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Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning _____, 2012, and ending _____, 20

<p>B Check if applicable:</p> <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	<p>C Name of organization SAN JOSE EARTHQUAKES COMMUNITY FUND</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 451 EL CAMINO REAL 230</p> <p>City or town, state or country, and ZIP + 4 SANTA CLARA, CA 95050</p>	<p>D Employer identification number 68-0668050</p> <p>E Telephone number (408) 556-7730</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B

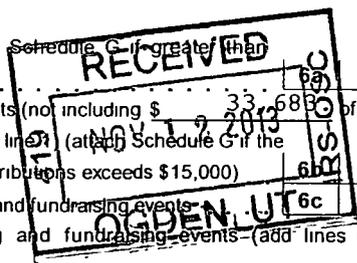
I Website: ▶ _____ **J** Tax-exempt status (check only one): 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **159,439.**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	140,057.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	0
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule C if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$33,685 of contributions from fundraising events reported on line 2) (attach Schedule C if the sum of such gross income and contributions exceeds \$15,000)	6b	19,382.
	6c Less direct expenses from gaming and fundraising events	6c	38,800.
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-19,418.
	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less cost of goods sold	7b	0
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	120,639.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	51,850.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	64,435.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,988.
	16 Other expenses (describe in Schedule O)	16	58,961.
	17 Total expenses. Add lines 10 through 16	17	179,234.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-58,595.
	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	39,080.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-19,515.



SCANNED NOV 20 2013

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose? ATTACHMENT 6

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

Table with 3 columns: Description, Expense amount, Expense label. Rows include THE EARTHQUAKES CREATED THE "KICKS FOR KIDS" PROGRAM TO GIVE UNDERPRIVILEGED YOUTH THE CHANCE TO ATTEND A PROFESSIONAL SOCCER MATCH; ATTACHMENT 7; ATTACHMENT 8; Other program services; Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: ATTACHMENT 10

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? 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 b Did the organization file Form 1120-POL for this year? 38 a 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? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955. 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. 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. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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. 41 List the states with which a copy of this return is filed. 42 a The organization's books are in care of RENE PIKE. Telephone no 408-556-7731. Located at 451 EL CAMINO REAL, SUITE 230 SANTA CLARA, CA ZIP + 4 95050. 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. 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. 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. 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 b 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).

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. Yes No
46

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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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 paid more than \$100,000	(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."

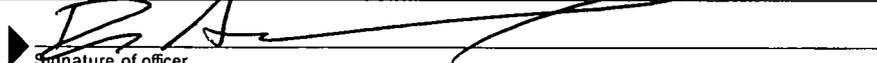
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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 Date

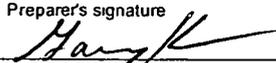
 11/7/13

Signature of officer Date

DAVID A. KAVAL 11/7/13

Type or print name and title

Paid Preparer Use Only

PnnT/Type preparer's name: Gary Krutilla
 Preparer's signature: 
 Date: 10-30-13
 Check if self-employed
 PTIN: P00557815
 Firm's name: KRUTILLA & ASSOCIATES
 Firm's EIN: 20-4009483
 Firm's address: 350 N. WIGET LANE, STE 150
 Phone no: 925-941-5440
 26590 CA

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 ▶ See separate instructions.

Name of the organization: **SAN JOSE EARTHQUAKES COMMUNITY FUND**
Employer identification number: **68-0668050**

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		

h 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 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									

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

Schedule A (Form 990 or 990-EZ) 2012

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012. 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; b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2012. 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; b 10%-facts-and-circumstances test - 2011. 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; 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.

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,036.	38,551.	43,334.	68,225.	140,057.	298,203
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					19,382	19,382.
3 Gross receipts from activities that are not an unrelated trade or business under section 513		360.				360.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	8,036.	38,911.	43,334.	68,225.	159,439.	317,945.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000.	10,150.	19,000.	30,500.	68,400.	133,050.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	5,000.	10,150.	19,000.	30,500.	68,400.	133,050.
8 Public support (Subtract line 7c from line 6)						184,895.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	8,036.	38,911.	43,334.	68,225.	159,439.	317,945.
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						0
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						0
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)	8,036.	38,911.	43,334.	68,225.	159,439.	317,945.

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.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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

b 33 1/3% support tests - 2011. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to 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)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 10K CHALLENGE <small>(event type)</small>	(b) Event #2 WINE & DINE <small>(event type)</small>	(c) Other events 3. <small>(total number)</small>	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	25,900.	7,800.	19,365.	53,065.
	2 Less: Contributions	17,693.		15,990.	33,683.
	3 Gross income (line 1 minus line 2).	8,207.	7,800.	3,375.	19,382.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,087.	11,763.	2,950.	38,800.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(38,800.)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				-19,418.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

SAN JOSE EARTHQUAKES COMMUNITY FUND

68-0668050

ATTACHMENT 1

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
EARTHQUAKES CHALLENGE	17,693.
WINE & DINE	
SILENT AUCTIONS	
OPEN TRYOUTS	9,225.
ROOT BEER FLOAT NIGHT	6,765.
TOTAL	<u><u>33,683.</u></u>

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
EARTHQUAKES CHALLENGE	8,207.	24,087.	-15,880.
WINE & DINE	7,800.	11,763.	-3,963.
SILENT AUCTIONS		1,700.	-1,700.
OPEN TRYOUTS	3,375.	1,250.	2,125.
ROOT BEER FLOAT NIGHT			
TOTALS	<u><u>19,382.</u></u>	<u><u>38,800.</u></u>	<u><u>-19,418.</u></u>

Name of the organization

Employer identification number

SAN JOSE EARTHQUAKES COMMUNITY FUND

68-0668050

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	3,534.
TRAVEL	1,525.
PROGRAM EXPENSES	44,600.
OTHER MISC. EXPENSES	3,836.
ACCOUNT MANAGEMENT FEES	2,488.
REGISTRY OF CHARITABLE TRUSTS	25.
ACCOUNTING/LEGAL FEES	1,678.
TELEPHONE	1,275.
TOTAL	<u>58,961.</u>

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	62,555.	73,699.
TOTALS	<u>62,555.</u>	<u>73,699.</u>

ATTACHMENT 5FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
DUE TO EARTHQUAKES SOCCER	23,475.	93,214.
TOTALS	<u>23,475.</u>	<u>93,214.</u>

ATTACHMENT 6FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE ASSISTANCE WITH HEALTH AND FITNESS PROGRAMS FOR LOCAL YOUTH IN SCHOOLS AND COMMUNITY CENTERS, AND TO PROVIDE TICKETS FOR ATHLETIC EVENTS TO UNDERPRIVILEGED CHILDREN.

Name of the organization SAN JOSE EARTHQUAKES COMMUNITY FUND	Employer identification number 68-0668050
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ATTACHMENT 7

PROGRAM SERVICE ACCOMPLISHMENT 2

FOR A \$50 DONATION TO THE EARTHQUAKES COMMUNITY FUND, FANS CAN PURCHASE A "NAME IN LIGHTS" GREETING THAT WILL BE DISPLAYED ON THE BIG SCREEN BETWEEN THE 25-35 MINUTES OF THE FIRST HALF OF AN EARTHQUAKES GAME.

ATTACHMENT 8

PROGRAM SERVICE ACCOMPLISHMENT 3

WELLS FARGO TEAMED UP WITH THE EARTHQUAKES TO CREATE THE "GOALS FOR EDUCATION" PROGRAM TO PROVIDE A DONATION IN THE AMOUNT OF \$250 FOR EVERY EARTHQUAKES GOAL SCORED THIS SEASON. THE MONEY RAISED WILL BE DONATED TO LOCAL YOUTH SOCCER AND ATHLETIC DEPARTMENT PROGRAMS.

ATTACHMENT 9

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS

IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

SEE ATTACHMENT

51,850.

TOTAL CONTRIBUTIONS PAID

51,850.

