

2005 TAX RETURN

CLIENT COPY

Client: 2169

Prepared for: MAYFAIR IMPROVEMENT INITIATIVE
2352 ALUM ROCK AVENUE, SUITE B
SAN JOSE, CA 95116
(408) 251-6900

Prepared by: LAWRENCE S. KUECHLER
BERGER/LEWIS ACCOUNTANCY CORP.
99 ALMADEN BLVD, SUITE 600
SAN JOSE, CA 95113
(408) 494-1200

Date: MAY 8, 2007

Comments:

Route to: _____

Berger/Lewis Accountancy Corp.
99 Almaden Blvd, Suite 600
San Jose, CA 95113

MAYFAIR IMPROVEMENT INITIATIVE
2352 ALUM ROCK AVENUE, SUITE B
SAN JOSE, CA 95116

2005 Exempt Org. Return
prepared for:

MAYFAIR IMPROVEMENT INITIATIVE
2352 ALUM ROCK AVENUE, SUITE B
SAN JOSE, CA 95116

Berger/Lewis Accountancy Corp.
99 Almaden Blvd, Suite 600
San Jose, CA 95113

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

	2005	2004	DIFF
REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	756,052	839,160	-83,108
PROGRAM SERVICE REVENUE	37,231	0	37,231
INTEREST ON SAVINGS/TEMP CASH INVEST	310	2,261	-1,951
TOTAL REVENUE	793,593	841,421	-47,828
EXPENSES			
PROGRAM SERVICES	624,612	802,358	-177,746
MANAGEMENT AND GENERAL	132,894	204,412	-71,518
FUNDRAISING	129,230	105,573	23,657
TOTAL EXPENSES	886,736	1,112,343	-225,607
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	-93,143	-270,922	177,779
NET ASSETS/FUND BAL. AT BEG. OF YEAR	397,691	668,613	-270,922
NET ASSETS/FUND BAL. AT END OF YEAR	304,548	397,691	-93,143

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

	2005	2004	DIFF
REVENUE			
INTEREST.....	310	2,261	-1,951
OTHER INCOME.....	37,231	1,000	36,231
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	756,052	839,160	-83,108
TOTAL INCOME.....	793,593	842,421	-48,828
EXPENSES AND DISBURSEMENTS			
CONTRIBUTIONS, GIFTS, GRANTS.....	0	30,000	-30,000
COMPENSATION OF OFFICERS, ETC.....	79,395	0	79,395
OTHER SALARIES AND WAGES.....	393,374	518,637	-125,263
TAXES.....	51,000	45,395	5,605
RENTS.....	61,977	104,232	-42,255
DEPRECIATION AND DEPLETION.....	23,948	21,175	2,773
OTHER DEDUCTIONS.....	277,042	393,904	-116,862
TOTAL DEDUCTIONS.....	886,736	1,113,343	-226,607
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	-93,143	-270,922	177,779
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0
SCHEDULE L			
BEGINNING ASSETS.....	435,859	704,829	-268,970
BEGINNING LIABILITIES & NET WORTH.....	435,859	704,829	-268,970
ENDING ASSETS.....	333,180	435,859	-102,679
ENDING LIABILITIES & NET WORTH.....	333,180	435,859	-102,679

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B
CALIFORNIA: 199, SCH B, 3885, RRF-1

CARRYOVERS TO 2006

NONE

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	OFFICE CUBICALS	6/30/02		36,000							36,000	15,429	S/L	7		5,143
16	CUBICALS	8/28/02		2,834							2,834	1,147	S/L	7		405
17	CUBICALS	11/04/02		3,328							3,328	1,267	S/L	7		475
18	CUBICALS	12/11/02		3,415							3,415	1,261	S/L	7		488
20	FURNITURE	8/21/02		2,505							2,505	1,014	S/L	7		358
21	FURNITURE	9/26/02		2,444							2,444	960	S/L	7		349
	TOTAL FURNITURE AND FIXTURE			50,526		0	0	0	0	0	50,526	21,078				7,218
IMPROVEMENTS																
19	TENANTS IMPROVEMENT	10/31/02		4,800							4,800	2,560	S/L	5		960
30	TENANTS IMPROVEMENT	10/01/05		13,398							13,398		S/L	5		2,010
	TOTAL IMPROVEMENTS			18,198		0	0	0	0	0	18,198	2,560				2,970
MACHINERY AND EQUIPMENT																
2	OFFICE EQUIPMENT	3/31/01		13,844							13,844	11,609	S/L	5		2,235
3	DIGITAL CAMERA	12/20/00		946							946	946	S/L	5		0
4	FAX MACHINE	6/29/00		702							702	702	S/L	5		0
6	NORTAL MICS PHONE	7/22/99		4,816							4,816	4,816	S/L	5		0
7	PENTIUM 400MHZ COMPUTER	7/06/99		3,671							3,671	3,671	S/L	3		0
8	DELL 500 MHZ COMPUTER	1/19/00		3,317							3,317	3,136	S/L	3		181
9	PIXCEL USA	5/26/00		1,547							1,547	1,547	S/L	3		0
10	2 COMPUTER AND PRINTER	7/13/00		5,346							5,346	5,346	S/L	3		0

