

Amended

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, section 4947(a)(1) nonexempt charitable trust
j For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

OMB No 1545-1150

2000

Open to Public Inspection

0101

990-EZ
Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year beginning 2/01, 2000, and ending 1/31, 2001

- Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type. See Specific Instructions.

C COMMUNITY RECREATION FOR SOUTHSIDE
172 SPRUCEMONT PLACE
SAN JOSE, CA 95139

D Employer identification number 77-0002651
E Telephone no 408-578-9077
F Check j f if application pending

G Accounting method X Cash f Accrual f Other (specify) j H Enter 4-digit group exemption no (GEN) j

I Organization type (check only one)- X 501(c) (3) (insert no) f 527 or f 4947(a)(1)
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check j f if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ j \$ 75

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) j X

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34)

Table with 21 rows for revenue and expenses. Includes items like Contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, special events, gross sales of inventory, other revenue, grants paid, salaries, professional fees, occupancy, printing, other expenses, and net assets at beginning and end of year.

STATUTE UNIT RECEIVED SEP 11 2010 TPR BRANCH OGDEN

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for balance sheets. Columns include (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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SCANNED OCT 05 2010

SPONSOR EXP

ASSETS

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? PROVIDE COMMUNITY REC PGMS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	See Statement 2	(Grants \$ 0)	28a 484
29		(Grants \$)	29a
30		(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		32 484

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 3		0	0	0

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14)		Statement 4		Yes	No
33	Did organization engage in any activity not previously reported to IRS? If "Yes," attach a detailed description of each activity				X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes				X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.				X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?				N/A
b	If "Yes," has it filed a tax return on Form 990-T for this year?				X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)				X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	j	37a	0	
b	Did the organization file Form 1120-POL for this year?				X
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 unpaid at the start of the period covered by this return?				X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		38b	N/A	
39	501(c)(7) organizations - Enter a initiation fees and capital contributions included on line 9		39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities		39b	N/A	
40a	501(c)(3) organizations - Enter Amount of tax imposed on the organization during the year under:				
	section 4911 j 0, section 4912 j 0, section 4955 j 0				
b	501(c)(3) and (4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.				X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			j	0
d	Enter Amount of tax on line 40c, above, reimbursed by the organization			j	0
41	List the states with which a copy of this return is filed	j	None		
42	The books are in care of j JANE ROBINSON Telephone no j 408-626-3336				
	Located at j 172 SPRUCEMONT PL SAN JOSE CA ZIP + 4 j 95139				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here j fN/A and enter the amount of tax-exempt interest received or accrued during the tax year j 43				N/A

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important - See General Instruction W, page 14.)

k _____ Date _____ k _____
 l Signature of officer Date l Type or print name and title

Paid Preparer's Use Only

Preparer's signature k _____ Date _____ Check if self-employed j f
 Firm's name (or yours if self-employed) and address and ZIP code k Skorey & Hughes, LLC EIN j
 l 3150 Almaden Expy #231 Phone no j (408) 445-3470
 San Jose, CA 95118

Part III Statements About Activities

- 1 During the year, has the organization attempted to influence national, state, or local legislation...
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts...
a Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
e Transfer of any part of its income or assets?
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?
4a Do you have a section 403(b) annuity plan for your employees?
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it...

Table with columns: Yes, No. Rows corresponding to questions 1, 2a-2e, 3, 4a.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5.)
7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental 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, city, and state
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv)
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi)
11b A community trust Section 170(b)(1)(A)(vi)
12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income...
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2)...

Provide the following information about the supported organizations (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	46,856	181,837	169,132	145,349	543,174
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	190	316	179	113	798
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 sch. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	47,046	182,153	169,311	145,462	543,972
24 Line 23 minus line 17	190	316	179	113	798
25 Enter 1% of line 23	470	1,822	1,693	1,455	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A				j 26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					j 26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					j 26c
d Add Amounts from column (e) for lines 18 _____ 19 _____					j 26d
22 _____ 26b _____					j 26e
e Public support (line 26c minus line 26d total)					j 26f
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					j %
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.				
(1999) _____ 0 (1998) _____ 0 (1997) _____ 0 (1996) _____ 0					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.					
(1999) _____ 0 (1998) _____ 0 (1997) _____ 0 (1996) _____ 0					
c Add Amounts from column (e) for lines 15 _____ 16 _____					j 27c
17 _____ 543,174 20 _____ 21 _____					j 27d
d Add: Line 27a total 0 and line 27b total 0					j 27e
e Public support (line 27c total minus line 27d total)					j 27f
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					j 27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					j 27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

Table with 3 columns: Question ID, Yes, No. Rows for questions 29, 30, and 31.

- 32 Does the organization maintain the following
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?

Table with 3 columns: Question ID, Yes, No. Rows for questions 32a, 32b, 32c, and 32d.

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)

- 33 Does the organization discriminate by race in any way with respect to.
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?

Table with 3 columns: Question ID, Yes, No. Rows for questions 33a through 33h.

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

- 34a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either 34a or b, please explain using an attached statement

Table with 3 columns: Question ID, Yes, No. Rows for questions 34a and 34b.

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Table with 3 columns: Question ID, Yes, No. Row for question 35.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions) N/A
(The term "expenditures" means amounts paid or incurred)

Check here j a f if the organization belongs to an affiliated group
Check here j b f if you checked "a" above and "limited control" provisions apply

Table with columns: Limits on Lobbying Expenditures, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include 36-44 detailing lobbying expenditures and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Table for 4-Year Averaging Period with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include 45-50 detailing lobbying nontaxable and ceiling amounts.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.) N/A

Table for Lobbying Activity by Nonelecting Public Charities with columns: Yes, No, Amount. Rows include a-i detailing various lobbying activities like volunteers, staff, media, etc.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

COMMUNITY RECREATION FOR SOUTHSIDE

77-0002651

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

INSTRUCTORS/STAFF	\$	1,200
REFUNDS		449
TAXES		35
	Total \$	<u>1,684</u>

Statement 2
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
PROGRAMS INCLUDE CPR, COOKING, ARTS/CRAFTS/DANCE/EXERCISE, SPECIAL CHILDREN'S ACTIVITIES, ETC. PGMS MAY VARY YEARLY DEPENDING ON DEMAND AND INSTRUCTOR AVAILABILITY.	\$ 0	484
	<u>\$ 0</u>	<u>484</u>

Statement 3
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Contrib.	Expense Pln Account/Other
A FILLMAN 5450 MONTEREY HWY SP 34 SAN JOSE, CA 95111	PRESIDENT None	\$ 0	0	0
R FURLONG 157 SRPUCEMONT PL SAN JOSE, CA 95139	TREASURER None		0	0
R GALLAGHER 5340 GERINE BLOSSOM DR SAN JOSE, CA 95123	SECRETARY None		0	0
	Total	\$ <u>0</u>	<u>0</u>	<u>0</u>

Statement 4
Form 990-EZ, Part V
Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, ... No

Statement 4 (continued)
Form 990-EZ, Part V
Information Regarding Transfers Associated with Personal Benefit Contracts

directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No