Form **990**

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2007 calendar year, or tax year beginning Tune 2007, and ending ,2008 D'Employer identification number C_Name of organization B Check if applicable. IRA IRA 6081420 anta Address change label or print o Number and street (or P.O. box if mail is not)delivered to street address) Room/suite E Telephone number Name change Initial return pecific City or town, state or country, and ZIP F Accounting method: Cash Accrual Termination Instruc tions. Other (specify) Amended return H and I are not applicable to section 527 organizations. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) is this a group return for affiliates? Yes No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► ////// SCVAS. ORG-H(c) Are all affiliates included? Yes No J Organization type (check only one) ► \$\mathbb{Z}\$ 501(c) (3) < (insert no.) \$\mathbb{A}\$ 4947(a)(1) or \$\mathbb{A}\$ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ► N// to file a return, be sure to file a complete return. Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 1b 652166,20 Direct public support (not included on line 1a) 1c 854,31 c Indirect public support (not included on line 1a) . . . 1d d Government contributions (grants) (not included on line 1a) 653 nan 51 Total (add lines 1a through 1d) (cash \$653 020 51 noncash \$ 1e 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 3 4 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a 6a Gross rents . . . 6b Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a 6c 7 Other investment income (describe Edited Capital

8a Gross amount from sales of assets other (A) Securities २८८८ ५ (B) Other 8a than inventory b Less: cost or othe pasis and sates expended 8b c Gain or (loss) (attach schedule) 8c d Net gain or (loss). Combine line 8 8d (A) and (B) Special events and activities attacks any amount is from gaming, check here 🕨 🔲 Gross revenue (not including \$ contributions reported on line 1b) 9a Less: direct expenses other than fundraising expenses 9с c Net income or (loss) from special events. Subtract line 9b from line 9a 10a 10a Gross sales of inventory, less returns and allowances . . 728.39 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 Other revenue (from Part VII, line 103) 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 13 664, 13 Program services (from line 44, column (B)) . . 14 36 274. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) . . . 263 17 Total expenses. Add lines 16 and 44, column (A) 17 406 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 20 Other changes in net assets or fund balances (attach explanation). Net Net assets or fund halances at end of year. Combine lines 18, 19, and 20,

(iii) the amount allocated to Management and general \$

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ ____ 22a If this amount includes foreign grants, check here ightharpoonup22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _ 22b If this amount includes foreign grants, check here 🕨 🔲 Specific assistance to individuals (attach 23 1 225,00 1 225.00 schedule) Benefits paid to or for members (attach 24 schedule) 25a Compensation of current officers, directors, 19598,07 65 326,89 35 929,79 9 799.03 25a key employees, etc. listed in Part V-A . . . **b** Compensation of former officers, directors, 25b key employees, etc. listed in Part V-B . . . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 25c described in section 4958(c)(3)(B) Salaries and wages of employees not included 26 26 916.63 83 114,83 1900,90 26 1 900.91) on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c Employee benefits not included on lines 28 160.10 8 589.58 557280 2856,68 28 25a - 27 7828,31 2656,84 29 12/79,30 Pavroll taxes 29 30 Professional fundraising fees 30 Accounting fees, Bank Charges, F-ees 4146,51 4146.51 31 31 32 32 1 493,50 3610.89 1037.74 33 6 142.13 33 Supplies Telephone, Internet, Website. 1211,83 34 2972.68 1760,85 34 35 6769,54 4254,29 1544.00 Postage and shipping 971.25 35 6203.02 8 88226 36 2679,34 36 Occupancy 37 3 155.44 3 155.44 37 Equipment rental and maintenance . . . 1 354,46 38 22 163,19 16 375,33 4433.40 38 Printing and publications 2585,85 2189.42 60.05 336,38 39 39 40 923,87 267.89 655,98 Conferences, conventions, and meetings. . . 40 41 41 414.50 1414,50 Depreciation, depletion, etc. (attach schedule) 42 Other expenses not covered above (itemize): 218.90 2036.55 1 671.98 145,67 a Subsistence gifts
b Insurance 43a 140656 43b 4362.85 2 244,54 Small Equipment Software Catering at Confronce Professional Fees Other 146,22 75,87 43c 70.35 2234.32 2 234,32 43d 19 625,25 9 625,25 43e ublicity 43f 491.53 491.53 711.87 43g 711.89 Mucellaneous Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 44 263 002.06 195 664,94 36 274.96 13-15) Joint Costs. Check ► ☐ If you are following SOP 98-2 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 🕒 🗀 Yes 🔀 No If "Yes," enter (i) the aggregate amount of these joint costs \$______, (ii) the amount allocated to Program services \$_____,

, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶							
of (organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)					
а	See Attached Schedule						
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □						
b							
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □						
С							
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □						
d							
	/O						
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □						
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □						
•	(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ Total of Program Service Expenses (should equal line 44, column (B), Program services) ►						
•	ival of Frogram Services (should equal line 44, column (b), Frogram Services)						

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Pa	art IV	Balance Sheets (See the instructions.)				
١		Where required, attached schedules and amounts within the column should be for end-of-year amounts only.	e description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		52 329,35		33 450,69
	46	Savings and temporary cash investments	58 539,46	46	532 049.87	
		Accounts receivable		Ŷ	47c	Ø
		Pledges receivable		Ì	48c	Ø.
	49	Grants receivable		0	49	Ø
	1	Receivables from current and former officers, director key employees (attach schedule)	1	Ø	50a	Ø
	ь	Receivables from other disqualified persons (as defin 4958(f)(1)) and persons described in section 4958(c)(3)(B)	ed under section	Ø	50b	Ø
æ	51a	Other notes and loans receivable (attach schedule)				
Assets	Ь	Less: allowance for doubtful accounts . 51b		<u> </u>	51c	\mathscr{Q}
Ä	52	Inventories for sale or use		12401,61	52	28 436.47
	53	Prepaid expenses and deferred charges		157081	53	450.00
		Investments—publicly-traded securities	☐ Cost ☒ FMV	599 034,94	54a	536 138.77
			☐ Cost ☐ FMV		54b	
		Investments—land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach		<i></i>	55c	Ø
	56	schedule)			56	Ø
		Land, buildings, and equipment: basis . 57a	17496,59	<i>_</i>		-
	ı	Less: accumulated depreciation (attach	16 453.82	2457.27	57c	1042,79
	58	Other assets, including program-related investments		- () / , - /		
	36	(describe ► Worker' Compensation Leg	rsit i	533,00	58	812.00
	59	Total assets (must equal line 74). Add lines 45 through	ıgh 58	726 8(do, 44	59	1/32 380.57
	60	Accounts payable and accrued expenses		3797.61	60	2596,94
	61	Grants payable			61	
	62	Deferred revenue			62	
Liabilities	63	Loans from officers, directors, trustees, and key er schedule)			63	
ige	64a	Tax-exempt bond liabilities (attach schedule)			64a	
Ë	Į.	Mortgages and other notes payable (attach schedule	The state of the s		64b	
	65	Other liabilities (describe			65	
	66	Total liabilities. Add lines 60 through 65		3 797.61	66	2596,94
	Orga	nizations that follow SFAS 117, check here ▶ 🖄 an 67 through 69 and lines 73 and 74.	d complete lines			
Sea	67	Unrestricted	İ	671248.41	67	937668,39
an	68	Temporarily restricted		51820,42	68	192115.24
Bal	69	Permanently restricted	i i		69	
Net Assets or Fund Balances		nizations that do not follow SFAS 117, check here ► complete lines 70 through 74.	1	·		
r F	70	Capital stock, trust principal, or current funds			70	
is c	71	Paid-in or capital surplus, or land, building, and equi	pment fund		71	
8e	72	Retained earnings, endowment, accumulated income	·		72	
As	73	Total net assets or fund balances. Add lines 67 thr				
Ę	. •	70 through 72 (Column (A) must equal line 19 and of				
~		equal line 21)	[723 068,83	73	1 129 783 63 1 132 380,57
	74	Total liabilities and net assets/fund balances. Add li	nes 66 and 73	726 866.44	74	1132 380,57

Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	lited Financial Statem	nents	With Rev	enue pe	er Ref	tum (S	ee the	
<u>a</u>	Total rev	enue, gains, and other support per audit	ed financial statements				а	67	1040	6,86
b		included on line a but not on Part I, line								
1		alized gains on investments		b1	_]	ł		
2		services and use of facilities		b2				İ		
3	Recoveri	es of prior year grants		b3]	ĺ		
4		geifvi: D		b4		30.0V				
	Add lines	b1 through b4					b		1330	<u>5.00)</u>
C							C	66	9 7/6	186
d	Amounts	included on Part I, line 12, but not on li	ne a:				1			
1	Investme	nt expenses not included on Part I, line	6b	d1	. <u> </u>		4	1		
2	Other (sp	ecify):		d2						
	Add lines	: d1 and d2					ď			0
e	Total rev	venue (Part I, line 12). Add lines c and d					e	260	71/01	PI
Pa	rt IV-B							etum	_///	00
а	Total exp	enses and losses per audited financial s	statements				а	26	4 332	2,06
b	Amounts	included on line a but not on Part I, line	e 17:							
1	Donated	services and use of facilities		b1			1	1		
2	Prior year	r adjustments reported on Part I, line 20		b2			1	1		
3	Losses re	eported on Part I, line 20		b3]			
4	Other (sp	pecify): Neshead charges vs wine b 1 through b4	ichel Cund	b4	/ 3	30.00				
	Add lines	b1 through b4	useu-gevnu		,		ь		1.331	2.00
С		line b from line a		• •			c	20	3 00	2.06
d		included on Part I, line 17, but not on li		• •		• • •	-		<u></u>	<u> </u>
1		nt expenses not included on Part I, line		d1						
2		ecify):				<i>y</i>				
				d2		<u> </u>				0
_		6 d1 and d2					d			
e		benses (Part I, line 17). Add lines c and				· · · •	e	26		2.06
		Current Officers, Directors, Trustees or key employee at any time during the year	s, and Key Employees ar even if they were not	compe	ach persoi	n who wạ ee the in:	s an c structi	officer, c	irrector, t	rustee,
		or key employee at any time during the year	(B)		mpensation				E) Expense	account
	··· 🛧 ·····	(A) Name and address	Title and average hours per week devoted to position		paid, enter -0)	benefit pla		erred a	nd other all	
	Bob H	15t Pt 19 19 19 19 19 19 19 19 19 19 19 19 19	President		1		1	1	a	_
	221/7/0	16/120 1co. (yell) 1/0 [9]	1/20 2/	ļ	<u> </u>		<u></u>			
22	221 //	Clellan All Cupertina CA	3 Ars		l		2		Ø	
	JUAN 1 221 M	leighton plant good	Secretory		<i>m</i>	Í	a		<i>~</i>	_
	$\frac{221}{Q_{2}}$	CONV	Eine Dante	 			<u>e</u>			
2 <u>2:</u>	221 /	Clothen Rd Cupertino CA	40 hrs	65.	326 . Dg		Ø		e	
										
							,			
							·			
										
				l						

Page (j

Par	t V-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)		,	Yes	No	
75a	5a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings							
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)							
С	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."							
d	If "Yes," attach a statement that includes the info Does the organization have a written conflict of in				75d	,	X	
_	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That F ceived compensation or	Received Compen r other benefits (de its in the appropria	sation or Other Bene- scribed below) during te column. See the ins	efits (If the yestruction	ear, li: ons.)	st that	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper int and owanc	other	
	V ₀ η _{-е}							
								
