

Form **990**

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 1545-0047

2005

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

and ending

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	Please use IRS label or p/nnt or type See Specific Instructions	C Name of organization VIRGINIA HIGHLAND CIVIC ASSOCIATION, INC		D Employer identification number 58-2019516
		Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 8401 STATION F		E Telephone number 404-326-0063
		City or town, state or country, and ZIP + 4 ATLANTA, GA 31106		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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 ▶ N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)

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

I Group Exemption Number ▶ N/A

G Website: ▶ N/A

J Organization type (check only one) 501(c) (4) (insert no) 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 ▶ 282,087.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received						
a	Direct public support	1a	1,298.				
b	Indirect public support	1b					
c	Government contributions (grants)	1c					
d	Total (add lines 1a through 1c) (cash \$ 1,298. noncash \$)			1d		1,298.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2			
3	Membership dues and assessments			3		450.	
4	Interest on savings and temporary cash investments			4			
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 ▶ INTEREST INCOME CD)			7		349.	
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 \$ 0. of contributions reported on line 1a)	9a	274,092.				
b	Less direct expenses other than fundraising expenses	9b	181,406.				
c	Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 1	9c		92,686.	
10a	Gross sales of inventory, less returns and allowances	10a	198.				
b	Less cost of goods sold	10b	198.				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STMT 2	10c			
11	Other revenue (from Part VII, line 103)			11		5,700.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12		100,483.	
13	Program services (from line 44, column (B))			13		102,174.	
14	Management and general (from line 44, column (C))			14		3,849.	
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		106,023.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18		<5,540.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19		109,751.	
20	Other changes in net assets or fund balances (attach explanation)			20		0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21		104,211.	

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

Form 990 (2005)

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 (attach schedule) (cash \$ 39,963 . noncash \$ 0 .) If this amount includes foreign grants, check here <input type="checkbox"/>	22 39,963.	39,963.	STATEMENT 3	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 0.	0.	0.	0.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31 500.		500.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 278.		278.	
35	Postage and shipping	35 5,638.	5,638.		
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38 8,798.	8,798.		
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	PARKS UPKEEP	43a 24,275.	24,275.		
b	SECURITY PATROL	43b 15,700.	15,700.		
c	OFFICE EXPENSE	43c 2,976.		2,976.	
d	SIGN	43d 150.	150.		
e	STREET REPAIRS	43e 7,650.	7,650.		
f	BANK CHARGES	43f 95.		95.	
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 106,023.	102,174.	3,849.	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 \$ N/A , (ii) the amount allocated to Program services \$ N/A ,
 (iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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? CIVIC ASSOCIATION	Program Service Expenses (Required for 501(c)(3) and (4) orgs, 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 SEE STATEMENT ATTACHED.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	102,174.
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 (attach schedule)	
(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)	102,174.

Form 990 (2005)

Part IV Balance Sheets (See the 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	80,454.	45	74,763.
	46	Savings and temporary cash investments	24,800.	46	25,149.
	47 a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use	4,497.	52	4,299.
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities		54	
	55 a	Investments - land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation		55b	55c
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis		57a		
b	Less: accumulated depreciation		57b	57c	
58	Other assets (describe <input type="checkbox"/> Cost <input type="checkbox"/> FMV)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	109,751.	59	104,211.	
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities. Add lines 60 through 65	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	109,751.	67	104,211.
	68	Temporarily restricted		68	
	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)	109,751.	73	104,211.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	109,751.	74	104,211.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Row 'a' contains 'Total revenue, gains, and other support per audited financial statements' with value 'N/A'. Row 'e' is 'Total revenue (Part I, line 12). Add lines c and d'.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Row 'a' contains 'Total expenses and losses per audited financial statements' with value 'N/A'. Row 'e' is 'Total expenses (Part I, line 17). Add lines c and d'.

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)

Table with 5 columns: (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 & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 4' and values 0., 0., 0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ _____ 0		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>	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	76	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.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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?	80a	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		
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a _____ 0.		
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information <i>(continued)</i>		Yes	No
82 a 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		N/A
83 a 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	
84 a 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	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	X	
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
89 a 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 ▶ <u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>			
90 a List the states with which a copy of this return is filed <u>GA</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		0
91 a The books are in care of <u>MS. AMY FRENCH</u> Telephone no <u>404-326-0063</u> Located at <u>P.O. BOX 8401 STATION F, ATLANTA, GA</u> ZIP +4 <u>31106</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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c 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 <u>N/A</u>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					450.
95 Interest on savings and temporary cash investments					
96 Dividends and 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 personal property					
99 Other investment income			14	349.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			06	92,686.	
102 Gross profit or (loss) from sales of inventory	453220				
103 Other revenue:					
a ADVERTISING REVENUE	541860	5,700.			
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		5,700.		93,035.	450.
105 Total (add line 104, columns (B), (D), and (E))					99,185.

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).
94	DUES ARE COLLECTED FROM MEMBERS OF THE CIVIC ASSOCIATION TO HELP DEFRAY THE GENERAL AND ADMINISTRATIVE COSTS.

