

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

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 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  
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

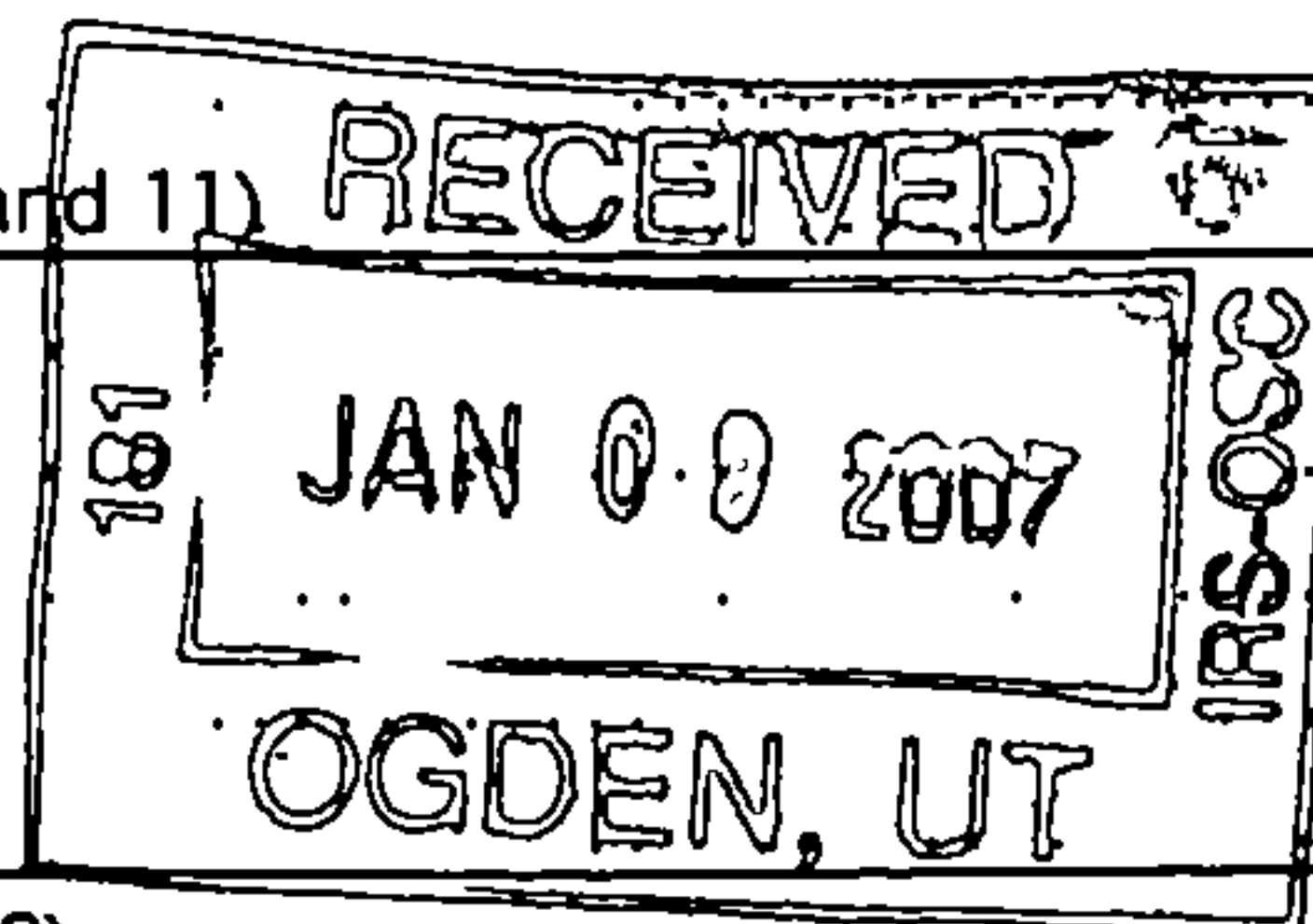
J Organization type (check only one)

▶ ☒ 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 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 ▶ 1,604,240.

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

REVENUE	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	214,930.
	3	Membership dues and assessments		3	879,220.
	4	Interest on savings and temporary cash investments.		4	76,286.
	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 <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)		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	433,804.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	1,604,240.	
EXPENSES	13	Program services (from line 44, column (B))		13	1,307,575.
	14	Management and general (from line 44, column (C))		14	220,903.
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 13 and 14, column (A))		17	1,528,478.
ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	75,762.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	4,320,933.
	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	4,396,695.



