Form 990-EZ

Department of the Treasury

SCANNED JUN 20

Short Form Return of Organization Exempt From Income Tax

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009

Open to Public Inspection

_		he 2000 calend	ar voor	or tax year beginning 07/01 , 2009, and ending	20.00		20	40
_					06/30		, 20	10
		if applicable ss change	Piease use IRS	THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE			ion numbe	3 F
H		ss change change		18-12919	23			
Ħ		retum	phone r	umber				
	Termi	nated	type. See	591 North 17th Street	41	08-836-9	850	
	Amen	ded return	Specific Instruc-	City or town, state or country, and ZIP + 4	up Exe	emption		
	Applic	ation pending	tions.	San Jose, CA 95112 Nur	nber	• .		
	• S	ection 501(c)(3)	organiz	tions and 4947(a)(1) nonexempt charitable trusts must attach G Accounting N	ethod	√ Ca	sh \square A	ccrual
				pleted Schedule A (Form 990 or 990-EZ). Other (specify			J / "	00.00
_				H Check ▶ ☑	<u> </u>		tion in ma	
	Wah	site: ► www	.13thstr			-		
						cnedule	B (Form	990,
				y one) — 🗹 501(c) (3) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 990-EZ, or 99				
K	Chec	k ► ☑ if th	e organi	ation is not a section 509(a)(3) supporting organization and its gross receipts are normally	not m	ore than	\$25,000.	. A
_	Form	1990-EZ or Form	n 990 re	ım ıs not required, but if the organization chooses to file a return, be sure to file a comp	lete re	turn		
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>			67,033
ŀ	art	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (See the instru	ction	s for P	art I.)	
	1	Contribution	ons, giff	, grants, and similar amounts received	1		;	33,654
	2	Program s	ervice r	venue including government fees and contracts	2		;	24,095
	3	_		and assessments	3			0
	4				4	· · · · · ·		203
	1 -			n sale of assets other than inventory 5a 4,639	<u> </u>			
				basis and sales expenses	-1			
					-			4 620
<u> </u>	م ا			sale of assets other than inventory (Subtract line 5b from line 5a)	5c			4,639
Revenue	6			ities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □				
š				including \$ of contributions	İ			
ď		reported o	n line 1	 6a 4,44 2]			
	-	b Less dree	大學	ses other than fundraising expenses 6b 396	1			
	1	c Net incom	e or (los	s)-from special events and activities (Subtract line 6b from line 6a)	6c			4,046
	7	a Gross sale	s of inv	ntony less returns and allowances				
	93	b liggs/cost	of 200to	s spta	1	İ		
	8	c Gross prof	it or (lo	s) from sales of inventory (Subtract line 7b from line 7a)	7c			0
	ll a		nue (de	cribe	8			0
	g			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-		66,637
_	40	Grants and	l eimila	amounts paid (attach schedule)	10			2,500
	11							2,500
un				for members	11		<u>_</u>	
Expenses	12			pensation, and employee benefits	12			0
6	13			nd other payments to independent contractors	13			54,849
×	14		•	tilities, and maintenance	14			0
щ	'3			ns, postage, and shipping	15			2,501
	16		,	escribe See Statement 2	16		;	34,389
	17	Total expe	nses.	dd lines 10 through 16	17			94,239
υ	18	Excess or	(deficit)	or the year (Subtract line 17 from line 9)	18		-7	27,602
Net Assets	19	Net assets	or fun	balances at beginning of year (from line 27, column (A)) (must agree with				
Š		end-of-yea	ar figure	reported on prior year's return)	19		12	26,293
et,	20	Other char	naes in	et assets or fund balances (attach explanation) See Statement 3	20			-861
Ž	21			balances at end of year. Combine lines 18 through 20	21			97,830
	art			s. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990		ad of Fo		
				(See the instructions for Part II.) (A) Beginning o			End of year	
_	_	Cook codes	aa-1 !					
2					6,293			97,830
2		Land and build	•			23		0
2		Other assets (24		0
2		Total assets .			6,293			97,830
2	В	Total liabilitie	s (desc			26		0
2	7	Not accets or	mind h	lances (line 27 of column (R) must agree with line 21)	6 202	07	•	07 020

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2009)



