include the tax from Part VI) 2Ь c Add lines 2a and 2b 20 1,884. 3 170,936. 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 170,936. Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 7 170,936. Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 164,292. 1a b Program-related investments - total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes. 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) За 3 b **b** Cash distribution test (attach the required schedule) 164,292 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) 5 6 164,292 Adjusted qualifying distributions. Subtract line 5 from line 4 The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	<b>(b)</b> Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				170,936.
2 Undistributed income, if any, as of the end of 2009				170, 930.
a Enter amount for 2008 only			164,293.	
<b>b</b> Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				
<b>d</b> From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$ 164,292.				
a Applied to 2008, but not more than line 2a			164,292.	
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount	<u> </u>			0.
e Remaining amount distributed out of corpus	0.			<u> </u>
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from			•	
line 2a. Taxable amount — see instructions				
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2010.				170,936.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
<b>b</b> Excess from 2006			ļ	
c Excess from 2007			ļ	
d Excess from 2008				
e Excess from 2009				

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Form 990-PF (2009) LEGACY SAN JOSE			VIII A superior C	94-3345365	
Private Operating Foundation  1 a If the foundation has received a ruling or					N/A
is effective for 2009, enter the date of the	ruling			, and the family	
<b>b</b> Check box to indicate whether the foundate		erating foundation o		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a	-				
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
<ul><li>a 'Assets' alternative test — enter</li><li>(1) Value of all assets</li></ul>					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		L		1	<del> </del>
Supplementary Information assets at any time during the	(Complete this le vear — see in	part only if the	organization ha	id \$5,000 or mor	e in
Information Regarding Foundation Mana     List any managers of the foundation who close of any tax year (but only if they have None	gers: nave contributed m	ore than 2% of the	total contributions resection 507(d)(2))	eceived by the found	dation before the
<b>b</b> List any managers of the foundation who	own 10% or more o	of the stock of a cor	rporation (or an equa	ally large portion of t	the ownership of
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter	est		·
NONE					
2 Information Regarding Contribution, Gran Check here Inf the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	arıtable organization:		
a The name, address, and telephone number	er of the person to	whom applications	should be addressed	d	<del></del>
Can Chat 5					
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de .	
	submitted and imor	mation and materia	als they should meld	ue.	
See Statement for Line 2a c Any submission deadlines			<del></del>		<del></del>
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	ble fields, kinds of i	nstitutions, or other	factors
See Statement for Line 2a					
	<del></del>				

Page 11

3 Grants and Contributions Paid During the Yo	ear or Approved for Ful	ure Paymen	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year	substantial contributor	recipient		
Total	·	<del></del>	<b>▶</b> 3a	
b Approved for future payment  Total			► 3b	

#### Pant XVII-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	Unrelated business income		by section 512, 513, or 514	
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
a	<del> </del>		<del> </del>	-	
b	+	·	+ +		
c	+-			·	
d	<del>                                     </del>				
ef				<del></del>	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	26,764.	
4 Dividends and interest from securities			14	84,944.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property				<del></del>	
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				2,635.	-65,568
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b	_		$\bot$		
c				-	
d	_				
e					
12 Subtotal Add columns (b), (d), and (e)	<u> </u>			114,343.	-65,568.
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in the instructions for line 13 to verify (				13	48,775.

### Part XXVIB Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
	<u> </u>
	<del></del>
	<del> </del>

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations .

_								:;	162 140
1	descr	ie organization dir ibed in section 50° ng to political orga	1(c) of the Code (	engage in any of the other than section 50	following with a 01(c)(3) organiza	ny other organizati tions) or in section	on 527,		
	<b>a</b> Trans	fers from the repo	orting foundation to	o a noncharitable exe	empt organizatio	n of·			
	<b>(1)</b> C							1a (1)	X
	• •	ther assets						1a (2)	X
		transactions							
				empt organization				16 (1)	<u> X</u>
				table exempt organiz	ation			1b(2)	X
		ental of facilities,	• •	er assets				1 b (3)	X
		eimbursement arra	*					1b (4)	X
	• •	oans or loan guara		hin or findraising so	liaitations			1b (5)	X
	• •			hip or fundraising so ists, other assets, or				1b(6)	$\frac{\hat{x}}{x}$
	Conam	ng or racinites, equ	dipinient, maining i	ists, other assets, or	paid employees	•		10	A
	<b>d</b> If the the go any tr	answer to any of cods, other assets ransaction or shari	the above is 'Yes, s, or services giver ing arrangement,	' complete the follow n by the reporting fou show in column <b>(d)</b> t	ring schedule. Coundation If the following the following the grant of the grant transfer and the grant transfer in the grant transfe	olumn <b>(b)</b> should alcoundation received joods, other assets	ways show the fless than fair m or services rec	fair market valu iarket value in eived	ue of
(a	Line no.	(b) Amount involv	ved (c) Name	of noncharitable exempt of	organization	(d) Description of tra	nsfers, transactions,	, and sharing arran	gements
N/	'A			*					
							****		
							<u> </u>		
						<del></del>			
_									
		-		-					
		<u> </u>					<del></del>		
			<del></del>					<del> </del>	
_									
_									
_						-		<del></del>	
_				***************************************			•		
	descr	foundation directlibed in section 50 s,' complete the fo	1(c) of the Code (	liated with, or related other than section 50	to, one or more 1(c)(3)) or in se	e tax-exempt organ ction 527?	ızatıons	Yes	XNo
		(a) Name of organ	nization	(b) Type of	organization	- (	c) Description o	f relationship	
N/	/A								
					<u> </u>				
_				*	<del></del>				
	Under pena complete	alties of perjury, I declar Declaration of preparer (	e that I have examined (other than taxpayer or I	this return, including accomiduciary) is based on all info	panying schedules and ormation of which prep	d statements, and to the barer has any knowledge			, correct, and
S   G N	- dian	ature of officer or trustee		77		Date Date	_ ► <u>Treasu</u>	rer	_
йŀ	Jigili	2.0.0 0.0 0.000	41 1	11 11 10 1	0.04.50.0	Date	T THE	Preparer's Identifyi	ng number
	Paid Pre-	Preparer's signature	VICHAEL J. K	LLY, JR CPA	CFACEP CFP	08/31/10	Check if self- employed ► X	(See Signature in P00697735	the instrs)
	parer's			ciates			EIN ► 77-	0159132	
	Use Only	address and		ulevard, Suit	e 240				
$\perp$		ZIP code S	an Jose, CA	95129			Phone no ►	(408) 241	-3300
BA	A							Form <b>99</b> 0	<b>)-PF</b> (2009)

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Zυ	U	y

#### **Federal Statements**

Page 1

#### LEGACY SAN JOSE ALVISO YOUTH FOUNDATION

94-3345365

31,324.

82,146.

26,512.

\$

Statement 1 Form 990-PF, Part I, Line 18 Taxes

			(a) Expenses _per_Book	(b) Net Investment Income	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
FEDERAL TAXES FEDERAL TAXES	REFUND	Total	\$ 9,00 -18,11 \$ -9,11	\$ 0.	<del>\$</del> 0.	\$ 0.

Statement 2 Form 990-PF, Part I, Line 23 Other Expenses

		(a) Expenses per Books	I	(b) Net nvestment Income	(c) Adjusted Net Income	_	(d) Charitable <u>Purposes</u>
INVESTMENT MANAGEMENT FEES LIABILITY INSURANCE WEBSITE ADMINISTRATION		\$ 17,496. 1,250. 240.	\$	17,496.			
	Total	\$ 18,986.	\$	17,496.	\$ 0.	\$	0.

#### Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Cash Grants and Allocations

Class of Activity: YOUTH PROGRAMS
Donee's Name: SANTA VISITS ALVISO
Donee's Address: P.O. BOX 1012
ALVISO, CA 95002

Relationship of Donee: NONE

Organizational Status of Donee: SECTION 501(C)(3) ORG Amount Given:

Class of Activity: YOUTH PROGRAMS
Donee's Name: EHC LIFEBUILDERS
Donee's Address: 2665 N. FIRST STREET, SUITE 21

SAN JOSE, CA 95134

Relationship of Donee: NONE
Organizational Status of Donee: SECTION 501(C)(3) ORG

Amount Given:

Class of Activity:
Donee's Name:
SAN JOSE PUBLIC LIBRARY
Donee's Address:
150 E. SAN FERNANDO STREET
SAN JOSE, CA 95112
Relationship of Donee:
NONE

Organizational Status of Donee: SECTION 501(C)(3) ORG Amount Given:

Class of Activity: YOUTH PROGRAMS
Donee's Name: DOWNTOWN COLLEGE PREP
Donee's Address: 1460 THE ALAMEDA

2009

#### **Federal Statements**

Page 2

**LEGACY SAN JOSE ALVISO YOUTH FOUNDATION** 

94-3345365

Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

SAN JOSE, CA 95126

NONE

SECTION 501(C)(3) ORG

Organizational Status of Donee: Amount Given:

12,000.

