

**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)

OMB No 1545-0047

**2005****Open to Public  
Inspection**

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

<b>A</b> For the 2005 calendar year, or tax year beginning <u>7/1/2005</u> , and ending <u>6/30/2006</u>	
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE</b> Number and street (or P O box if mail is not delivered to street address) Room/suite <b>c/o 303 ALMADEN BLVD. 500</b> City or town State or country ZIP + 4 <b>SAN JOSE CA 95110</b>
<b>D</b> Employer identification number <b>48-1291923</b>	
<b>E</b> Telephone number <b>(408) 291-2752</b>	
<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
<b>G</b> Website: <b>http://www.northside-sj.org</b>	
<b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check here <input type="checkbox"/> 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.	
<b>L</b> Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 <b>41,118</b>	
<b>M</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Direct public support	<b>1a</b>	<b>30,942</b>
	<b>b</b> Indirect public support	<b>1b</b>	<b>0</b>
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>6,408</b>
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>37,350</b> noncash \$ <b>0</b> )	<b>1d</b>	<b>37,350</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>0</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>0</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>0</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>	<b>90</b>
	<b>Expenses</b>	<b>6a</b> Gross rents	<b>6a</b>
<b>b</b> Less: rental expenses		<b>6b</b>	
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>	<b>0</b>
<b>7</b> Other investment income (describe _____)		<b>7</b>	<b>0</b>
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities <b>0</b> <b>8a</b>	(B) Other <b>0</b>
<b>b</b> Less: cost or other basis and sales expenses		<b>0</b> <b>8b</b>	<b>0</b>
<b>c</b> Gain or (loss) (attach schedule)		<b>0</b> <b>8c</b>	<b>0</b>
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	<b>0</b>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1a)		<b>9a</b>	<b>3,678</b>
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>2,346</b>	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>1,332</b>	
<b>Net Assets</b>	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>0</b>
	<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>0</b>
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	<b>0</b>
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>0</b>
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>38,772</b>
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>41,629</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>3,954</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>0</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	<b>0</b>
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>45,583</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-6,811</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>86,737</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>79,926</b>

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	23 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	24 0			
<b>25</b>	Compensation of officers, directors, etc.	25 0			
<b>26</b>	Other salaries and wages	26 0			
<b>27</b>	Pension plan contributions	27 0			
<b>28</b>	Other employee benefits	28 0			
<b>29</b>	Payroll taxes	29 0			
<b>30</b>	Professional fundraising fees	30 0			
<b>31</b>	Accounting fees	31 5,050	2,525	2,525	
<b>32</b>	Legal fees	32 0			
<b>33</b>	Supplies	33 175	88	87	
<b>34</b>	Telephone	34 900	450	450	
<b>35</b>	Postage and shipping	35 0			
<b>36</b>	Occupancy	36 105	105		
<b>37</b>	Equipment rental and maintenance	37 0			
<b>38</b>	Printing and publications	38 0			
<b>39</b>	Travel	39 0			
<b>40</b>	Conferences, conventions, and meetings	40 1,785	893	892	
<b>41</b>	Interest	41 0			
<b>42</b>	Depreciation, depletion, etc (attach schedule)	42 0	0	0	0
<b>43</b>	Other expenses not covered above (itemize).				
a	Licenses and permits	43a 200	200	0	0
b	Outside services	43b 8,709	8,709	0	0
c	Special program sponsorships	43c 28,659	28,659	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 45,583	41,629	3,954	0

**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 \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, 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? ► See below

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a** To aid the City of San Jose in the Redevelopment of North Central San Jose to the benefit of all its residents, to develop the area in a way which maximizes housing opportunities for low income residents while preserving the economic, ethnic and social diversity of the neighborhood; and, provide economic opportunities and the best quality of life for all residents.