MAYFAIR IMPROVEMENT INITIATIVE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
11	CASANCASA I COMPUTER	8/09/00		2,240							2,240	2,240	S/L	3		0
12	2 COMPUTER	10/02/00		1,376							1,376	1,376	S/L	3		0
13	LAPTOP	11/16/00		3,371							3,371	3,371	S/L	3		0
14	COMPUTER	3/31/01		1,180							1,180	1,180	S/L	3		0
15	COMPUTER	3/31/02		1,165							1,165	1,165	S/L	3		0
22	COMPUTER	3/10/03		4,161							4,161	3,236	S/L	3		925
23	COMPUTER	8/21/02		2,336							2,336	2,207	S/L	3		131
24	COPIER AR-507, AR-FN3	6/30/04		7,775							7,775	1,555	S/L	5		1,555
25	HP COMPAQ D220 MICROTOWER	11/15/04		1,038							1,038	202	S/L	5		346
26	GITAR CENTER AUDIO EQUIP	5/18/05		1,293							1,293	44	S/L	5		259
27	11 HP COMPUTERS	4/07/04		13,499							13,499	4,500	S/L	3		4,500
28	4 HP PRINTERS	4/07/04		1,864							1,864	621	S/L	3		621
29	2 DIGITAL CAMERAS	4/07/04		1,461							1,461	487	S/L	3		487
31	IBM X 206 TOWER SERVERS	8/25/05		1,225							1,225		S/L	3		340
32	CIRCUIT RIDER DONATION	3/01/03		9,812							9,812	7,632	S/L	3		2,180
TOTAL MACHINERY AND EQUIPME				87,985		0	0	0	0	0	87,985	61,589				13,760
TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>85,227</u>				<u>23,948</u>
GRAND TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>85,227</u>				<u>23,948</u>

MAYFAIR IMPROVEMENT INITIATIVE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	OFFICE CUBICALS	6/30/02		36,000							36,000	20,572	S/L	7		5,143
16	CUBICALS	8/28/02		2,834							2,834	1,552	S/L	7		405
17	CUBICALS	11/04/02		3,328							3,328	1,742	S/L	7		475
18	CUBICALS	12/11/02		3,415							3,415	1,749	S/L	7		488
20	FURNITURE	8/21/02		2,505							2,505	1,372	S/L	7		358
21	FURNITURE	9/26/02		2,444							2,444	1,309	S/L	7		349
	TOTAL FURNITURE AND FIXTURE			50,526		0	0	0	0	0	50,526	28,296				7,218
IMPROVEMENTS																
19	TENANTS IMPROVEMENT	10/31/02		4,800							4,800	3,520	S/L	5		960
30	TENANTS IMPROVEMENT	10/01/05		13,398							13,398	2,010	S/L	5		2,680
	TOTAL IMPROVEMENTS			18,198		0	0	0	0	0	18,198	5,530				3,640
MACHINERY AND EQUIPMENT																
2	OFFICE EQUIPMENT	3/31/01		13,844							13,844	13,844	S/L	5		0
3	DIGITAL CAMERA	12/20/00		946							946	946	S/L	5		0
4	FAX MACHINE	6/29/00		702							702	702	S/L	5		0
6	NORTAL MICS PHONE	7/22/99		4,816							4,816	4,816	S/L	5		0
7	PENTIUM 400MHZ COMPUTER	7/06/99		3,671							3,671	3,671	S/L	3		0
8	DELL 500 MHZ COMPUTER	1/19/00		3,317							3,317	3,317	S/L	3		0
9	PIXCEL USA	5/26/00		1,547							1,547	1,547	S/L	3		0
10	2 COMPUTER AND PRINTER	7/13/00		5,346							5,346	5,346	S/L	3		0

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11	CASANCASA I COMPUTER	8/09/00		2,240							2,240	2,240	S/L	3		0
12	2 COMPUTER	10/02/00		1,376							1,376	1,376	S/L	3		0
13	LAPTOP	11/16/00		3,371							3,371	3,371	S/L	3		0
14	COMPUTER	3/31/01		1,180							1,180	1,180	S/L	3		0
15	COMPUTER	3/31/02		1,165							1,165	1,165	S/L	3		0
22	COMPUTER	3/10/03		4,161							4,161	4,161	S/L	3		0
23	COMPUTER	8/21/02		2,336							2,336	2,338	S/L	3		0
24	COPIER AR-507, AR-FN3	6/30/04		7,775							7,775	3,110	S/L	5		1,555
25	HP COMPAQ D220 MICROTOWER	11/15/04		1,038							1,038	548	S/L	5		208
26	GITAR CENTER AUDIO EQUIP	5/18/05		1,293							1,293	303	S/L	5		259
27	11 HP COMPUTERS	4/07/04		13,499							13,499	9,000	S/L	3		3,375
28	4 HP PRINTERS	4/07/04		1,864							1,864	1,242	S/L	3		466
29	2 DIGITAL CAMERAS	4/07/04		1,461							1,461	974	S/L	3		365
31	IBM X 206 TOWER SERVERS	8/25/05		1,225							1,225	340	S/L	3		408
32	CIRCUIT RIDER DONATION	3/01/03		9,812							9,812	9,812	S/L	3		0
TOTAL MACHINERY AND EQUIPME				87,985		0	0	0	0	0	87,985	75,349				6,636
TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>109,175</u>				<u>17,494</u>
GRAND TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>109,175</u>				<u>17,494</u>

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FORM 199																
FURNITURE AND FIXTURES																
1	OFFICE CUBICALS	6/30/02		36,000							36,000	15,429	S/L	7		5,143
16	CUBICALS	8/28/02		2,834							2,834	1,147	S/L	7		405
17	CUBICALS	11/04/02		3,328							3,328	1,267	S/L	7		475
18	CUBICALS	12/11/02		3,415							3,415	1,261	S/L	7		488
20	FURNITURE	8/21/02		2,505							2,505	1,014	S/L	7		358
21	FURNITURE	9/26/02		2,444							2,444	960	S/L	7		349
TOTAL FURNITURE AND FIXTURE				50,526		0	0	0	0	0	50,526	21,078				7,218
IMPROVEMENTS																
19	TENANTS IMPROVEMENT	10/31/02		4,800							4,800	2,560	S/L	5		960
30	TENANTS IMPROVEMENT	10/01/05		13,398							13,398		S/L	5		2,010
TOTAL IMPROVEMENTS				18,198		0	0	0	0	0	18,198	2,560				2,970
MACHINERY AND EQUIPMENT																
2	OFFICE EQUIPMENT	3/31/01		13,844							13,844	11,609	S/L	5		2,235
3	DIGITAL CAMERA	12/20/00		946							946	946	S/L	5		0
4	FAX MACHINE	6/29/00		702							702	702	S/L	5		0
6	NORTAL MICS PHONE	7/22/99		4,816							4,816	4,816	S/L	5		0
7	PENTIUM 400MHZ COMPUTER	7/06/99		3,671							3,671	3,671	S/L	3		0
8	DELL 500 MHZ COMPUTER	1/19/00		3,317							3,317	3,136	S/L	3		181
9	PIXCEL USA	5/26/00		1,547							1,547	1,547	S/L	3		0
10	2 COMPUTER AND PRINTER	7/13/00		5,346							5,346	5,346	S/L	3		0

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11	CASANCASA I COMPUTER	8/09/00		2,240							2,240	2,240	S/L	3		0
12	2 COMPUTER	10/02/00		1,376							1,376	1,376	S/L	3		0
13	LAPTOP	11/16/00		3,371							3,371	3,371	S/L	3		0
14	COMPUTER	3/31/01		1,180							1,180	1,180	S/L	3		0
15	COMPUTER	3/31/02		1,165							1,165	1,165	S/L	3		0
22	COMPUTER	3/10/03		4,161							4,161	3,236	S/L	3		925
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25	HP COMPAQ D220 MICROTOWER	11/15/04		1,038							1,038	202	S/L	5		346
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27	11 HP COMPUTERS	4/07/04		13,499							13,499	4,500	S/L	3		4,500
28	4 HP PRINTERS	4/07/04		1,864							1,864	621	S/L	3		621
29	2 DIGITAL CAMERAS	4/07/04		1,461							1,461	487	S/L	3		487
31	IBM X 206 TOWER SERVERS	8/25/05		1,225							1,225		S/L	3		340
32	CIRCUIT RIDER DONATION	3/01/03		9,812							9,812	7,632	S/L	3		2,180
TOTAL MACHINERY AND EQUIPME				87,985		0	0	0	0	0	87,985	61,589				13,760
TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>85,227</u>				<u>23,948</u>
GRAND TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>85,227</u>				<u>23,948</u>

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8	DELL 500 MHZ COMPUTER	1/19/00		3,317							3,317	3,317	S/L	3		0
9	PIXCEL USA	5/26/00		1,547							1,547	1,547	S/L	3		0
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13	LAPTOP	11/16/00		3,371							3,371	3,371	S/L	3		0
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15	COMPUTER	3/31/02		1,165							1,165	1,165	S/L	3		0
22	COMPUTER	3/10/03		4,161							4,161	4,161	S/L	3		0
23	COMPUTER	8/21/02		2,336							2,336	2,338	S/L	3		0
24	COPIER AR-507, AR-FN3	6/30/04		7,775							7,775	3,110	S/L	5		1,555
25	HP COMPAQ D220 MICROTOWER	11/15/04		1,038							1,038	548	S/L	5		208
26	GUITAR CENTER AUDIO EQUIP	5/18/05		1,293							1,293	303	S/L	5		259
27	11 HP COMPUTERS	4/07/04		13,499							13,499	9,000	S/L	3		3,375
28	4 HP PRINTERS	4/07/04		1,864							1,864	1,242	S/L	3		466
29	2 DIGITAL CAMERAS	4/07/04		1,461							1,461	974	S/L	3		365
31	IBM X 206 TOWER SERVERS	8/25/05		1,225							1,225	340	S/L	3		408
32	CIRCUIT RIDER DONATION	3/01/03		9,812							9,812	9,812	S/L	3		0
TOTAL MACHINERY AND EQUIPME				87,985		0	0	0	0	0	87,985	75,349				6,636
TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>109,175</u>				<u>17,494</u>
GRAND TOTAL DEPRECIATION				<u>156,709</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,709</u>	<u>109,175</u>				<u>17,494</u>

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

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 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

MAYFAIR IMPROVEMENT INITIATIVE 2352 ALUM ROCK AVENUE, SUITE B SAN JOSE, CA 95116

D Employer Identification Number 77-0499813 E Telephone number (408) 251-6900 F Accounting method: Cash, Accrual, Other

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

- H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.MAYFAIRNEIGHBORHOOD.ORG

J Organization type (check only one) 501(c) 3 4947(a)(1) or 527

K Check here 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 793,593.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch).....	23				
24 Benefits paid to or for members (att sch).....	24				
25 Compensation of officers, directors, etc.....	25	79,395.	39,698.	15,879.	23,818.
26 Other salaries and wages.....	26	393,374.	302,040.	43,682.	47,652.
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28	52,021.	42,775.	2,753.	6,493.
29 Payroll taxes.....	29	51,000.	39,142.	4,353.	7,505.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	30,798.		30,798.	
32 Legal fees.....	32	360.		360.	
33 Supplies.....	33	17,865.	10,898.	3,823.	3,144.
34 Telephone.....	34				
35 Postage and shipping.....	35	3,588.	1,638.	178.	1,772.
36 Occupancy.....	36	61,977.	47,135.	8,172.	6,670.
37 Equipment rental and maintenance.....	37	5,179.	1,716.	2,811.	652.
38 Printing and publications.....	38	16,743.	2,167.	525.	14,051.
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40	2,101.	834.	730.	537.
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	23,948.	18,619.	2,907.	2,422.
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 1.....	43a	148,387.	117,950.	15,923.	14,514.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	886,736.	624,612.	132,894.	129,230.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services?..... Yes No
 If 'Yes,' enter **(i)** the aggregate amount of these joint costs \$ _____; **(ii)** the amount allocated to Program services \$ _____; **(iii)** the amount allocated to Management and general \$ _____; and **(iv)** the amount allocated to Fundraising \$ _____.

BAA

Part III Statement of Program Service Accomplishments

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? ▶ <u>SEE STATEMENT 2</u> 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) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 3</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	624,612.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	624,612.

BAA

Part IV Balance Sheets (See Instructions)

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash — non-interest-bearing		45	450.
	46 Savings and temporary cash investments	44,304.	46	150,520.
	47a Accounts receivable	2,699.		
	b Less: allowance for doubtful accounts		47c	2,699.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	318,230.	49	124,967.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,200.	53	640.
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	156,709.			
b Less: accumulated depreciation (attach schedule)	109,175.	57c	47,534.	
58 Other assets (describe ▶ <u>SEE STATEMENT 5</u>)	54,680.	58	6,370.	
59 Total assets (must equal line 74). Add lines 45 through 58	435,859.	59	333,180.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	38,168.	60	28,632.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65	38,168.	66	28,632.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	66,932.	67	81,018.
	68 Temporarily restricted	330,759.	68	223,530.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	397,691.	73	304,548.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	435,859.	74	333,180.

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	846,593.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	53,000.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	53,000.
c	Subtract line b from line a	c	793,593.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	793,593.

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

a	Total expenses and losses per audited financial statements	a	939,736.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	53,000.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	53,000.
c	Subtract line b from line a	c	886,736.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	886,736.

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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		75,000.	4,395.	0.

Part VI Other Information (continued)		Yes	No
82a 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?	82a	X	
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.)	82b		
53,000.			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
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.			
c Dues, assessments, and similar amounts from members.	85c	N/A	
d Section 162(e) lobbying and political expenditures.	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h 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?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 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.	88		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(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 a statement explaining each transaction.	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90a List the states with which a copy of this return is filed ▶ <u>CA</u>			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b		11
91a The books are in care of ▶ <u>THE ORGANIZATION</u> Telephone number ▶ <u>(408) 251-6900</u> Located at ▶ <u>2352 ALUM ROCK AVE STE B, SAN JOSE, CA,</u> ZIP + 4 ▶ <u>95116</u>			
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)?	91b		X
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 Statements			
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
If 'Yes,' enter the name of the foreign country ▶			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ... ▶ <input type="checkbox"/> 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 & contracts from government agencies . . .					37,231.
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts . .			14	310.	
96 Dividends & interest from securities . . .					
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 pers prop . . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
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))				310.	37,231.
105 Total (add line 104, columns (B), (D), and (E))					37,541.

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).
93G	THE FEE WAS EARNED BY PROVIDING CARE MANAGEMENT PROGRAM SERVICES. THE SERVICES INCLUDE PROVIDING TRANSPORTATION SERVICES TO FAMILIES & COMMUNITIES WHICH ARE DIRECTLY RELATED TO THE ORGANIZATION'S MISSION

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	%			
	%			
	%			
	%			

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).

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.

Signature of officer: JAIME ALVARADO, EXECUTIVE DIRECTOR Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER/LEWIS ACCOUNTANCY CORP., 99 ALMADEN BLVD, SUITE 600, SAN JOSE, CA 95113

EIN: N/A Phone no.: (408) 494-1200

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

MAYFAIR IMPROVEMENT INITIATIVE

Employer identification number

77-0499813

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
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 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
NONE		
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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services..... ▶	0	

Part III Statements About Activities (See 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> N/A </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
SEE FORM 990, PART V		
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
3a 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	X
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
4a 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 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 ▶** _____
- 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.)
- 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). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** 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)** section 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 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 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	895,930.	1,317,350.	2,099,756.	380,353.	4,693,389.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0.
18 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	2,261.	1,202.	691.	59.	4,213.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	898,191.	1,318,552.	2,100,447.	380,412.	4,697,602.
24 Line 23 minus line 17	898,191.	1,318,552.	2,100,447.	380,412.	4,697,602.
25 Enter 1% of line 23	8,982.	13,186.	21,004.	3,804.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 93,952.
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 1,129,230.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 4,697,602.
d Add: Amounts from column (e) for lines: 18 <u>4,213.</u> 19 <u>1,129,230.</u> 22 <u>1,129,230.</u> ▶					26d 1,133,443.
e Public support (line 26c minus line 26d total) ▶					26e 3,564,159.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 75.87 %
27 Organizations described on line 12: N/A					
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 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total and line 27b total ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %

28 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.

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

N/A

		Yes	No
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.) ----- ----- -----		
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?		
	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?		
	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.		
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.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is — The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

MAYFAIR IMPROVEMENT INITIATIVE

Employer identification number

77-0499813

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SCHEDULE ----- ----- -----	\$ 203,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----

Name of organization

Employer identification number

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Mayfair Improvement initiative
 FYE 6/30/06
 Schedule B

Donor	Address	Contribution Date	Amount
Alum Rock Counseling Center	1245 E. Santa Clara St. San Jose, CA 95116	7/1/2005	33,330
Community Foundation Silicon Valley	60 S. Market Street,suite 1000 San Jose, CA 95113	7/6/2005	20,000
Union Bank of California	400 California Street, Mail Code 1-001-08 Eigth Floor San Francisco, CA 94104	7/13/2005	5,000
Sandisk Corporation Fund	60 S. Market Street,suite 1000 San Jose, CA 95113	8/1/2005	15,000
Lenders for Community Development	111 W.St. John Street, Suite 800 San Jose, CA 95113	8/24/2005	5,000
Wells Fargo Bank	121 Park Center Plaza San Jose, CA 95113	11/22/2005	10,000
Stuart Foundation	50 California Street, Suite 3350 San Francisco, CA 94111	12/13/2005	60,000
Bank of America	333 W. San Carlos Street, Suite 1250 San José, CA 95110	1/2/2006	5,000
Applied Materials	2881 Scott Blvd., M/S 2028, PO Box 580339 Santa Clara CA 95052	1/24/2006	30,000
Applied Materials, Inc.	2882 Scott Blvd., M/S 2028, PO Box 580339 Santa Clara CA 95052	1/24/2006	5,000
Hispanic Foundation of Silicon Valley	60 S. Market Street; Suite 1000 San Jose, CA 95113	1/9/2006	15,000
Total Cash Contribution			203,330

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK & CREDIT CARD FEES	315.		290.	25.
INSURANCE	11,102.	5,385.	5,044.	673.
LICENSES, TAXES, AND FEES	789.	789.		
PROFESSIONAL DEVELOPMENT	385.	385.		
PROFESSIONAL FEES	129,669.	107,081.	8,954.	13,634.
TRANSPORTATION	6,127.	4,310.	1,635.	182.
TOTAL	\$ 148,387.	\$ 117,950.	\$ 15,923.	\$ 14,514.

STATEMENT 2
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MAYFAIR IMPROVEMENT INITIATIVE IS A NONPROFIT CHARITABLE ORGANIZATION ENGAGED IN AN EFFORT TO IMPROVE THE HUMAN AND PHYSICAL CONDITIONS IN LOW INCOME NEIGHBORHOODS. THE ORGANIZATION IS FOUNDED ON THE BELIEF THAT RESIDENTS MUST HAVE AN ACTIVE ROLE IN SHAPING THE FUTURE OF THE NEIGHBORHOOD TO SUSTAIN POSITIVE CHANGE.

STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>COMMUNITY EDUCATION AND DIALOGUE - MAYFAIR ENGAGES THE BROADEST POSSIBLE CROSS SECTION OF COMMUNITY MEMBERS IN DIALOGUE ABOUT THE CRITICAL ISSUES RELATED TO ITS COMMUNITY. THE CONTENT OF THE SKITS MAYFAIR HAS DEVELOPED INCLUDE: SOCIAL, PSYCHOLOGICAL, AND ECONOMIC OBSTACLES FACED BY NEW IMMIGRANTS; CHALLENGES FACED BY PARENTS IN PREPARING CHILDREN FOR SCHOOL; THE CONNECTION BETWEEN IMMIGRATION AND DEPRESSION; THE COMMUNITY HEALTH ISSUES OF OBESITY AND DIABETES; AND IMMIGRATION REFORM. AFTER MAYFAIR HAS PRESENTED 5-10 MINUTE POPULAR THEATER DRAMATIZATIONS OF ISSUES AFFECTING NEIGHBORHOOD FAMILIES, MAYFAIR IMPROVEMENT INITIATIVE, INC. THEN FACILITATES A DIALOGUE WITH RESIDENTS TO FURTHER EXPLORE THOSE ISSUES AND POSSIBLE APPROACHES TO ADDRESSING THEM. MAYFAIR PERFORMS ITS POPULAR THEATER SKITS THROUGHOUT THE COMMUNITY AT SCHOOLS, HEALTH FAIRS, COMMUNITY CENTERS, AND IN PEOPLE'S LIVING ROOMS.</p> <p>CIVIC ACTION FOR LONG-TERM CHANGE - HAVING ENGAGED THE COMMUNITY IN DIALOGUE AND ADDRESSED THE MOST IMMEDIATE ISSUES FACING FAMILIES, THE MAYFAIR INITIATIVE THEN TURNS TO ADDRESSING THE ROOT CAUSES OF COMMUNITY INSTABILITY IN MAYFAIR. THESE ROOT CAUSES REQUIRE LONGER-TERM APPROACHES. TOWARDS THIS END, MAYFAIR RESIDENTS HAVE SUCCESSFULLY ADVOCATED FOR CITY OF SAN JOSE INVESTMENT IN THE</p>		

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

STATEMENT 3 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>ESTABLISHMENT OF A MAYFAIR ADULT LEARNING CENTER TO BE OPENED IN 2008 WITH ADULT CLASSROOM AND CHILDCARE SPACE; AND IN 2006-08 THE FIRST MAYFAIR HOUSING PLAN PILOT PROJECT FOR AFFORDABLE HOUSING WILL BEGIN THROUGH A PARTNERSHIP BETWEEN MAYFAIR RESIDENTS AND CHARITIES HOUSING, A LOCAL NONPROFIT HOUSING DEVELOPER. IN FALL MAYFAIR IMPROVEMENT INITIATIVE, INC. TURNED ITS ATTENTION TO VOTER REGISTRATION, AND CANVASSED THE NEIGHBORHOOD VISITING 1,850 HOUSEHOLDS, IDENTIFYING 136 LEADS FOR OUR SIEMBRA PROGRAM, AND REGISTERING 58 RESIDENTS TO VOTE AS PART OF THE STATE-WIDE MOBILIZE THE IMMIGRANT VOTE CAMPAIGN. POST-VOTER REGISTRATION, MAYFAIR CO-HOSTED A COMMUNITY ISSUES FORUM TO DISCUSS INITIATIVES ON THE NOVEMBER BALLOT, AND CONDUCTED PHONE BANKING PRIOR TO THE ELECTIONS. IN THIS WAY, MAYFAIR IMPROVEMENT INITIATIVE, INC. IS INCREASING THE VISIBILITY OF MAYFAIR RESIDENTS AS ENGAGED CITIZENS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		236,700.
<p>SUPPORT FOR CHILDREN AND FAMILY HEALTH - HAVING SUCCESSFULLY USED CULTURE TO ENGAGE RESIDENTS IN DIALOGUE, MAYFAIR THEN TURNS ITS ATTENTION TO ADDRESSING THE IMMEDIATE ISSUES IMPACTING FAMILIES. THE MAYFAIR INITIATIVE'S SIEMBRA PROGRAM DEPLOYS A TEAM OF FIVE BILINGUAL AND BICULTURAL PROMOTORES TO SUPPORT 250 MAYFAIR FAMILIES WITH CHILDREN AGES 0-5 EACH YEAR. THE PROMOTORES WORK WITH EACH FAMILY TO IDENTIFY THEIR STRENGTHS; DEVELOP GOALS AND A CHILD AND FAMILY DEVELOPMENT PLAN; ENROLL FAMILIES IN OVER 40 HEALTH AND HUMAN SERVICES AVAILABLE THROUGH MAYFAIR'S COLLABORATIVE PARTNERS; AND SUPPORT FAMILY ACCESS TO THESE SERVICES. THESE SERVICES ARE STRATEGICALLY SELECTED FOR THEIR QUALITY, THEIR POTENTIAL TO STABILIZE FAMILIES AND TO BUILD FOUNDATIONS OF LONG-TERM FAMILY HEALTH. IN ADDITION, THIS YEAR MAYFAIR IS LAUNCHING A COMMUNITY-WIDE HEALTH CAMPAIGN TO ADDRESS THE OBESITY AND DIABETES SO PREVALENT IN THE COMMUNITY.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		387,912.
	\$ 0.	\$ 624,612.

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 50,526.	\$ 28,296.	\$ 22,230.
MACHINERY AND EQUIPMENT	87,985.	75,349.	12,636.
IMPROVEMENTS	18,198.	5,530.	12,668.
TOTAL	<u>\$ 156,709.</u>	<u>\$ 109,175.</u>	<u>\$ 47,534.</u>

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS \$ 6,370.
TOTAL \$ 6,370.

STATEMENT 6
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DOLORES SANTA CRUZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	\$ 0.	\$ 0.	\$ 0.
LETICIA MARTINEZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	0.	0.	0.
GRACIELA HERNANDEZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	0.	0.	0.
RAUL LOZANO 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	CHAIRMAN 8	0.	0.	0.
ALEJANDRA HERRERA CHAVEZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	VICE CHAIR 8	0.	0.	0.
MARIO CAMPOS 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	0.	0.	0.
JAIME ALVARADO 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	EXECUTIVE DIREC 40	75,000.	4,395.	0.
MARIO VARGAS 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	TREASURER 8	0.	0.	0.
ASHU KALRA 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	SECRETARY 8	0.	0.	0.
	TOTAL	<u>\$ 75,000.</u>	<u>\$ 4,395.</u>	<u>\$ 0.</u>

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month 07 day 01 year 2005, and ending month 06 day 30 year 2006

IMPORTANT: Your number is required.		A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date	
California corporation number C2207242	Federal employer identification number (FEIN) 77-0499813	B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
Corporation/Organization name MAYFAIR IMPROVEMENT INITIATIVE		C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/>	
Address 2352 ALUM ROCK AVENUE, SUITE B	PMB no.	D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City SAN JOSE, CA 95116	State ZIP Code	E Accounting method used . <u>ACCRUAL</u>	
		F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>D</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	37,541.
	2 Gross dues and assessments from members and affiliates. ●	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions SEE .SCH. B . . . ●	3	756,052.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. ●	4	793,593.
	5 Cost of goods sold 5	5	
	6 Cost or other basis, and sales expenses of assets sold. 6	6	
	7 Total costs. Add line 5 and line 6	7	
	8 Total gross income. Subtract line 7 from line 4	8	793,593.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	886,736.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-93,143.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F.	11	
	12 Penalty for failure to file on time. See General Instruction L.	12	
	13 Use tax. See instructions. ●	13	
	14 Balance due. Add line 11, line 12, and line 13	14	

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19** The financial records are in care of. THE ORGANIZATION Daytime telephone (408) 251-6900
located at 2352 ALUM ROCK AVE STE B, SAN JOSE, CA 95116

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 taxpayer) is based on all information of which preparer has any knowledge.	EXECUTIVE DIRECTOR Title ● (408) 251-6900 Daytime telephone
	Signature of officer _____ Date _____	
Paid Preparer's Use Only	Paid Preparer's signature _____ Date _____	Check if self-employed <input type="checkbox"/> Paid preparer's SSN or PTIN P00233621
	Firm's name (or yours, if self-employed) and address BERGER/LEWIS ACCOUNTANCY CORP. 99 ALMADEN BLVD, SUITE 600 SAN JOSE, CA 95113	FEIN 94-2763139 Daytime telephone (408) 494-1200

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	
	2 Interest	2	310.
	3 Dividends	3	
	4 Gross rents	4	
	5 Gross royalties	5	
	6 Gross amount received from sale of assets	6	
	7 Other income. Attach schedule SEE STATEMENT 1	7	37,231.
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	37,541.
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10 Disbursements to or for members	10	
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11	79,395.
	12 Other salaries and wages	12	393,374.
	13 Interest	13	
	14 Taxes	14	51,000.
	15 Rents	15	61,977.
	16 Depreciation and depletion	16	23,948.
	17 Other. Attach schedule SEE STATEMENT 3	17	277,042.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	886,736.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		44,304.		150,970.
2 Net accounts receivable		318,230.		127,666.
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans)				
9 Other investments. Attach schedule				
10a Depreciable assets	133,122.		156,709.	
b Less accumulated depreciation	78,442.	54,680.	109,175.	47,534.
11 Land				
12 Other assets. Attach schedule ST. 4		18,645.		7,010.
13 Total assets		435,859.		333,180.
Liabilities and net worth				
14 Accounts payable		38,168.		28,632.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund		397,691.		
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				304,548.
22 Total liabilities and net worth		435,859.		333,180.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1 Net income per books	-93,143.	7 Income recorded on books this year not included in this return.	
2 Federal income tax		Attach schedule SEE ST. 6	53,000.
3 Excess of capital losses over capital gains		8 Deductions in this return not charged against book income this year.	
4 Income not recorded on books this year. Attach schedule		Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule SEE ST. 5	53,000.	9 Total. Add line 7 and line 8	53,000.
6 Total. Add line 1 through line 5	-40,143.	10 Net income per return. Subtract line 9 from line 6	-93,143.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

MAYFAIR IMPROVEMENT INITIATIVE

Employer identification number

77-0499813

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SCHEDULE ----- ----- -----	\$ 203,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----

BAA

Name of organization

Employer identification number

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Mayfair Improvement initiative
 FYE 6/30/06
 Schedule B

Donor	Address	Contribution Date	Amount
Alum Rock Counseling Center	1245 E. Santa Clara St. San Jose, CA 95116	7/1/2005	33,330
Community Foundation Silicon Valley	60 S. Market Street,suite 1000 San Jose, CA 95113	7/6/2005	20,000
Union Bank of California	400 California Street, Mail Code 1-001-08 Eigth Floor San Francisco, CA 94104	7/13/2005	5,000
Sandisk Corporation Fund	60 S. Market Street,suite 1000 San Jose, CA 95113	8/1/2005	15,000
Lenders for Community Development	111 W.St. John Street, Suite 800 San Jose, CA 95113	8/24/2005	5,000
Wells Fargo Bank	121 Park Center Plaza San Jose, CA 95113	11/22/2005	10,000
Stuart Foundation	50 California Street, Suite 3350 San Francisco, CA 94111	12/13/2005	60,000
Bank of America	333 W. San Carlos Street, Suite 1250 San José, CA 95110	1/2/2006	5,000
Applied Materials	2881 Scott Blvd., M/S 2028, PO Box 580339 Santa Clara CA 95052	1/24/2006	30,000
Applied Materials, Inc.	2882 Scott Blvd., M/S 2028, PO Box 580339 Santa Clara CA 95052	1/24/2006	5,000
Hispanic Foundation of Silicon Valley	60 S. Market Street; Suite 1000 San Jose, CA 95113	1/9/2006	15,000
Total Cash Contribution			203,330

2005 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name MAYFAIR IMPROVEMENT INITIATIVE	California corporation number C2207242
---	--

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost)	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring depreciation	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	OFFICE CUBICALS	6/30/02	36,000.	15,429.	S/L	7	5,143.		
	OFFICE EQUIPMENT	3/31/01	13,844.	11,609.	S/L	5	2,235.		
	DIGITAL CAMERA	12/20/00	946.	946.	S/L	5			
	FAX MACHINE	6/29/00	702.	702.	S/L	5			
	NORTAL MICS PHONE	7/22/99	4,816.	4,816.	S/L	5			
	PENTIUM 400MHZ CO	7/06/99	3,671.	3,671.	S/L	3			
	DELL 500 MHZ COMP	1/19/00	3,317.	3,136.	S/L	3	181.		
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	23,948.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g)						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	

2005 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name MAYFAIR IMPROVEMENT INITIATIVE	California corporation number C2207242
---	--

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost)	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring depreciation	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	PIXCEL USA	5/26/00	1,547.	1,547.	S/L	3			
	2 COMPUTER AND PR	7/13/00	5,346.	5,346.	S/L	3			
	CASANCASA I COMPU	8/09/00	2,240.	2,240.	S/L	3			
	2 COMPUTER	10/02/00	1,376.	1,376.	S/L	3			
	LAPTOP	11/16/00	3,371.	3,371.	S/L	3			
	COMPUTER	3/31/01	1,180.	1,180.	S/L	3			
	COMPUTER	3/31/02	1,165.	1,165.	S/L	3			
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g)						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	

2005 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name MAYFAIR IMPROVEMENT INITIATIVE	California corporation number C2207242
---	--

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost)	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring depreciation	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	CUBICALS	8/28/02	2,834.	1,147.	S/L	7	405.		
	CUBICALS	11/04/02	3,328.	1,267.	S/L	7	475.		
	CUBICALS	12/11/02	3,415.	1,261.	S/L	7	488.		
	TENANTS IMPROVEME	10/31/02	4,800.	2,560.	S/L	5	960.		
	FURNITURE	8/21/02	2,505.	1,014.	S/L	7	358.		
	FURNITURE	9/26/02	2,444.	960.	S/L	7	349.		
	COMPUTER	3/10/03	4,161.	3,236.	S/L	3	925.		
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g)						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	