								
				· · · · · · · · · · · · · · · · · · ·				
	t VI- Other Information (See the instruction					Yes	No	
76	Did the organization make a change in its activitied detailed statement of each change	es or methods of con-	ducting activities	? If "Yes," attach a	76		X.	
77	Were any changes made in the organizing or gov if "Yes," attach a conformed copy of the changes	erning documents but			77		X	
	Did the organization have unrelated business grothis return?	ss income of \$1,000			78a		X	
	If "Yes," has it filed a tax return on Form 990-T for				78b			
	Was there a liquidation, dissolution, termination, of a statement				79		X	
	Is the organization related (other than by associa common membership, governing bodies, truste organization?	es, officers, etc., to	any other exer		80a		X	
b	If "Yes," enter the name of the organization ►							
	Enter direct and indirect political expenditures (S Did the organization file Form 1120-POL for this	ee line 81 instructions	s.) [81a]	<i>(</i>)	81b		X	

	The significant and the general and the state of the stat	_		+
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		3	
91a	The books are in care of \blacktriangleright Syson. Bell Telephone no. \blacktriangleright (408) at Located at \blacktriangleright 22221 McClellon Rossi Cupartino CA ZIP + 4 \blacktriangleright 95014 - 403	25 30	23	74.7
	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		Yes	
	account)? ,	91b		X
	If "Yes," enter the name of the foreign country ▶	İ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
			000	

orm 990 (2007)				· · · · · · · · · · · · · · · · · · ·	Page {
Part VI Other Information (continued)				 	Yes No
c At any time during the calendar year, did the or	ganization main	tain an office o	outside of the	United States?	AIC
If "Yes," enter the name of the foreign country			4044 Oh-al		
32 Section 4947(a)(1) nonexempt charitable trusts fi and enter the amount of tax-exempt interest rec	ning Form 990 ii Seived or accrue	<i>n neu or rom</i> ed during the te	1041—Check av vear	nere	
Part VII Analysis of Income-Producing Activ			ax your	92	
		siness income	Excluded by sec	tion 512, 513, or 514	(E)
ote: Enter gross amounts unless otherwise dicated.	(A)	(B)	(C)	(D)	Related or
93 Program service revenue:	Business code	Amount	Exclusion code		exempt function income
a Classes and field tryps		•			
b Participation fees					7983,10
C					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies		· · · - · · · · · · · · · · · · · · · ·			
Membership dues and assessments			ļ		
Interest on savings and temporary cash investments			14	15 704.35	
Dividends and interest from securities	ļ	· · · · · · · · · · · · · · · · · · ·	14	38017,75	
Net rental income or (loss) from real estate:			ļ <u></u>		<u> </u>
a debt-financed property		·····			
b not debt-financed property	<u> </u>		 		
Net rental income or (loss) from personal property			1,4	12000	<u> </u>
Other investment income	-		14	(62846,17)	
Gain or (loss) from sales of assets other than inventory			 	ρ	
Net income or (loss) from special events .	ļ 		 	L	17 728,39
O2 Gross profit or (loss) from sales of inventory O3 Other revenue: a		····	01	158,93	1/ /2021
b	-			-,,,,,,	
C				<u> </u>	·
d					
e					
Subtotal (add columns (B), (D), and (E)) .				(9015,14)	25 711.49
Total (add line 104, columns (B), (D), and (E)).				.	16 696,3
ote: Line 105 plus line 1e, Part I, should equal the a					
art VIII Relationship of Activities to the Acco	mplishment of	Exempt Purp	ooses (See th	e instructions.)	
Line No. Explain how each activity for which income				importantly to the	accomplishment
of the organization's exempt purposes (other		ig funds for such	n purposes).		
3 a/b Theer for classes on bind iden	rtfication	and simil	ar natur	subjects	and for
field trips to special lyru	1 1-11	Pton vay n	rurshes	- /	W /
02 The nuture shops sells birds	ng-geloled	end other	mature st	ms generius	<u>Y IV MUNUTES</u>
Part IX Information Regarding Taxable Subsider	WAUNES AND DIS	MANY MUNICO	walk , esc	ineta (otione)	
(A)	(B)				(E)
Name, address, and EIN of corporation, Pe	ercentage of	(C) Nature of a	ctivities	(D) Total income	End-of-year
partnership, or disregarded entity own	ership interest // %				assets
		· · · · · · · · · · · · · · · · · · ·			
	%				
	%				
Part X Information Regarding Transfers Associ		nal Benefit Co	ntracts (See t	he instructions.)	1
(a) Did the organization, during the year, receive any funds, dire			····		☐ Yes 🏻 No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part >	Information Regarding is a controlling organization	Transfers To and Frontion as defined in section		Entities. Comple	ete only if the or	ganiz	ation
106	Did the reporting organization me the Code? If "Yes," complete the				n 512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) cription of ansfer	(D) Amount of		er
а							
b							
С							
	Totals						
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"				ection	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D) Amount of		er
a							
b							
С							
	Totals						
108	Did the organization have a bind rents, royalties, and annuities de			, 2006, covering t	he interest,	Yes	No X
Please Sign Here	Under penalties of berjury, I declare that and belief, it is true, correct and portion Signature of officer Type or print name and title	I have examined this return, included lete. Declaration of preparer (other	ling accompanying s	chedules and statemented on all information of Date	ts, and to the best of r which preparer has an ygust 8, 20	ny know	ledge
Paid Preparer's	Preparer's signature Firm's name (or yours		Date	self- employed ▶ □	Preparer's SSN or PTIN (S	ee Gen	Inst X)
Jse Only	if self-employed), address, and ZIP + 4			Phone no)		