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

41,629

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

41,629

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	66,899	<b>45</b>	59,998
	<b>46</b> Savings and temporary cash investments . . . . .	19,838	<b>46</b>	5,510
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	<b>47c</b>	0
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	14,418
	<b>55 a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 0	<b>55c</b>	0
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 0			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 0	<b>57c</b>	0	
<b>58</b> Other assets (describe . . . . . )	0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	86,737	<b>59</b>	79,926	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>	
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe . . . . . )	0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	0	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	54,618	<b>67</b>	42,456
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .	32,119	<b>69</b>	37,470
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) . . . . .	86,737	<b>73</b>	79,926
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	86,737	<b>74</b>	79,926



**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions)

N/A

<b>a</b>	Total revenue, gains, and other support per audited financial statements			<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:				
<b>1</b>	Net unrealized gains on investments	<b>b1</b>			
<b>2</b>	Donated services and use of facilities	<b>b2</b>			
<b>3</b>	Recoveries of prior year grants	<b>b3</b>			
<b>4</b>	Other (specify):	<b>b4</b>	0		
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :				
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>			
<b>2</b>	Other (specify):	<b>d2</b>	0		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>			<b>e</b>	0

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements			<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:				
<b>1</b>	Donated services and use of facilities	<b>b1</b>			
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>			
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>			
<b>4</b>	Other (specify):	<b>b4</b>	0		
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :				
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>			
<b>2</b>	Other (specify):	<b>d2</b>	0		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>			<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
Name Mr. Don Gagliardi Str 303 Almaden #500 City San Jose ST CA ZIP 95110	Title President Hr/WK 10	0	0	0
Name Mr. Gary Sunseri Str 2 N 2nd St #1350 City San Jose ST CA ZIP 95113	Title Vice-President Hr/WK 1	0	0	0
Name Mr. Nat Robinson Str 460 N 14th Street City San Jose ST CA ZIP 95112	Title Treasurer Hr/WK 5	0	0	0
Name Ms. Sonya Lu Str 431 N 16th Street City San Jose ST CA ZIP 95112	Title Accountant Hr/WK 3	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 3		
<b>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)	<b>75b</b>	X
<b>c</b> 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 this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information** (See the instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures. (See line 81 instructions) . . . . .	<b>81a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	X



**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III )		
	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?		X
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> 0	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	X
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	X
<b>86</b>	<b>501(c)(7) orgs.</b> Enter a Initiation fees and capital contributions included on line 12.	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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 a statement explaining each transaction	<b>89b</b>	X
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
<b>90 a</b>	List the states with which a copy of this return is filed ▶		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )	<b>90b</b>	
<b>91 a</b>	The books are in care of ▶ Name Sonya Lu Telephone no ▶ (408) 971-1219 Located at ▶ 431 N. 16th Street City San Jose ST CA ZIP + 4 ▶ 95112		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>	X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		



**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	0	
96 Dividends and interest from securities			14	90	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	1,332	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		1,422	0
105 Total (add line 104, columns (B), (D), and (E))					1,422

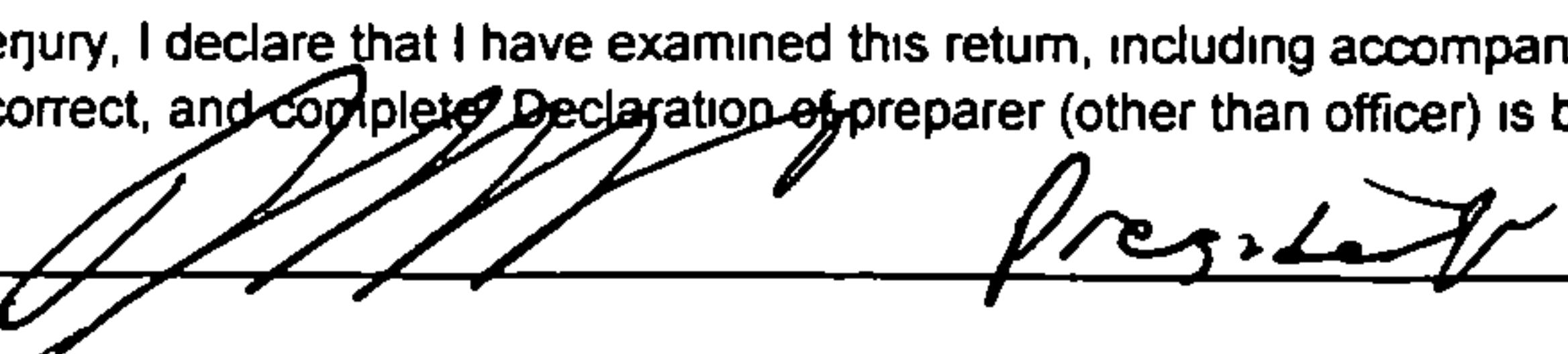

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ 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).

