

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

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

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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
instruc-
tions.CLEAR LAKE CITY COMMUNITY ASSOCIATION,
INC.
16511 DIANA LANE
HOUSTON, TX 77062

D Employer Identification Number

74-1468225

E Telephone number

281-488-0360

F Accounting method:

☐ Cash☒ 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).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

G Web site: ▶ N/A

J Organization type

(check only one)

☒ 501(c) 4 (insert no.) ☐ 4947(a)(1) or ☐ 527K 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
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ▶ 1,568,797.

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

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ noncash \$) 1d 0.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 249,155.

3 Membership dues and assessments

3 884,876.

4 Interest on savings and temporary cash investments

4 58,095.

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 9a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11 376,671.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 1,568,797.

13 Program services (from line 44, column (B))

13 1,357,938.

14 Management and general (from line 44, column (C))

14 209,138.

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 1,567,076.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 1,721.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 4,319,212.

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, 19, and 20)

21 4,320,933.

SCANNED FEB 23 2006

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FEB 23 2006
107

EXPENSES

ASSETS

P.P.

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	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			
26	Other salaries and wages	26	325,809.	200,078.	125,731.
27	Pension plan contributions	27	4,557.	2,921.	1,636.
28	Other employee benefits	28	34,209.	21,932.	12,277.
29	Payroll taxes	29	34,148.	20,970.	13,178.
30	Professional fundraising fees	30			
31	Accounting fees	31	7,000.	4,299.	2,701.
32	Legal fees	32	62,966.	38,667.	24,299.
33	Supplies	33	6,264.		6,264.
34	Telephone	34	8,025.	5,145.	2,880.
35	Postage and shipping	35	11,898.	7,307.	4,591.
36	Occupancy	36	101,020.	101,020.	
37	Equipment rental and maintenance	37	109,252.	109,252.	
38	Printing and publications	38	13,477.	13,477.	
39	Travel	39	1,683.	1,034.	649.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	162,505.	162,505.	
43	Other expenses not covered above (itemize):				
a	See Statement 1	43a	684,263.	669,331.	14,932.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,567,076.	1,357,938.	209,138.

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 \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☒ See Statement 2

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others)

a	_____	

	(Grants and allocations \$ _____)	1,357,938.
b	_____	

	(Grants and allocations \$ _____)	
c	_____	

	(Grants and allocations \$ _____)	
d	_____	

	(Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,357,938.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	77,787.	45	46,349.
	46 Savings and temporary cash investments	1,761,387.	46	1,891,982.
	47a Accounts receivable	47a 72,342.		
	b Less: allowance for doubtful accounts	47b 2,000.	41,935.	47c 70,342.
	48a Pledges receivable	48a		48c
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	39,518.	53	31,370.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 6,353,823.			
b Less: accumulated depreciation (attach schedule)	57b 3,537,524.	2,942,697.	57c 2,816,299.	
58 Other assets (describe ► See Statement 4)	9,734.	58	5,494.	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,873,058.	59	4,861,836.	
LIABILITIES	60 Accounts payable and accrued expenses	34,456.	60	22,964.
	61 Grants payable		61	
	62 Deferred revenue	517,140.	62	517,439.
	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 ► See Statement 5)	2,250.	65	500.
66 Total liabilities (add lines 60 through 65)	553,846.	66	540,903.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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	4,319,212.	72	4,320,933.
	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)	4,319,212.	73	4,320,933.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	4,873,058.	74	4,861,836.

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.

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	1,568,797.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,568,797.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,568,797.

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

a	Total expenses and losses per audited financial statements	a	1,567,076.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,567,076.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,567,076.

Part V 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 6				
-----		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

..... ☐ Yes

☒ No

If "Yes," attach schedule — see instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
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?		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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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	X
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
	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 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
	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.
	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>None</u>		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of <u>CLEAR LAKE COMMUNITY ASSOCIAT</u> Telephone number <u>281-488-0360</u> Located at <u>16511 DIANA LN, HOUSTON, TX</u> ZIP + 4 <u>77062</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <u>N/A</u> 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 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 EDUCATION					68,959.
b FACILITIES INCOME					180,196.
c					
d					
e					
f Medicare/Medicaid payments ..					
g Fees & contracts from government agencies ..					
94 Membership dues and assessments					884,876.
95 Interest on savings & temporary cash invmnts ..					58,095.
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 CTY OF HOU TRASH REIM					312,264.
c MISCELLANEOUS INCOME					6,482.
d TRANSFER FEES					57,925.
e					
104 Subtotal (add columns (B), (D), and (E)) ..					1,568,797.
105 Total (add line 104, columns (B), (D), and (E)) ..					1,568,797.