-							
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses	
Wha	t is the organization's primary exempt purpose?	See Statement 4				ired for section	
Desc)(3) and 501(c)(4) izations and section					
	program title.	•			for ot	a)(1) trusts, optional hers)	
28	Animal Rescue program was established to accept c	ontributions to provide veter	rinary services for o	anturing		<u> </u>	
20	spading, and neutering neighborhood animals, prima						
		arny the cat population, to pr	event an increase i	II file wild			
	population, spread of disease, unwanted litters, etc.						
		includes foreign grants, che		. ▶ ⊔	28a	65,102	
29	The mission of the Friends of Ryland Pool is to open						
	and its surrounding environment. This fund was esta	iblished to provide resource	s towards fixing, op	ening, and			
	maintaining this historic San Jose site, in addition to	extending pool hours open	to the public during	summer.			
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. • 🗆	29a	3,400	
30	The Joyce Ellington library is located within the histo			n Jose.			
•	This library contains books, periodicals, and other m						
	(Continued on Statement 5)	taiso provides other t		30111003,			
						0.000	
		includes foreign grants, che	eck here	. ▶⊔	30a	2,698	
31	Other program services (attach schedule)						
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	0	
32	Total program service expenses (add lines 28a t			▶	32	71,200	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ted. (See the	nstruc	tions for Part IV.)	
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances	
Don	Gagliardi	President, 4.00	0 0	doising compo	0	0	
	···· X	•			Ŭ	·	
	NORTH 17TH STREET, SAN JOSE, CA 95112	Treasurer, 4					
	Robinson	110000101, 4	0		0	0	
	North 14th Street, San Jose, CA 95112						
Cate	Schroeder	Secretary, 2	0		0	0	
165	North 15th Street, San Jose, CA 95112						
Sony	ya Lu	Accountant, 8	3,000		0	0	
431	NORTH 16TH STREET, SAN JOSE, CA 95112						
					1		
						<u> </u>	
		1					
				·			
			1				
			:				
]			
			I	1		I	

Form 99	0-EZ (2009)		F	age 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			١.
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	ļ		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
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 is it aware that it engaged in an excess benefit transaction with a disqualified		ŀ	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		1
^	·	40b		
С	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		:	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ▶ CA			
42a	The organization's books are in care of ▶ Sonya Lu Telephone no. ▶ 4	08-97	1-121	9
	Located at A31 North 16th Street, San Jose, CA 95112 ZIP + 4	95	112	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		-	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO /
	If "Yes," enter the name of the foreign country: ▶	420	-	 V
	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 of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	<u> </u>	1
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			<u>-</u>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		- 004) E7	(2000)

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari ad 51.	xempt charitab table trusts mus	le trusts only. A t answer question	ll sect ns 46	ion -49b)	
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf of or	in opposition to		Yes	No	
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		√	
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II .		47		<u>√</u>	
48								
49a								
b	If "Yes," was the related organization a section 5				49b	i		
50	Complete this table for the organization's five hi	ghest compensated emplo	yees (other than c	fficers, directors, t	rustee	s and	1 key	
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation	(d) Contributions to		one." Expens		
	(a) Name and address of each employee paid more	hours per week	(o) compensation	employee benefit plans &	acc	ount ar	nd	
None	than \$100,000	devoted to position		deferred compensation	other	allowar	nces	
						~		
f	Total number of other employees paid over \$100]					
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			pe of service	(c) Com	pensat	tion	
None	· · · · · · · · · · · · · · · · · · ·	·			•			
				1				
								
	***************************************			}				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
d	Total number of other independent contractors e	each receiving over \$100.00	00 •					
•	Total number of other independent contractors e	acii receiving over \$100,00						
	Under penalties of penury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and sta based on all information	tements, and to the bes of which preparer has a	t of my any kno	knowle vledge	dge	
Sign	///-			-1. /				
Here				5/15/2011				
11010	Signature of officer	, , , , , ,	,	Date				
	Sonya Lu, Accountant Don Ga	glierti, Poas-La	<del>-</del>					
	Type or print name and title			<b>.</b>		<b></b>		
Paid	Preparer's	Date	Check if self-	Preparer's identifying nurr	ber (See	instructi	ions)	
Prepare	er's signature Firm's name (or		employed ▶ ☐					
Use On	yours if self-employed),		EIN					
May th	address, and ZiP + 4 vie IRS discuss this return with the preparer shown	n nhava? Can instructions	Ph	one no 🕨	1.77			
inay iii	in to disouss this return with the preparer show	abover See instructions	· · · · · · ·	For	Yes т 990		<u>(2009)</u>	