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Santa (Vara Valley (1)	Idulan Adull	4	94:608	1420
Part I Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees Ø	ther Than Offic	ers, Directors, a	
(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 & deferred compensation	(e) Expense account and other allowances
None				
				····
otal number of other employees paid over \$50,000 .				·····
Part II-A Compensation of the Five Highe (See page 2 of the instructions. List				
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
450 000 (
otal number of others receiving over \$50,000 for rofessional services				
Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ed services other than p	rofessional serv	Other Services ices, whether ind	ividuals or
(a) Name and address of each independent contractor			of service	(c) Compensation
None-				
otal number of other contractors receiving over 50,000 for other services				

Page	2
1	_

Pa	rt III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			s.
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		×
•		2c		X
				X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>/</u>
е	Transfer of any part of its income or assets?	2e	_	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a /	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d	_	X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	la		X
b		lb	\dashv	X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
đ	Enter the total number of donor advised funds owned at the end of the tax year			\emptyset
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			<u>Ø</u>
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			Ø
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			$\cancel{\cancel{U}}$

Pa	rt l	V Reason for Non-Private	e Foundation	Status (See pages 4	through 8 o	f the instruct	ions.)	
I ce	tify	that the organization is not a priva	ite foundation bed	cause it is: (Please chec	k only ONE ap	plicable box.)		
5		A church, convention of churches	s, or association	of churches. Section 17	0(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii).	(Also complete P	art V.)				
7		A hospital or a cooperative hospi	ital service organi	zation. Section 170(b)(1))(A)(iii).			
8		A federal, state, or local government	nent or governme	ntal unit. Section 170(b)((1)(A)(v).			
9	☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, and state ▶							
10		An organization operated for the b (Also complete the Support Scheo		or university owned or o	perated by a go	overnmental uni	t. Section 170(b)(1)(A)(iv)	
11a	×	An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmenta	l unit or from the	e general public. Section	
11b		A community trust. Section 170(b	o)(1)(A)(vi). (Also co	omplete the Support So	chedule in Part	IV-A.)		
12		An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% 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). (Also complete the Support Schedule in Part IV-A.)						
13		An organization that is not control requirements of section 509(a)(3). Type I Type II	Check the box t		of supporting o			
		Provide the following info		,				
(a) Name(s) of supported organization(s)		` •	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup	d) upported on listed in oporting cation's documents?	(e) Amount of support	
					Yes	No		
	_							
Fota					<u> </u>			
	· · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · ·	· · · · ·		
14		An organization organized and op	erated to test for	public safety. Section 5	509(a)(4) (See i	page 8 of the in	structions)	