<b>Please Sign Here</b>	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.			
	Signature of officer 		Date 11/14/06	
	Mr. Don Gagliardi		President	
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 11/13/2006	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) P00176153
	Firm's name (or yours if self-employed), address, and ZIP + 4 Chesney Accountancy, CPA 615 N 13th Street, San Jose, CA 95112	EIN	Phone no (408) 295-6725	



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.)**

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

OMB No 1545-0047

**2005**

Name of the organization

THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE

Employer identification number

48-1291923

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

**Part 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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )	1	X
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 )		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a	
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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 )
- 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 ► City ST Country
- 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) (Also complete the **Support Schedule** in Part IV-A )
- 11 a ☒ 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) (Also complete the **Support Schedule** in Part IV-A )
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 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 (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 controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	37,565	52,769	66,580		156,914
<b>16</b> Membership fees received					0
<b>17</b> 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	3,875	5,990			9,865
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (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	105	105	28		238
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
<b>23</b> Total of lines 15 through 22	41,545	58,864	66,608	0	167,017
<b>24</b> Line 23 minus line 17	37,670	52,874	66,608	0	157,152
<b>25</b> Enter 1% of line 23	415	589	666	0	
<b>26</b> Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 3,143
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 157,152
d Add Amounts from column (e) for lines	18 238	19 0			26d 238
	22 0	26b 0			26e 156,914
e Public support (line 26c minus line 26d total)					26f 99.85%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year				
(2004)	(2003)	(2002)	(2001)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2004)	(2003)	(2002)	(2001)		
c Add Amounts from column (e) for lines	15 0	16 0			27c 0
	17 0	20 0	21 0	27d 0	
d Add Line 27a total	0	and line 27b total	0	27e 0	
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					





Line 1 (990) - Public Support and Contributions

		Cash	Non Cash
Line 1a - Direct public support			
1	Contributions	30,942	1
2	Membership dues and assessments (contributions from the public)		2
3	Commercial co-venture		3
4	Special events contributions (Line 9 - Special Events)	0	4
5			5
6			6
7			7
8			8
9			9
10	Total	30,942	10 0
Line 1b - Indirect public support			
Line 1c - Government contributions (grants)		6,408	

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1	Special event name	National Night	National Night		
		Out	Out		
1a	Number of special events	1	1		
2	Gross receipts	1,298	2,380		2 3,678
3	Less contributions				3 0
4	Gross revenue	1,298	2,380	0	4 3,678
5	Less direct expenses	1,676	670		5 2,346
6	Net income or (loss)	-378	1,710	0	6 1,332

Line 54 (990) - Investments - Securities

Check one box below to indicate how securities are reported

- ☒ Cost
- ☐ End of year market value (FMV)

			13,350	0	14,418
		Number of shares/ face value	Value at time of donation	Beginning balance book value Cost	Ending balance book value Cost
Securities at end of year					
1	ETrade Mutual Funds	472 72	13,350	0	14,418
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## **Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only. ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THIRTEENTH STREET NEIGHBORHOOD ADVISORY COMMITTEE	48-1291923
	Number, street, and room or suite no. If a P O box, see instructions	
	1082-A EAST JACKSON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN JOSE, CA 95112-1649	

**Check type of return to be filed** (file a separate application for each return). Cert No. 7005-1160-002-5178-2306

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► Sonya Lu

Telephone No. ► (408) 971-1219

FAX No. ►

- If the organization does **not** have an office or place of business in the United States, check this box. ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15/2007 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning 7/1/2005, and ending 6/30/2006
- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions