

**Short Form
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)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type See Specific Instructions LA HABRA HEIGHTS IMPROVEMENT ASSOCIATION INC. P.O. BOX 241 LA HABRA, CA 90633-0241	D Employer identification number 95-2455456
		E Telephone number 562-691-2269
		F Group Exemption Number
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

I Web site: ▶ N/A

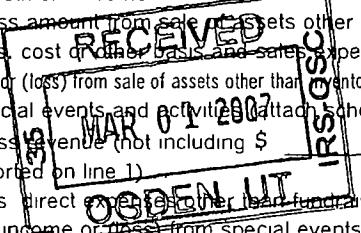
J Organization type (check only one) -- 501(c) (4) (insert no) 4947(a)(1) or 527

K Check 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **51,703.**

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

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1 Contributions, gifts, grants, and similar amounts received	1	290.
2 Program service revenue including government fees and contracts	2	35,603.
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
5b Less: cost of other basis and sales expenses	5b	
5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
6a Gross revenue (not including \$ of contributions reported on line 1)	6a	15,810.
6b Less: direct expenses for fund-raising expenses	6b	12,999.
6c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	2,811.
7a Gross sales of inventory, less returns and allowances	7a	
7b Less: cost of goods sold	7b	
7c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8 Other revenue (describe ▶)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	38,704.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ▶ See Statement 2)	16	12,984.
17 Total expenses (add lines 10 through 16)	17	12,984.
18 Excess or (deficit) for the year (line 9 less line 17)	18	25,720.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	13,557.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	39,277.

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

(See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,557.	39,277.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	13,557.	39,277.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,557.	39,277.

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Part III	Statement of Program Service Accomplishments (See Instructions)	N/A	Expenses
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		28 a
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29 a
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30 a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31 a
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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	(E) Expense account and other allowances
See Statement 3		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)	See Statement 4	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a strmnt)	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a	0.		
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38 b	N/A	
39 501(c)(7) organizations Enter.			
a Initiation fees and capital contributions included on line 9	39 a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A			
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation	40 b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			0.
d Enter amount of tax on line 40c reimbursed by the organization ▶			0.

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ _____ Telephone no ▶ _____
Located at ▶ _____ ZIP + 4 ▶ _____

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X
42c		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

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

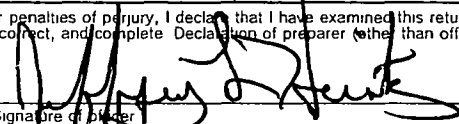
If 'Yes,' enter the name of the foreign country ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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 information furnished by filer.

Please Sign Here

Signature of preparer


Paid Preparer's Use Only

Preparer's signature ▶ JOE C. MERICLE
Firm's name (or yours if self employed), address, and ZIP + 4 ▶ Joe C. Mericle, MBA, CPA
7731 Painter Avenue
Whittier, CA 90602

BAA

TEEA0812L

1/30/07

02 12PM

Statement 1
Form 990-EZ, Part I, Line 6
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
INCOME FROM SPECIAL EVENTS	15,810.	0.	15,810.	12,999.	2,811.
Total	<u>\$ 15,810.</u>	<u>\$ 0.</u>	<u>\$ 15,810.</u>	<u>\$ 12,999.</u>	<u>\$ 2,811.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

DONATION	\$ 643.
HEIGHTS LIFE EXPENSE	7,919.
INSURANCE EXPENSES	1,837.
MISCELLANEOUS EXPENSES	131.
OFFICE EXPENSE	383.
PROFESSIONAL FEES	1,000.
WEB EXPENSE	1,071.
Total	<u>\$ 12,984.</u>

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

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
PAUL SPOTHELPER	President 0	\$ 0.	\$ 0.	\$ 0.
'				
NANCY ACOCKS	Vice President 0	0.	0.	0.
'				
MICHELLE SALDIVAR	Secretary 0	0.	0.	0.
'				
JEFF HEINTZ	Treasurer 0	0.	0.	0.
'				
GINGER SKINNER	Director 0	0.	0.	0.
'				

1/30/07

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Statement 3 (continued)
Form 990-EZ, Part IV
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>
MATHEW MONAHAM	Director 0	\$ 0.	\$ 0.	\$ 0.
'				
GREG LAURICH	Director 0	0.	0.	0.
'				
BRIAN PITZER	Director 0	0.	0.	0.
'				
VINCENT GOMEZ	Director 0	0.	0.	0.
'				
	Total	\$ 0.	\$ 0.	\$ 0.

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No