	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions						accounting.
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200		(e) Total
15	Gifts, grants, and contributions received. (Do	(4) 2000	(6) 2000	(0) 2004	(4) 200		(o) rotal
	not include unusual grants. See line 28.).	203 309		175 838	1891		734 825
<u>16</u>	Membership fees received	15 966	16 901	15315	/3.3	/2	61494
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	33 902	42 303	34398	50%	<i>955</i>	161 558
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	39 974	24 123	20.234	187.	57	/03 <i>0</i> 88
19	Net income from unrelated business activities not included in line 18,						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1871	65	506	17	57	4199
23	Total of lines 15 through 22	295022	-249 931	246 291	2739-	20	1065 164
24	Line 23 minus line 17	26/ 120	207628	211893	222 90		903606
25	Enter 1% of line 23	2950	2499	2463	27	39	10651
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	ın (e), line 24		26a	18072
b	Prepare a list for your records to show the nar governmental unit or publicly supported organic amount shown in line 26a. Do not file this list w	zation) whose tota	al gifts for 2003 th	rough 2006 exce	eded the	26b	5684
С	Total support for section 509(a)(1) test: Enter li				>	26c	903 606
d	Add: Amounts from column (e) for lines: 18 22	<u>103 088</u> H 199	19	y	▶	26d	112911
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numero	ator) divided by I	line 26c (denomi	nator))	>	26e 26f	790 635 87 %
27	Organizations described on line 12: a For person "prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts rec	ceived in each yea			
b	(2006) (2005) For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year	ved from each per year, that was mod 5 through 11b, as v	son (other than "dre than the larger over the sound in the larger over the lar	lisqualified person: of (1) the amount () Do not file this li:	s"), prepare on line 25 fo s t with you i	a list for the y	or your records to rear or (2) \$5,000 1. After computing
	(2006) (2005)		. (2004)		. (2003) .		
С	Add: Amounts from column (e) for lines 15 20				▶	27c	
d		and line 27b tota				27d	
е	Public support (line 27c total minus line 27d to				▶	27e	
f	Total support for section 509(a)(2) test Enter a						
g	Public support percentage (line 27e (numera					27g	<u>%</u>
<u>h</u>	Investment income percentage (line 18, colu					27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant Do not f	ch year, the nam	e of the contribu	tor, the date and	amount o	f the g	

Pal	rt VI			ransfers To and Transa ee page 14 of the instruction		Relationships	With	Nonc	hari	table
51				r indirectly engage in any of the D1(c)(3) organizations) or in sect					d in s	ection
_		• •		to a noncharitable exempt orga		g to pointour organ			Yes	No
а				to a nononantable exempt digi	ariization oi:			51a(i)		X
	٠,	Other assets .						a(ii)		X
b	• •	er transactions:								
_	(i)	Sales or exchange	es of assets with a	a noncharitable exempt organiza	ation			b(i)		X
		_		ritable exempt organization				b(ii)	ļ	X_
	(iii)	Rental of facilities	, equipment, or ot	her assets				b(iii)	<u> </u>	X
	(iv)	Reimbursement a	rrangements .					b(iv)	L	X
	(v)	Loans or loan gua	arantees					_b(v)_	ļ. <u>. </u>	ĮŽ.
	(vi)	Performance of se	ervices or member	ship or fundraising solicitations		<i>.</i> .	. }	b(vi)		X.
C		•	•	ists, other assets, or paid emplo	•		. ا	<u>c</u>		IX_
d	goo	ds, other assets, o	r services given by	" complete the following schedule y the reporting organization. If to n column (d) the value of the good	the organization	received less than	n fair m	market narket v	value ralue	of the in any
(:	3)	(b)		(c)		(d)				
Line	no.	Amount involved	Name of none	charitable exempt organization	Description of	transfers, transactions	, and sh	aring arm	angem	ents
					ļ					
					ļ					
					 					