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THI	RTE	ENTH STRE	ET NEIGHBORE	HOOD ADVISORY CO	DMMITTE	E			48	•	1291923	
Pai	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instru	ctions.	
The	_	anization is n	ot a private four	idation because it is:	(For lines	1 through	gh 11, ch	eck only	one box.	.)		
1	$\sqcup$											
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3				hospital service organ								
4				ation operated in conj							)(A)(iii). Enter th	ıe
_	$\overline{}$		ime, city, and st									
5	Ц		tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the property of the high the model of the model of the the collection of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the highest property of the hi	ge or uni	versity ov	vned or d	operated	by a gov	ernmenta	l unit described	ır
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(i	o)(1)(A)(v)	).		
7	$\checkmark$			y receives a substantia (1)(A)(vi). (Complete F		its suppo	rt from a	governn	nental uni	t or from	the general publ	lic
8				in section 170(b)(1)		Complete	Part II)					
9				receives: (1) more that				m contrib	utions. m	nembersh	in fees, and gros	3.5
				ed to its exempt func								
				ent income and unre								
				after June 30, 1975.								_
10			=	nd operated exclusive				-		(0)(4)		
11				and operated exclusive							- to some out th	<b>L</b> .
••				blicly supported organ								
				at describes the type								/1
		a Type				e III–Fun			•		. •	
_		• •									Type III-Other	
е	Ш			tify that the organizat								
				n managers and othe	r than on	e or more	publicly	supporte	a organiz	zations de	scribed in section	Эľ
_			section 509(a)(2)									
f				a written determinati	ion from	the IRS	that it is	a Type	l, Type II	, or Type	III supporting	_
		-	, check this box							• • •	!	_
g		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	)	<u> </u>	
				r indirectly controls, on the supplication in				th persor	s describ	bed in (ii)	Yes No	_
			_	rson described in (i) a					•		11g(iı)	
				of a person described							11g(iii)	_
h			-	ation about the suppo	• • •						[-31-7]	-
	Name	of supported	(iı) EIN	(iii) Type of organization		organization		ou notify	(vi) I	s the	(vii) Amount of	_
**		anization	(-,	(described on lines 1-9	ın col. (i) la	sted in your	the organ	nization in	organizat	ion in col	support	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?		
				(ccc moradano)	Yes	No	Yes	No	Yes	No		
											<del> </del>	_
											<u> </u>	
					-							_
								-				
											-	_
T-4-					1			1				

Pai	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	37,350	65,560	70,165	90,026	66,344	329,445
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3	0 37,350	0 65,560	0 70,165	90,026	66,344	0 329,445
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.						329,445
Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	37,350	65,560	70,165	90,026	66,344	329,445
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90	1,515	2,325	1,536	203	5,669
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						335,114
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	id, third, fourth		ear as a section	on 501(c)(3)
	tion C. Computation of Public Su				·	<del></del>	00 24
14	Public support percentage for 2009 (line		=	I, column (f))	• •	14	98.31 % 98.18 %
15	Public support percentage from 2008 Sc	•	•		•	15	7.0
16a	33% % support test—2009. If the organiand stop here. The organization qualifies					% or more, che	ck this box ► ✓
b	33½ % support test—2008. If the organi box and stop here. The organization qua					33½ % or more 	, check this ► □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and <b>stop here.</b>	Explain in Part	IV how the
	10%-facts-and-circumstances test—2008 more, and if the organization meets the "granization meets the facts-and-circumstance Private foundation. If the organization did	facts-and-circum ances" test The	istances" test, o organization qua	check this box a difies as a public	and <b>stop here</b> bly supported or	Explain in Part ganization	IV how the
.0	r i vate iounication. Il the organization dic	THUL CHECK & DO.	A ULTIME IO. ID	a. 100. 178.01 I	TO, CHECK KIIS	DUX AND SEE INS	แนบแบบเรี 🚩 🗀

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support			-			
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here					
	tion C. Computation of Public Su					T F	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, P	art III, line 15	ne 13, column	.,,	15	% %
Sec	tion D. Computation of Investmen					<del> </del>	
17 18	Investment income percentage for 2009 Investment income percentage from 2009	-		•	• • • •	17	<u>%</u>
19a		anization did n	ot check the b	ox on line 14, a	and line 15 is r		
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	zation did not	check a box or	line 14 or line	19a, and line 1	6 is more th	an 331/3 %, and

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

chedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12	part to provide the Provide any other	he explanations required er additional information.	by Part II, line 10, See instructions.
· · · · · · · · · · · · · · · · · · ·					
		•			
			************		
					•••••
				•••••	
				•••••	
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- Statement 1 : Reasonable Cause Explanations
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Statement 2

## THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE

48-1291923

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Other Expenses Schedule

Description	Amount
Monthly meeting supplies & programs (NAC General)	3,743
Park improvement supplies	294
custom signs and extend pool hours (Ryland Pool)	13,166
Phone, pet Rx, food, supplies (animal rescue)	14,017
Materials for library programs	2,631
Website host & online transaction fees	538
Total:	34.389

#### Statement 3

# THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE

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## Other Changes in Net Assets Schedule

Description	Amount
Change in stock value	-861
Total:	-861

THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE 48-1291923

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**Primary Exempt Purpose** 

#### **Primary Exempt Purpose**

This organization was formed to work with the city of San Jose and the citizenry of the Northside neighborhood in the redevelopment of north central San Jose to benefit all the residents of the area. It specifically strives to help develop and improve economic and housing opportunities for the many low income residents in the area while preserving the economic, ethnic and social diversity of the neighborhood, in addition to providing economic opportunities and the best quality of life for all residents

THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE

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Statement 5

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Third Program Service Accomplishments Description

#### Description

such as internet training, community service for young adults through the Teens Reach Group, and many children's events and story times. These funds were established to accept donations and used books to generate resources to help maintain and upgrade the library in its continuing endeavors.