

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No 1545 1150

**2006**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2006 calendar year, or tax year beginning** 7/01, **2006, and ending** 6/30, **2007**

<b>B</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	<b>C</b> 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	<b>D</b> Employer identification number 95-2455456
		<b>E</b> Telephone number 562-691-2269
		<b>F</b> Group Exemption Number

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

**G** Accounting method  Cash  Accrual  
 Other (specify) ▶

**I Website:** ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ▶ \$ 40,880.

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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	590.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	21,670.
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	18,620.
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	46,824.	
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	-28,204.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	-5,944.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b> Other expenses (describe ▶ _____)	<b>16</b>		
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	0.	
<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	-5,944.	
<b>ASSETS</b>	<b>19</b> 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)	<b>19</b>	39,277.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	33,333.

**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
<b>22</b> Cash, savings, and investments	39,277.	33,333.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ _____)		
<b>25 Total assets</b>	39,277.	33,333.
<b>26 Total liabilities</b> (describe ▶ _____)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	39,277.	33,333.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 01/19/07 Form 990-EZ (2006)

SCANNED DEC 4 2007

P  
18

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the 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"/>		28a
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29a
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (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 2		0.	0.	0.
-----				
-----				
-----				
-----				

<b>Part V Other Information</b> (Note the statement requirement in the instructions)	See Statement 3	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?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ 37a</span>			0.
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38b		N/A
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		N/A
b Gross receipts, included on line 9, for public use of club facilities	39b		N/A

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

**40a** 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

**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.

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
<b>40b</b>		X
<b>40e</b>		X

**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 ▶ \_\_\_\_\_

**b** At any time during the calendar year, did the organization have an financial account in a foreign country (such as a bank account, security account, or brokerage account)?  
 If 'Yes,' enter the name of the foreign country. ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form 990-EZ.

**c** At any time during the calendar year, did the organization maintain a financial account in a foreign country?  
 If 'Yes,' enter the name of the foreign country. ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued during the year: None

Under penalties of perjury, I declare that I have examined this return, including attachments, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: [Handwritten Signature]  
 Type or print name and title: JOE C. MERICLE

Paid Preparer's Use Only

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

EIN ▶ 95-3985861  
 Phone no ▶ (562) 698-3566

11/05/07

03 31PM

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

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
INCOME FROM SPECIAL EVENTS	18,620.	0.	18,620.	46,824.	-28,204.
Total	<u>\$ 18,620.</u>	<u>\$ 0.</u>	<u>\$ 18,620.</u>	<u>\$ 46,824.</u>	<u>\$ -28,204.</u>

Statement 2  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
CAROLYN DiMARIO LA HABRA HEIGHTS, CA 90631	President 0	\$ 0.	\$ 0.	\$ 0.
MATTHEW MONOHAN LA HABRA HEIGHTS, CA 90631	Vice President 0	0.	0.	0.
PAM VcVICAR LA HABRA HEIGHTS, CA 90631	Secretary 0	0.	0.	0.
JEFF HEINTZ LA HABRA HEIGHTS, CA 90631	Treasurer 0	0.	0.	0.
NANCY ACOCKS LA HABRA HEIGHTS, CA 90631	Director 0	0.	0.	0.
GREG LAURICH LA HABRA HEIGHTS, CA 90631	Director 0	0.	0.	0.
PAUL SPOTHELPER LA HABRA HEIGHTS, CA 90631	Director 0	0.	0.	0.
MICHELLE SALDIVAR LA HABRA HEIGHTS, CA 90631	Director 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2006

Federal Statements

Page 2

Client 125

LA HABRA HEIGHTS IMPROVEMENT ASSOCIATION  
INC.

95-2455456

11/05/07

03 31PM

**Statement 3**  
**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 |