										
	-				 					
					<u> </u>					
					 					
	-		-							
					<u> </u>					
			· · · · · · · · · · · · · · · · · · ·					,		
					ļ					
										
	des	cribed in section 50 es," complete the	1(c) of the Code (T				Yes	X	No
		(a) Name of organiza	ation	(b) Type of organization		(c) Description of rela	ationship			

				\	1					
					 					
										

SANTA CLARA VALLEY AUDUBON SOCIETY

EIN 94 6081420		D303530		
NOTES To Tax Return		n 990, June 1,	, 2007 to May 31, 2008	
Form 990	Part I Unrealized ma	_Line 7 arket losses on Total	Other Investment Income investments as of Year-End	-62,896.17 -62,896.17
Form 990	Part I	Line 8	Sale of Assets - Other than Inventory Inventory Sales	_
		re Shop invent		26,538.30
		•	, a new publication	13,697.06
		<u> </u>	Promotion Expenses	-1,407.30
Total Gross Sales				38,828.06
	Less Cost of	Sales		-21,099.67
	Profit on Sale	s	•	17,728.39

Part II Line 23 Specific Assistance to Individuals

The Society awarded 5 scholarships of \$ 245 each to sixth graders at the
South Valley Middle School in Gilroy, CA to attend a one-week nature program called
"Walden West". The program started on August 23rd, 2007. John Licursi, Science
Coordinator at the School created a committee comprised of the sixth
grade science teachers to develop the criteria for selection of the recipients.
The criteria established were 1. Citizenship, 2. Work Habits (not grades), 3. Financial
need, and 4. Willingness to participate in fund raising.

Part II Line 42 Depreciation

see Part IV, Line 57 Fixed Assets - Schedule below

p/ of 2

Part III Statement of Program Accomplishments

particularly in respect to creeks and wetlands habitats.

a - Newsletter - The Society produces a bi-monthly newsletter - the "Avocet" sent to over 3500 members, and a second annual publication, "Creekside News" sent to about 800 persons, libraries and local gov'ts. These publications discuss Chapter activities and give information on local and natural environmental issues with emphasis on birds and brd habitats. (Grants - \$ 0) 18,138 b - Environmental Education - The Society makes classroom presentations to about 900 students each year. It sponsors Wildlife Education day events at Park HQ with about 450 attendees and escorts children's groups to wetlands for over 950 children. It leads about 100 field trips to local habitats, holds monthly lecture-meetings operates a nature shop for its members and makes classroom presentations to about 1000 children. (Grants, \$ 1,225) 133,244 c - Conservation and Environmental Action - The Society contributes funds, volunteer services and support to a variety of environmental activities including coastal and creek cleanups, a bluebird recovery and nest box program, burrowing owl protection. It supports environmental advocacy and the legal defense of environmental laws

Total Prog	ram Expense	195,665	
Part IV	Line 54	Investments -securities	
			Market
			Value
Fixed Inco	me Mutual Fund	138,649	
Equity Mut	tual Funds	397,490	
Total		536 130	

(Grants - \$ 0)

44,283

Part IV	Line 57	Fixed Assets	_		
		Cost	Depreciation Expense	Accumulated Depreciation	Net Value
Field Equip Office Equi	ment pment and	6,429	144	6,213	216
Comput	ters	7,068	1,071	6,241	827
Furnishings	5	4,000	200	4,000	0
Totals		17,497	1,415	16,454	1,043

Schedule A Part III Line 3a Scholarships
See above, Form 990, Part II, Line 23

Part IV A	Line 22	Other Income in Prior Year	
Recovery o	f Overhead Co	st - Mitigation Settlement	1,710
Miscellaneo	us		161
			1,871