Class of Activity: Donee's Name: Donee's Address:

YOUTH PROGRAMS WILSON HIGH SCHOOL 1840 BENTON STREET SAN JOSE, CA 95051

Relationship of Donee:

Relationship of Donee:

Organizational Status of Donee:

NONE

Amount Given:

SECTION 501(C)(3) ORG

Total \$ 164,292.

12,310.

Statement 4 Form 990-PF, Part III, Line 5 Other Decreases

PRIOR PERIOD ADJUSTMENT

4,000. Total \$ 4.000.

Statement 5 Form 990-PF, Part XV, Line 2a-d **Application Submission Information** 

Name of Grant Program:

Name:

Care Of:

LEGACY SAN JOSE ALVISO YOUTH FOUNDATION RAGAN HENNINGER

Street Address:

507 VALLEY WAY

City, State, Zip Code:

MILPITAS, CA 95035

Telephone:

Form and Content:

LETTER PROVIDING INFORMATION ABOUT THE GRANT SEEKER, THE

AMOUNT OF THE GRANT REQUESTED, AND THE SPECIFIC PURPOSE FOR WHICH THE FUNDS WILL BE UTILIZED. ALSO, PLEASE PROVIDE COPIES OF IRS DETERMINATION LETTER INDICATING THAT THE ORGANIZATION APPLYING FOR THE GRANT IS AN IRC SECTION 501(C)(3) ORGANIZATION. FINALLY, PLEASE PROVIDE A COPY OF THE MOST RECENTLY FILED FORM 990 FOR YOUR ORGANIZATION.

Submission Deadlines: Restrictions on Awards:

GRANT WILL BE CONSIDERED ONLY IF FUNDS ARE SPENT FOR OR ON

BEHALF OF THE RESIDENTS AND COMMUNITY OF ALVISO IN SAN

JOSE, CALIFORNIA.

## orm **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545 1709

Form 8868 (Rev 4-2009)

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	<u> </u>
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously fil	led Form 8868
Part I A	automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension — check this box and co	omplete Part I only
All other corp income tax re	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request turns	an extension of time to file
returns noted the additional Form 990-T	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensibelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more detaywww.irs.gov/efile and click on e-file for Charities & Nonprofits	Belectronically if (1) you want composite or consolidated
_	Name of Exempt Organization	Employer identification number
Type or print		
•		94-3345365
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions	
filing your return See	360 KIELY BOULEVARD #240	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN JOSE, CA 95129-1300	
Check type o	f return to be filed (file a separate application for each return)	
Form 990		0
Form 990		7
Form 990		9
X Form 990	-PF Form 1041-A Form 8870	0
Telephone  If the orga  If this is f	are in the care of MICHAEL J. KELLY, JR. CPA, CFP  No 408-241-3300 FAX No 408-241-8072  enization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
	box Land attach a list with the names ar	nd EINs of all members
1 I reques until _ The ext	t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15, 20_10_, to file the exempt organization return for the organization named above. ension is for the organization's return for: calendar year 20_09_ or tax year beginning, 20, and ending, 20	nange in accounting period
		ange in accounting period
<u>nonrefu</u>	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments.	3a \$ 1,883.
	nclude any prior year overpayment allowed as a credit	<b>3b</b> \$ 3,007.
deposit	<b>Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). tructions	<b>3c</b> \$ 0.
Caution. If yo payment insti	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr uctions.	m 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	are filing for an Additional (Not Automatic) 3-Month Extension, complete on	-		. 0000
	y complete Part II if you have already been granted an automatic 3-month ex	•	siy tilea Form	1 8868
	are filing for an Automatic 3-Month Extension, complete only Part I (on page		/22 22	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	The the original	<del>^</del>	
	Name of Exempt Organization		Employer identi	fication number
Type or print	LEGACY SAN JOSE ALVISO YOUTH FOUNDATION		94-33453	365
File by the	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only	1
File by the extended	Kelly & Associates			
due date for filing the return See	360 Kiely Boulevard, Suite 240	_ ′ ′		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	, -		•
	San Jose, CA 95129	<u> </u>		
Check typ	be of return to be filed (File a separate application for each return)	_		
Form	990 X Form 990-PF	Form 1041-A		Form 6069
Form	990-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form 8870
Form	990-EZ Form 990-T (trust other than above)	Form 5227		
STOP! Do	not complete Part II if you were not already granted an automatic 3-month	extension on a previ	ously filed Fo	orm 8868.
• The ho	ooks are in care of ► MICHAEL J. KELLY, JR. CPA, CFP			<del></del>
- IIIC DC	ooks are in care of a michael o. Kelli, ok. Cra, Cr			
	none No ► 408-241-3300 FAX No ► 408-241-	8072		
Telepl				•
Telepl  If the	none No ► 408-241-3300 FAX No ► 408-241-3	s, check this box		If this is for
<ul><li>Telepl</li><li>If the</li><li>If this</li></ul>	organization does not have an office or place of business in the United States is for a Group Return, enter the organization's four digit Group Exemption No.	s, check this box	th the names	_
Telepl If the If this whole gro	organization does not have an office or place of business in the United States is for a Group Return, enter the organization's four digit Group Exemption No.	s, check this box umber (GEN)	th the names	_
Telepl If the If this whole gro	none No ► 408-241-3300 FAX No ► 408-241-3 organization does not have an office or place of business in the United States is for a Group Return, enter the organization's four digit Group Exemption No up, check this box ► If it is for part of the group, check this box ►	s, check this box umber (GEN) and attach a list wi	th the names	_
Telepl If the If this whole gromembers I I rec	none No $\blacktriangleright$ 408-241-3300 FAX No $\blacktriangleright$ 408-241-300 roganization does not have an office or place of business in the United States is for a Group Return, enter the organization's four digit Group Exemption Noup, check this box $\blacktriangleright$ If it is for part of the group, check this box $\blacktriangleright$ the extension is for quest an additional 3-month extension of time until 11/15 , 20	s, check this box umber (GEN) and attach a list wi	th the names	_
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Telepl If the If this whole gromembers  4   rec 5   For 6   If th	none No \$\ 408-241-3300 FAX No \$\ 408-241-300 FAX No \$\ 408-241-30	s, check this box amber (GEN) and attach a list with the control of the control o	Change i	and EINs of all , 20 n accounting perio
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Telepi If the If this whole gromembers I rec For If th T Stat PR  8a If th noni	none No ► 408-241-3300 FAX No ► 408-241-300 FAX No FAX No ► 408-241-300 FAX No ← 408-241-400 FAX No ← 408-241-400 FAX No ← 408-241-400 FAX No ← 408-241-400	s, check this box amber (GEN) and attach a list with the state of the	Change of DITIONAL ORMATION 8a \$	, 20
Telepi If the If this whole gromembers I rec For I fth T Stat TH PR  8a If th noni	none No ► 408-241-3300 FAX No ► 408-241-300 roganization does not have an office or place of business in the United States is for a Group Return, enter the organization's four digit Group Exemption Noup, check this box ► If it is for part of the group, check this box ► the extension is for guest an additional 3-month extension of time until 11/15 , 20 calendar year 2009 , or other tax year beginning , 20 is tax year is for less than 12 months, check reason Initial return the in detail why you need the extension TAXPAYER RESPECTFULL E 2009 EXEMPT ORGANIZATION TAX RETURNS IN ORDER EPARE A COMPLETE AND ACCURATE TAX RETURN.  Its application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ten refundable credits.	s, check this box amber (GEN) and attach a list with the state of the	Change of DITIONAL ORMATION 8a \$	, 20
Telepi If the If this whole gromembers I rec For I fth T Stat TH PR  8a If th noni b If th payr with	none No ► 408-241-3300 FAX No ► 408-241-300 FAX No	s, check this box amber (GEN) and attach a list wi  10 and ending Final return Y REQUESTS AD TO OBTAIN INF  stative tax, less any credits and estimate amount paid previou	Change of DITIONAL ORMATION  8a \$ d tax usly 8b \$	, 20
Telepi If the If this whole gromembers I rec For If the Telepi Te	none No ► 408-241-3300 FAX No ► 408-241-300 roganization does not have an office or place of business in the United States is for a Group Return, enter the organization's four digit Group Exemption Number of the group, check this box ► If it is for part of the group, check this box ► If it is for part of the group, check this box ► If it is for part of the group, check this box ► If the extension is for group and the extension of time until 11/15	s, check this box amber (GEN) and attach a list wi  10  , and ending Final return Y REQUESTS AD TO OBTAIN INFO	Change of DITIONAL ORMATION  8a \$ d tax usly 8b \$	, 20
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