2005 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name MAYFAIR IMPROVEMENT INITIATIVE	California corporation number C2207242
---	--

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)		
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from prior years		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12		13

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring depreciation	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	COMPUTER	8/21/02	2,336.	2,207.	S/L	3	131.	
	COPIER AR-507, AR	6/30/04	7,775.	1,555.	S/L	5	1,555.	
	HP COMPAQ D220 MI	11/15/04	1,038.	202.	S/L	5	346.	
	GUITAR CENTER AUD	5/18/05	1,293.	44.	S/L	5	259.	
	11 HP COMPUTERS	4/07/04	13,499.	4,500.	S/L	3	4,500.	
	4 HP PRINTERS	4/07/04	1,864.	621.	S/L	3	621.	
	2 DIGITAL CAMERAS	4/07/04	1,461.	487.	S/L	3	487.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)							15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)							20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44							21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12							22

2005 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

MAYFAIR IMPROVEMENT INITIATIVE

C2207242

Part I Election to Expense Certain Property Under IRC Section 179

Table with 13 rows for Part I. Includes fields for maximum deduction (\$25,000), total cost, threshold cost (\$200,000), reduction in limitation, and dollar limitation. Includes a table for property description, cost, and elected cost.

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

Table with 15 rows for Part II. Columns include description of property, date acquired, cost, depreciation allowed, method of figuring depreciation, life or rate, depreciation for this year, and additional first year depreciation. Includes rows for TENANTS IMPROVEME, IBM X 206 TOWER S, and CIRCUIT RIDER DON.

Part III Summary

Table with 3 rows for Part III. Row 16: Total expense. Row 17: Total depreciation claimed. Row 18: Depreciation adjustment.

Part IV Amortization

Table with 22 rows for Part IV. Columns include description of property, date acquired, cost, amortization allowed, R&TC section, period or percentage, and amortization for this year. Includes rows 20, 21, and 22 for totals and adjustments.

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

PROGRAM SERVICE REVENUE..... \$ 37,231.
TOTAL \$ 37,231.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DOLORES SANTA CRUZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	\$ 0.	\$ 0.	\$ 0.
LETICIA MARTINEZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	0.	0.	0.
GRACIELA HERNANDEZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	0.	0.	0.
RAUL LOZANO 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	CHAIRMAN 8	0.	0.	0.
ALEJANDRA HERRERA CHAVEZ 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	VICE CHAIR 8	0.	0.	0.
MARIO CAMPOS 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	BOARD MEMBER 8	0.	0.	0.
JAIME ALVARADO 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	EXECUTIVE DIREC 40	75,000.	4,395.	0.
MARIO VARGAS 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	TREASURER 8	0.	0.	0.
ASHU KALRA 2352 ALUM ROCK AVE STE B SAN JOSE, CA 95116	SECRETARY 8	0.	0.	0.
	TOTAL	<u>\$ 75,000.</u>	<u>\$ 4,395.</u>	<u>\$ 0.</u>

MAYFAIR IMPROVEMENT INITIATIVE

77-0499813

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	30,798.
BANK & CREDIT CARD FEES.....		315.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		2,101.
EQUIPMENT RENTAL AND MAINTENANCE.....		5,179.
INSURANCE.....		11,102.
LEGAL FEES.....		360.
LICENSES, TAXES, AND FEES.....		789.
OTHER EMPLOYEE BENEFIT.....		52,021.
POSTAGE AND SHIPPING.....		3,588.
PRINTING AND PUBLICATIONS.....		16,743.
PROFESSIONAL DEVELOPMENT.....		385.
PROFESSIONAL FEES.....		129,669.
SUPPLIES.....		17,865.
TRANSPORTATION.....		6,127.
	TOTAL	<u>\$ 277,042.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

DEPOSITS.....		6,370.
PREPAID EXPENSES AND DEFERRED CHARGES.....		640.
	TOTAL	<u>\$ 7,010.</u>

STATEMENT 5
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

DONATED SERVICES.....	\$	53,000.
	TOTAL	<u>\$ 53,000.</u>

STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

DONATED SERVICES.....	\$	53,000.
	TOTAL	<u>\$ 53,000.</u>

IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>112362</u> MAYFAIR IMPROVEMENT INITIATIVE <small>Name of Organization</small> <u>2352 ALUM ROCK AVENUE, SUITE B</u> <small>Address (Number and Street)</small> <u>SAN JOSE, CA 95116</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>C2207242</u> Federal Employer ID No. <u>77-0499813</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/05 ending 6/30/06) list:
 Gross annual revenue \$ 793,593. Total assets \$ 333,180.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (408) 251-6900

Organization's e-mail address SMURILLO@MAYFAIRNEIGHBORHOOD.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date
	JAIME ALVARADO	EXECUTIVE DIRECTOR	

**STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

SANTA CLARA COUNTY
MARISA YBARRA
70 W. HEDDING ST., 10TH FLOOR
SAN JOSE, CA 95110
408-299-5020

FIRST 5 SANTA CLARA COUNTY
SYLVIA ARENA
4000 MOORPARK AVE., SUITE 200
SAN JOSE, CA 95117
408-260-3729

CITY OF SAN JOSE
LEE PRICE, CMC
CITY CLERK
200 EAST SANTA CLARA STREET
SAN JOSE, CA 95113

Mayfair Improvement initiative

FYE 6/30/06

Schedule B (PUBLIC DISCLOSURE COPY)

Donor	Address	Contribution Date	Amount
			33,330
			20,000
			5,000
			15,000
			5,000
			10,000
			60,000
			5,000
			30,000
			5,000
			15,000
Total Cash Contribution			203,330