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 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).
93, 94,	PROMOTING THE COMMON GOOD AND GENERAL WELFARE OF THE PUBLIC AND COMMUNITY BY PROVIDING SERVICES, SUCH AS EDUCATIONAL AND RECREATIONAL ACTIVITIES, INCLUDING MANAGEMENT OF THE ASSOCIATION IN ACCORDANCE WITH THEIR DECLARATION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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 <i>Raymon E. Wilkerson</i>	Date <i>Jan 23, 2005</i>
Paid Preparer's Use Only	Type or print name and title	
	Preparer's signature <i>[Signature]</i>	Date <i>Jan 2005</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Barry M. Wuntch, CPA 6060 Richmond, Ste 301 Houston, TX 77057	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN (See General Instruction W) 449-13-3472
	EIN 76-0275216	Phone no (713) 974-5515

10/19/05

04:02PM

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
ASSOCIATION DEED RESTRICTIONS	15,000.	15,000.		
BAD DEBTS	3,605.	3,605.		
CONTRACT LABOR	38,693.	23,761.	14,932.	
INSURANCE	76,649.	76,649.		
JANITOR	6,048.	6,048.		
LANDSCAPE & GROUNDS	84,146.	84,146.		
MISCELLANEOUS	7,762.	7,762.		
PERMITS, DUES & SUBSCRIPTIONS	2,226.	2,226.		
POOL EXPENSES	21,029.	21,029.		
RECREATION EXPENSE	12,279.	12,279.		
TAXES PROPERTY	66.	66.		
TRASH COLLECTION	416,760.	416,760.		
Total	\$ 684,263.	\$ 669,331.	\$ 14,932.	\$ 0.

Statement 2
Form 990 , Part III
Organization's Primary Exempt Purpose

PROMOTING THE COMMON GOOD AND GENERAL WELFARE OF THE PUBLIC AND COMMUNITY BY PROVIDING SERVICES, SUCH AS EDUCATIONAL AND RECREATIONAL ACTIVITIES, INCLUDING THE MANAGEMENT OF THE ASSOCIATION IN ACCORDANCE WITH THEIR DECLARATION.

Statement 3
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 4,608,645.	\$ 3,537,524.	\$ 1,071,121.
Land	1,745,178.		1,745,178.
Total	\$ 6,353,823.	\$ 3,537,524.	\$ 2,816,299.

Statement 4
Form 990, Part IV, Line 58
Other Assets

RECEIVABLE INTEREST	Total	\$ 5,494.
		<u>\$ 5,494.</u>

2004

Federal Statements

Page 2

Client CLEARLAK

CLEAR LAKE CITY COMMUNITY ASSOCIATION,
INC.

74-1468225

10/19/05

04.02PM

Statement 5
Form 990, Part IV, Line 65
Other Liabilities

DEPOSITS		\$	500.
	Total	\$	<u>500.</u>

Statement 6
Form 990, Part V
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
NANCY LEBER 16511 DIANA LN HOUSTON, TX 77062	Trustee 2	\$ 0.	\$ 0.	\$ 0.
DR. JAMES DELWOOD 16511 DIANA LN HOUSTON, TX 77062	Secretary 2	0.	0.	0.
GEORGE MUTHS, JR 16511 DIANA LN HOUSTON, TX 77062	Treasurer 2	0.	0.	0.
REGINA WILLIAMS 16511 DIANA LN HOUSTON, TX 77062	President 2	0.	0.	0.
GUS HOMANN 16511 DIANA LN HOUSTON, TX 77062	Trustee 2	0.	0.	0.
JIM HARRIS 16511 DIANA LN HOUSTON, TX 77062	Trustee 2	0.	0.	0.
BEVERLY DEMOSS 16511 DIANA LN HOUSTON, TX 77062	Vice President 2	0.	0.	0.
JEANINE PRICHARD 16511 DIANA LN HOUSTON, TX 77062	Trustee 2	0.	0.	0.
Total		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only. ▶ ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization		Employer identification number	
	CLEAR LAKE CITY COMMUNITY ASSOCIATION, INC.		74-1468225	
	Number, street, and room or suite number If a P O box, see instructions.			
	16511 DIANA LANE			
	City, town or post office For a foreign address, see instructions		state	ZIP code
	HOUSTON, TX 77062			

Check type of return to be filed (file a separate application for each return):

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

- The books are in the care of ▶ CLEAR LAKE COMMUNITY ASSOCIATI

Telephone No. ▶ 281-488-0360 FAX No. ▶

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20__ or
- ▶ ☒ tax year beginning 7/01, 20 04, and ending 6/30, 20 05.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0.**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0.**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 12-2004)