Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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 private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 B Check if applicable: C Name of organization D Employer identification number Address change Stakeholders Neighborhoods Initiative 86-3236631 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number ~ Initial return PO Box 611435 408-216-9770 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return San Jose, CA 95161 Number ▶ ✓ Application pending G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ **H** Check ▶ ☐ if the organization is **not** required to attach Schedule B I Website: ▶ www.TheSNI.org) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990). J Tax-exempt status (check only one) − ✓ 501(c)(3) ☐ 501(c) (**K** Form of organization: Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 30,805 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 1 30,805 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses b 0 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) С 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 **c** Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . 7a 0 Less: cost of goods sold 7b b 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . С 7c 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 30,805 10 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 23,000 14 14 0 15 15 148 16 16 0 17 17 23,148 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 7,657 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 0 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21 7,657

Form 990-EZ (2021) Page 2 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 (A) Beginning of year (B) End of year 22 Cash, savings, and investments . . . 0 22 7,657 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 0 24 24 0 0 25 25 7,657 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 0 27 7.657 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) 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. The organization contracted with a consultant to lead strategic planning on how to grow the organization. His scope of work includes to meet with various neighborhoods, stakeholders, city councilmembers and staff, (Continued on Schedule O, Statement 2) (Grants \$ 0) If this amount includes foreign grants, check here 28a 20,000 29 The organization contracted with a software developer to design a smartphone app that will be a primary method of interacting with our community members. The app is designed to give a one-stop way to see (Continued on Schedule O, Statement 3) (Grants \$ 0) If this amount includes foreign grants, check here 29a 2,500 30 The organization contracted with a website developer to design a website that will serve as a primary place to introduce our activities to community members, developers, and other stakeholders. The website will (Continued on Schedule O, Statement 4) (Grants \$ 0) If this amount includes foreign grants, check here 30a 0 (Grants \$ 0) If this amount includes foreign grants, check here 31a 0 32 22,500 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ hours per week (a) Name and title benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Kathy Sutherland 15.00 0 0 0 Director 15.00 0 Laura Winter 0 n **Director** Mary Pizzo 8.00 0 0 0 Director John D Weaver 8.00 0 0 0 **Director** Sarah Springer 8.00 0 0 0 **Director**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
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	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	0.4		. 4
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		>
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		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			,
b 38a	Did the organization file Form 1120-POL for this year?	37b		<i>-</i>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		/
	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			
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 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ▶ John D Weaver Telephone no. ▶		6-9770)
	1 1 1 1 h 1 - 1 1 - 1 1 - 1 1 1 1 1 1 1 1 1		110	
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)?		Yes	
	If "Yes," enter the name of the foreign country ▶	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
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	44b		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
15-	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	0-EZ (2	021)								P	age 4
										Yes	No
46		ne organization engage, directly or in-									
	to ca	ndidates for public office? If "Yes," co	omplete Schedule C,	Part I				. [46		~
Part '		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.		stions 47–49b ar	nd 52, and	d com	nplete th	e tab	les fo	or line	es
		Check if the organization used Sch	edule O to respond	to any question i	n this Par	t VI					
47		he organization engage in lobbying a "If "Yes," complete Schedule C, Part		section 501(h) elec					47	Yes	No 🗸
48 49a b 50	Did the If "Ye Comp	organization a school as described in ne organization make any transfers to s," was the related organization a second tolete this table for the organization's	an exempt non-cha ction 527 organizatio five highest compens	ritable related orga n?	anization? other than	office	 ers, directo	. [ors, tr			✓ ✓
		oyees) who each received more than Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	(d) F contribu	lealth b	enefits, o employee nd deferred	(e) Es	stimate	one." d amou pensati	
None											
51	Com	number of other employees paid over olete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	ent contrac	 ctors	who each	n rece	eived	more	thar
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)) Comp	ensatio	on	
None											
d 52	Did 1	number of other independent contra- the organization complete Schedul pleted Schedule A	_		. ► rganization 	ıs mu		n a ▶ ✓	Yes		lo
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						nowled	ge and	belief,	it is
Sign		Signature of officer				Date					
Here		John Weaver, Treasurer Type or print name and title									
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date		Check self-emplo	it	PTIN		
Use (Firm's name ▶				Firm's	s EIN ▶				
		Firm's address ▶				Phone	e no.				
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions					Yes		lo

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Stakeholders Neighborhoods Initiative 86-3236631

Par	rt I Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The c	organization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	k only or	ne box.)	
1	☐ A church, convention of church	nes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	☐ An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-grau university:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt ful income and uni	nctions, subject to ce related business taxal	rtain exco ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12	An organization organized and						
	one or more publicly supported						
	the box on lines 12a through 12		,, ,,	, ,		•	,
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t	• • • • • • • • • • • • • • • • • • • •	,, , , , ,
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of to organization(s). You must o				persons	that control or man	age the supported
С	Type III functionally integrated its supported organization(ally integrated with,
d	Type III non-functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or T						e II, Type III
f							
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 0 0 0 0 30,805 30,805 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 0 0 0 0 30,805 30,805 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) 30,000 Public support. Subtract line 5 from line 4 805 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 0 30,805 0 0 0 30,805 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 30,805 Gross receipts from related activities, etc. (see instructions) 12 0 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2020 Schedule A, Part II, line 14 15 % 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	sis listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support		1				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	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						
_	· · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0 1:	line 6.)						
	on B. Total Support	/) 0047	# N 0040	() 0040	(1) 0000	() 0004	(n =
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	·е					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2021 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I	ine 10c, colur	mn (f), divided b	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/3	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2020. If the organize	_	_	-		_	
-	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization did	_	=	•	-	-	_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Secti	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).		ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The primary objectives and purposes of this corporation are to perform community outreach to the residents, property owners, students, business owners, and employees in our neighborhoods, as well as to the developers who have projects in the neighborhoods in our area, and to let these stakeholders know what is happening and to keep up to date with the many development projects and activities in the Diridon Station Area of San Jose. There is over \$10B worth of development projects that will be ongoing over the next 30 years, including Google Downtown West, Diridon Transit Center redesign and upgrade, Bay Area Rapid Transit extension to Downtown San Jose, California High-Speed Rail extension through San Jose, and numerous other commercial and residential development projects.

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Schedule O, Statement 2

Stakeholders Neighborhoods Initiative

Form: **Form 990-EZ (2021)** EIN: **86-3236631**

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First Program Service Accomplishments Description

Description

city planners, and private developers to introduce our organization and our planned community outreach activities to gauge their interest and to solicit their future support. The work also includes creating talking points and position papers for board members, handling media inquiries, and leading fundraising activities. This is a startup activity in preparation for reaching out to the neighborhoods.

Schedule O, Statement 3

Stakeholders Neighborhoods Initiative

Form: Form 990-EZ (2021) EIN: 86-3236631
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Second Program Service Accomplishments Description

Description

information regarding the many construction projects that are planned and underway in our neighborhoods. The app is in the testing stage as of the end of 2021. The total cost is \$5000, half of which was paid in 2021.

Schedule O, Statement 4

Stakeholders Neighborhoods Initiative

Form: Form 990-EZ (2021) EIN: 86-3236631
Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

Description

direct users to the smartphone app. The website is under development and is expected to launch in early 2022. The total cost is \$995, but the first payments were not made until 2022.