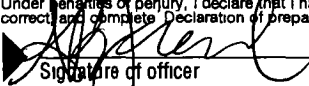
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a disqualified person?
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on behalf of any individual who is a disqualified person?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here:  Date: 1/9/06

Paid Preparer's Use Only: Preparer's signature: WARREN MORRISON
 Firm's name (or yours if self-employed), address, and ZIP + 4: BIRNBREY MINSK & MINSK, STE 300, 1801 PEACHTREE, ATLANTA, GA 30309-1815

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VIRGINIA HIGHLANDS SUMMERFEST 2005	253,307.		253,307.	166503.	86,804.
VIRGINIA HIGHLANDS TOUR OF HOMES 2005	20,785.		20,785.	14,903.	5,882.
TO FM 990, PART I, LINE 9	274,092.		274,092.	181406.	92,686.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	198	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		198
4. COST OF GOODS SOLD (LINE 13)	198	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	4,497	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		4,497
12. INVENTORY AT END OF YEAR	4,299	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		198

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROGRAM SUPPORT	DHUMP		NONE	1,000.
PROGRAM SUPPORT	TREE ATLANTA		NONE	3,000.
PROGRAM SUPPORT	INMAN PTA		NONE	2,000.
PROGRAM SUPPORT	GRADY PTA		NONE	3,000.
PROGRAM SUPPORT	YWCA		NONE	1,000.
PROGRAM SUPPORT	MORNINGSIDE PTA		NONE	2,000.
PROGRAM SUPPORT	PIEDMONT PARK CONSERVANCY		NONE	3,500.
PURCHASE WORKOUT EQUIPMENT	ATLANTA PRESERVATION CENTER		NONE	1,000.
PROGRAM SUPPORT	CINS		NONE	1,000.
PROGRAM SUPPORT	INMAN MIDDLE TECH FND		NONE	10,500.
PROGRAM SUPPORT	FULTON PUBLIC LIBRARY		NONE	3,000.
PROGRAM SUPPORT	PEDS		NONE	1,000.
PROGRAM SUPPORT	TRASH CANS GRANTS		NONE	7,963.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				39,963.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEVIN CRONIN 959 RUPLEY DRIVE ATLANTA, GA 30306	PRESIDENT 0.00	0.	0.	0.
JOHN CRAFT P.O. BOX 7772 ATLANTA, GA 30357	VICE PRESIDENT 0.00	0.	0.	0.
AMY FRENCH 806 ADAIR AVEN ATLANTA, GA 30306	TREASURER 0.00	0.	0.	0.
PAMELA PAPNER 819 VIRGINIA CIRCLE ATLANTA, GA 30306	SECRETARY 0.00	0.	0.	0.
CHIP GALLAGHER 1035 DREWRY ST. ATLANTA, GA 30306	CO-CHAIR 0.00	0.	0.	0.
ROB GLANCY 919 N.HIGHLAND AVE ATLANTA, GA 30306	0.00	0.	0.	0.
JEAN JORDAN 1085 LOS ANGELES AVE ATLANTA, GA 30306	0.00	0.	0.	0.
CHARLIE LEFORT 1060 ROSEDALE DRIVE ATLANTA, GA 30306	0.00	0.	0.	0.
BILL HERRELL 1114 ST. AUGUSTINE PL ATLANTA, GA 30306	0.00	0.	0.	0.
BRIAN L.PILGER 740 DREWRY ST., NE ATLANTA, GA 30306	0.00	0.	0.	0.
HERB STEWART 949 VIRGINIA CIRCLE ATLANTA, GA 30306	0.00	0.	0.	0.

JACK WHITE
996 DREWRY ST., NE 0.00 0. 0. 0.
ATLANTA, GA 30306

TOTALS INCLUDED ON FORM 990, PART V 0. 0. 0.

Application for Extension of Time To File an Exempt Organization Return

▶ 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	Name of Exempt Organization VIRGINIA HIGHLAND CIVIC ASSOCIATION, INC	Employer identification number 58-2019516
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 8401 STATION F	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 31106	

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 (sec. 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 ▶ **J. WILEY SOMMERVILLE**
 Telephone No. ▶ **404-734-2035** 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 **AUGUST 15, 2006** to file the exempt organization return for the organization named above The extension is for the organization's return for:
 ▶ calendar year **2005** or
 ▶ tax year beginning _____, and ending _____
- 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 \$ _____
- 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 \$ _____
- 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 \$ N/A

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

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization VIRGINIA HIGHLAND CIVIC ASSOCIATION, INC	Employer identification number 58-2019516
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 8401 STATION F	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 31106	

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

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **J. WILEY SOMMERVILLE**
Telephone No. **404-734-2035** 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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**.
- 5 For calendar year **2005**, or other tax year beginning _____ and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
INFORMATION HAS NOT YET BEEN RECEIVED FROM ALL PARTIES TO COMPLETE AN ACCURATE TAX RETURN. ADDITIONAL PREPARATION TIME IS REQUESTED.

- 8a 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 \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. 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 \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **C.P.A.** Date **JUL 17 2006**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have **not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have **not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name BIRNBREY, MINSK & MINSK, CPA'S, LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1801 PEACHTREE STREET, NE, SUITE 300
	City or town, province or state, and country (including postal or ZIP code) ATLANTA, GA 30309-1815

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