GRANTS PAID
2012

Recipient	Address	Relationship	Purpose	Amount
VINCE MAEDA	799 NORTH 20TH ST, SAN JOSE, CA 95112	NONE	To assist youth in sports, fitness, and educational programs	\$ 200
JDRF	49 STEVENSON ST, SUITE 1200, SAN FRANCISCO, CA 94105	NONE	To help fund diabetes research (Rootbeer Float Night)	\$ 10,000
NOAMA IFEKHAR	2513 SOUTH PARK LANE, SANTA CLARA, CA 95051	NONE	To assist youth in sports, fitness, and educational programs	\$ 3,000
DAWN BILLMAN	675 N First Street Suite 1100, San Jose, CA 95112	NONE	To assist youth in sports, fitness, and educational programs	\$ 20
1908 ULTRAS	1836 RALSTON AVE, RICHMOND, CA 94506	NONE	To assist youth in sports, fitness, and educational programs	\$ 250
ARTURO MARQUEZ - BRAVO MEMORIAL FUND	Deposited in their Wells Fargo Memorial Fund for Arturo Marquez-Bravo (#4108)	NONE	To assist youth in sports, fitness, and educational programs	\$ 250
CROATIAN SCHOLARSHIP FUND	P O BOX 290, SAN RAMON, CA 94583	NONE	To assist youth in sports, fitness, and educational programs	\$ 200
SOLIMAN AND HADESSA MEMORIAL FUND	Deposited in their Wells Fargo Memorial Account #3268148529	NONE	To assist youth in sports, fitness, and educational programs	\$ 1,400
MOUNT SAINT VINCENT HOME	4159 LOWELL BLVD, DENVER, CO 90211	NONE	To assist youth in sports, fitness, and educational programs	\$ 150
OPERATION CARE & COMFORT	2392 WALDEN SQUARE, SAN JOSE, CA 95124	NONE	To assist youth in sports, fitness, and educational programs	\$ 1,000
SANTA CLARA COUNTY CONSTRUCTION	2102 ALMADEN RD, SUITE 101, SAN JOSE, CA 95125	NONE	To assist youth in sports, fitness, and educational programs	\$ 500
STREET SOCCER USA	5 HANOVER SQUARE, 17TH FLOOR, NEW YORK, NY 10004	NONE	To assist youth in sports, fitness, and educational programs	\$ 2,700
HOPE AND HEROES CHILDREN'S CANCER FUND	161 FORT WASHINGTON AVE, IP-7, NEW YORK, NY 100032	NONE	To assist youth in sports, fitness, and educational programs	\$ 1,000
AMERICAN RED CROSS	2731 NORTH FIRST STREET, SAN JOSE, CA 95134	NONE	To assist youth in sports, fitness, and educational programs	\$ 1,480
NAVY SEAL FOUNDATION	1619 D STREET, BLDG 5326, VIRGINIA BEACH, VA 23469	NONE	To assist youth in sports, fitness, and educational programs	\$ 4,050
CITY YEAR SAN JOSE	90 N FIRST STREET, SAN JOSE, CA 95113	NONE	To assist youth in sports, fitness, and educational programs	\$ 1,000
SAN JOSE POLICE ACTIVITIES PROBATION	PO BOX 1612, SANTA CRUZ, CA 95061	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 750
MILPITAS UNIFIED SCHOOL DISTRICT	680 S. 34TH ST, SAN JOSE, CA 95115	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 1,000
SAN JOSE POLICE ACTIVITIES LEAGUE	1331 E CALAVERAS BLVD, MILPITAS, CA 95035	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 300
WINCHESTER SOCCER	41800 BLECOW RD, FREMONT, CA 94538	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 500
AMERICA SCORES, BAY AREA	3199 IMPALA DR APT 3, SAN JOSE, CA 95117	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 250
BAPTISTA, RODRIGO	440 ALABAMA ST, SAN FRANCISCO, CA 94110	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 1,500
SUNNYVALE MIDDLE SCHOOL	4009 VILLA VERA ST, PALO ALTO, CA 94306	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 200
SOARES, RAFAEL	1080 MANGO AVE, SUNNYVALE, CA 94087	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 500
WASHINGTON OPEN	459 LOS ENCINOS ST, SAN JOSE, CA 95134	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 200
ROCKETSHIP EDUCATION	5200 ENCINAL DRIVE, SAN JOSE, CA 95115	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 350
JOINT VENTURE SILICON VALLEY	270 WASHINGTON ST, SANTA CLARA, CA 95050	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 500
CASTRO VALLEY SOCCER CLUB	420 FLORENCE ST, SUITE 300, PALO ALTO, CA 94306	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 350
ST FRANCIS OF ASSISI	100 W SAN FERNANDO ST, SUITE 310, SAN JOSE, CA 95113	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 2,000
FOUNDATION 47	20212 REDWOOD RD, SUITE 201, GASTRO VALLEY, CA 94546	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 500
SANTA CLARA HOUSING TRUST	955 OAK GROVE RD, CONCORD, CA 94515	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 250
SAN JOSE SPORTS AUTHORITY	3173 HORSBETTER RD, SAN JOSE, CA 95132	NONE	To assist local youth soccer and athletic department programs (Goals for Education)	\$ 10,000
	7000 COLISEUM WAY, OAKLAND, CA 94621-1917	NONE	To assist youth in sports, fitness, and educational programs	\$ 3,000
	345 PARK AVENUE, MS E6-502, SAN JOSE, CA 95110	NONE	To assist youth in sports, fitness, and educational programs	\$ 51,850

SAN JOSE EARTHQUAKES COMMUNITY FUND

68-0668050

ATTACHMENT 10

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/1099-MISC)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION		ESTIMATED AMOUNT OF OTHER COMPENSATION
MICHAEL P. CROWLEY 7000 COLISEUM WAY OAKLAND, CA 94621	CO-TRUSTEE 1.00	0	0	0	0
DAVID KAVAL 451 EL CAMINO REAL, STE 220 SANTA CLARA, CA 95050	SETTLOR 1.00	0	0	0	0
NEIL KRAETSCH 7000 COLISEUM WAY OAKLAND, CA 94621	CO-TRUSTEE 1.00	0	0	0	0
JED METTEE 451 EL CAMINO REAL, SUITE 220 SANTA CLARA, CA 95050	VICE PRESIDENT 3.00	0	0	0	0
ALISON HIGH 451 EL CAMINO REAL, SUITE 220 SANTA CLARA, CA 95050	FOUNDATION COORDINATOR 40.00	0	0	0	0
GRAND TOTALS		0	0	0	0

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return See instructions</small>	Name of exempt organization or other filer, see instructions SAN JOSE EARTHQUAKES COMMUNITY FUND	Employer identification number (EIN) or 68-0668050
	Number, street, and room or suite no. If a P O box, see instructions 451 EL CAMINO REAL	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions SANTA CLARA, CA 95050	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **RENEE PIKE**
Telephone No **408 556-7731** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15, 2013**

5 For calendar year **2012**, or other tax year beginning , 20 , and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Dary K** Title **CPA** Date **8-13-13**

Form 8868 (Rev 1-2013)