250

**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
<b>22</b>	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b>	Specific assistance to individuals (att sch)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (att sch)	<b>24</b>			
<b>25</b>	Compensation of officers, directors, etc	<b>25</b> 0.	0.	0.	0.
<b>26</b>	Other salaries and wages	<b>26</b> 319,376.	180,936.	138,440.	
<b>27</b>	Pension plan contributions	<b>27</b> 2,858.		2,858.	
<b>28</b>	Other employee benefits	<b>28</b>			
<b>29</b>	Payroll taxes	<b>29</b> 30,722.	17,512.	13,210.	
<b>30</b>	Professional fundraising fees	<b>30</b>			
<b>31</b>	Accounting fees	<b>31</b> 6,600.	3,762.	2,838.	
<b>32</b>	Legal fees	<b>32</b> 71,767.	40,907.	30,860.	
<b>33</b>	Supplies	<b>33</b> 5,048.	2,877.	2,171.	
<b>34</b>	Telephone	<b>34</b> 7,407.	4,222.	3,185.	
<b>35</b>	Postage and shipping	<b>35</b> 11,618.	6,622.	4,996.	
<b>36</b>	Occupancy	<b>36</b> 92,619.	92,619.		
<b>37</b>	Equipment rental and maintenance	<b>37</b> 72,458.	72,458.		
<b>38</b>	Printing and publications	<b>38</b> 10,867.	6,194.	4,673.	
<b>39</b>	Travel	<b>39</b> 2,242.	1,278.	964.	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>			
<b>41</b>	Interest	<b>41</b>			
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b> 159,781.	159,781.		
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See Statement 1	<b>43a</b> 735,115.	718,407.	16,708.	
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 1,528,478.	1,307,575.	220,903.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services

\$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated

to Fundraising \$ \_\_\_\_\_

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Form 990 (2005)



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? ▶ See Statement 2		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
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.)		
a		
(Grants and allocations \$	) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,307,575.
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)		1,307,575.

**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
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing	46,349.	<b>45</b>	200,929.
	<b>46</b> Savings and temporary cash investments	1,891,982.	<b>46</b>	1,986,853.
	<b>47a</b> Accounts receivable	141,298.		
	<b>b</b> Less: allowance for doubtful accounts	44,291.	<b>47c</b>	97,007.
	<b>48a</b> Pledges receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)			
	<b>b</b> Less: allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	31,370.	<b>53</b>	33,771.
	<b>54</b> Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55a</b> Investments — land, buildings, & equipment basis			
	<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55c</b>	
<b>56</b> Investments — other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	6,441,422.			
<b>b</b> Less: accumulated depreciation (attach schedule) <b>Statement 3.</b>	3,697,305.	2,816,299.	<b>57c</b>	2,744,117.
<b>58</b> Other assets (describe <b>See Statement 4</b> )	5,494.	<b>58</b>	60,207.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	4,861,836.	<b>59</b>	5,122,884.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	22,964.	<b>60</b>	73,575.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue	517,439.	<b>62</b>	650,214.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe <b>See Statement 5</b> )	500.	<b>65</b>	2,400.
	<b>66 Total liabilities.</b> Add lines 60 through 65	540,903.	<b>66</b>	726,189.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	4,320,933.	<b>72</b>	4,396,695.
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,320,933.	<b>73</b>	4,396,695.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	4,861,836.	<b>74</b>	5,122,884.

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Form 990 (2005)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,604,240.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,604,240.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,604,240.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,528,478.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,528,478.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,528,478.

**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		0.	0.	0.



Yes	No
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75 b		X
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75c		X
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75d	X	
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75d	X	
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**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions )		Yes	No
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76		X
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77		X
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78a		X
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78b	N/A
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79		X
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80 a		X
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81 a		0
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81 b		X
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**Part VI Other Information** (continued)

	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82 b</b> N/A		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84 b</b> N/A		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	X	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members		
<b>85 c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures		
<b>85 d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85 e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85 f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85 g</b> N/A		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>85 h</b> N/A		
<b>86 501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12.		
<b>86 a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities		
<b>86 b</b> N/A		
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders		
<b>87 a</b> N/A		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>87 b</b> N/A		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
<b>89 a 501(c)(3) organizations.</b> 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>b 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>89 b</b>		
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ None		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		0
<b>90 b</b>		
<b>91 a</b> The books are in care of ▶ CLEAR LAKE COMMUNITY ASSOCIAT Telephone number ▶ 281-488-0360 Located at ▶ 16511 DIANA LN, HOUSTON, TX, ZIP + 4 ▶ 77062		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements	Yes	No
<b>91 b</b>		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶		X
<b>91 c</b>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	N/A	▶ <input type="checkbox"/>
		N/A

BAA

Form 990 (2005)



**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 EDUCATION					55,114.
b FACILITIES INCOME					159,816.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					879,220.
95 Interest on savings & temporary cash invmnts					76,286.
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 LEGAL FEE REIMB					60,330.
d MISCELLANEOUS INCOME					4,135.
e TRANSFER FEES					57,075.
104 Subtotal (add columns (B), (D), and (E))					1,604,240.
105 Total (add line 104, columns (B), (D), and (E))					1,604,240.

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)
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 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 Joseph R. Spence		Date Jan 4, 2006	
Paid Preparer's Use Only	Type or print name and title Joseph R. Spence, Treasurer			
	Preparer's signature Barry M. Wuntch	Date 10-18-06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) 449-13-3472
	Firm's name (or yours if self-employed), address, and ZIP + 4 Barry M. Wuntch, LLP 6060 Richmond, Ste 301 Houston, TX 77057	EIN 83-0442860	Phone no (713) 974-5515	



**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](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	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 07, 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 05, and ending 6/30, 20 06.

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)

2005

## Federal Statements

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Client CLEARLAK

CLEAR LAKE CITY COMMUNITY ASSOCIATION,  
INC.

74-1468225

10/17/06

05:33PM

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ASSOCIATION DEED RESTRICTIONS	14,500.	14,500.		
CONTRACT LABOR	38,856.	22,148.	16,708.	
INSURANCE	79,659.	79,659.		
JANITOR	7,104.	7,104.		
LANDSCAPE & GROUNDS	129,443.	129,443.		
MISCELLANEOUS	9,078.	9,078.		
PERMITS, DUES & SUBSCRIPTIONS	2,236.	2,236.		
POOL EXPENSES	24,234.	24,234.		
RECREATION EXPENSE	13,178.	13,178.		
TAXES PROPERTY	67.	67.		
TRASH COLLECTION	416,760.	416,760.		
Total	\$ 735,115.	\$ 718,407.	\$ 16,708.	\$ 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	\$ 4,696,244.	\$ 3,697,305.	\$ 998,939.
Land	1,745,178.		1,745,178.
Total	\$ 6,441,422.	\$ 3,697,305.	\$ 2,744,117.

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

RECEIVABLE INTEREST	\$ 8,163.
Receivable-CTY OF HOU	52,044.
Total	\$ 60,207.



2005

## Federal Statements

Page 2

Client CLEARLAK

CLEAR LAKE CITY COMMUNITY ASSOCIATION,  
INC.

74-1468225

10/17/06

05.33PM

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

DEPOSITS

	\$	2,400.
Total	\$	<u>2,400.</u>

Statement 6  
Form 990, Part V-A  
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
SAMI JOROUDI 16511 DIANA LN. HOUSTON, TX 77062	Trustee 1	\$ 0.	\$ 0.	\$ 0.
LESLIE EATON 16511 DIANA LN HOUSTON, TX 77062	Secretary 1	0.	0.	0.
DR. JAMES DELWOOD 16511 DIANA LN HOUSTON, TX 77062	President 1	0.	0.	0.
GEORGE MUTHS, JR 16511 DIANA LN HOUSTON, TX 77062	Trustee 1	0.	0.	0.
JOE SPENCE 16511 DIANA LN HOUSTON, TX 77062	Treasurer 1	0.	0.	0.
JIM R NAZZAL 16511 DIANA LN HOUSTON, TX 77062	Trustee 1	0.	0.	0.
RAY BANKS 16511 DIANA LN HOUSTON, TX 77062	Trustee 1	0.	0.	0.
WILLIAM T MORROW 16511 DIANA LN HOUSTON, TX 77062	Trustee 1	0.	0.	0.
JEANINE PRICHARD 16511 DIANA LN HOUSTON, TX 77062	Vice President 1	0.	0.	0.
	Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>