

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2007

Department of the Treasury Internal Revenue Service

Under 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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: VIRGINIA HIGHLAND CIVIC ASSOCIATION, INC. D Employer identification number: 58-2019516. E Telephone number: 404-281-5303. F Accounting method: X Cash, Accrual.

G Website: N/A. H(a) Is this a group return for affiliates? X No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? X No.

J Organization type: X 501(c)(4). K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 256,723. M Check X if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (Total 2,053); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (995); 4 Interest on savings and temporary cash investments (1,049); 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Gross revenue (not including \$0 of contributions reported on line 1b); 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events (137,697); 10a Gross sales of inventory less returns and allowances (6,005); 10b Less cost of goods sold (5,500); 10c Gross profit or (loss) from sales of inventory (505); 11 Other revenue (1,025); 12 Total revenue (143,324); 13 Program services (146,712); 14 Management and general (5,609); 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (152,321); 18 Excess or (deficit) for the year (<8,997.>); 19 Net assets or fund balances at beginning of year (167,877); 20 Other changes in net assets or fund balances (0); 21 Net assets or fund balances at end of year (158,880).

SCANNED SEP 24 2008

RECEIVED AUG 28 2008 CODED, UT

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>39,635</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	39,635.	39,635.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	800.		800.	
32 Legal fees				
33 Supplies	1,380.		1,380.	
34 Telephone	362.		362.	
35 Postage and shipping	2.		2.	
36 Occupancy				
37 Equipment rental and maintenance	997.		997.	
38 Printing and publications	27,186.	27,047.	139.	
39 Travel				
40 Conferences, conventions, and meetings	50.	50.		
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize):				
a PARKS UPKEEP	6,898.	6,898.		
b SECURITY PATROL	18,360.	18,360.		
c OFFICE EXPENSE	464.		464.	
d STREET REPAIRS	9,895.	9,895.		
e NEIGHBORHOOD PLANNING	44,827.	44,827.		
f INSURANCE	1,465.		1,465.	
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	152,321.	146,712.	5,609.	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"/>	146,712.
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)	146,712.

Form 990 (2007)

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	137,528.	45	127,509.
	46 Savings and temporary cash investments	26,050.	46	27,072.
	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 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	4,299.	52	4,299.
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
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, including program-related investments (describe <input type="checkbox"/> _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	167,877.	59	158,880.	
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	167,877.	67	158,880.
	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 and column (B) must equal line 21)	167,877.	73	158,880.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	167,877.	74	158,880.	

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 for adjustments (1-4, d1-d2). Column 'a' contains 'N/A'. Sub-rows b1-b4 and d1-d2 are empty.

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

Table with 5 main rows (a-e) and sub-rows for adjustments (1-4, d1-d2). Column 'a' contains 'N/A'. Sub-rows b1-b4 and d1-d2 are empty.

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 VI Other Information (continued)

Form with multiple rows (82a-89g, 90a-91b) containing questions about organization services, dues, lobbying, and financial accounts. Includes 'Yes' and 'No' columns for responses.

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 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

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					995.
95 Interest on savings and temporary cash investments			14	1,049.	
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					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			06	137,697.	
102 Gross profit or (loss) from sales of inventory	453220	505.			
103 Other revenue:					
a VOICE ADVERTISING	541860	1,025.			
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		1,530.		138,746.	995.
105 Total (add line 104, columns (B), (D), and (E))					141,271.

Note: Line 105 plus line 1e, 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 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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: *Karen Page* Signature of officer, Date: 8-22-08
 Type or print name and title: *Karen Page, Treasurer*

Paid Preparer's Use Only: Preparer's signature: WARREN MORRISON, Date: AUG 15 2008, Check if self-prepared: , Preparer's SSN or PTIN (See Gen Inst X): [Redacted], Firm's name (or yours if self-employed), address, and ZIP + 4: BIRNBREY, MINSK, MINSK 1801 PEACHTREE ST., N.E 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 OR (LOSS)
VIRGINIA HIGHLANDS SUMMERFEST 2007	211,589.		211,589.	99,890.	111,699.
VIRGINIA HIGHLANDS TOUR OF HOMES 2007	34,007.		34,007.	8,009.	25,998.
TO FM 990, PART I, LINE 9	245,596.		245,596.	107899.	137,697.

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS	6,005	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,005
4. COST OF GOODS SOLD (LINE 13)	5,500	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		505

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	4,299	
7. MERCHANDISE PURCHASED	5,500	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		9,799
12. INVENTORY AT END OF YEAR	4,299	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		5,500

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROGRAM SUPPORT FREEDOM PARK CONSERVANCY	1,000.
PROGRAM SUPPORT CINS	1,000.
PROGRAM SUPPORT GRADY PTA	2,000.
PROGRAM SUPPORT ATLANTA PRESERVATION CENTER	500.
PROGRAM SUPPORT TREES ATLANTA	7,000.
PROGRAM SUPPORT PEDS	1,000.
PROGRAM SUPPORT ATLANTA FIRE STATION	935.
PROGRAM SUPPORT INMAN TECHNOLOGY FOUNDATION	9,200.
PROGRAM SUPPORT HILLSIDE	1,000.

PROGRAM SUPPORT MORNINGSIDE FOUNDATION GRANT	5,000.
PROGRAM SUPPORT PONCE DE LEON LIBRARY	8,000.
PROGRAM SUPPORT CHURCH OF OUR SAVIOR	1,500.
PROGRAM SUPPORT ATLANTA POLICE FOUNDATION	1,000.
PROGRAM SUPPORT LEUKEMIA SOCIETY	500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>39,635.</u>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 4
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DORIZ BETZ 734 N. HIGHLAND AVE #11 ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.
ALLIE COKER 818 GREENWOOD AVE #208 ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.
HANNAH COKER 794 ADAIR AVE ATLANTA, GA 30306	SECRETARY 0.00	0.	0.	0.
ROB GLANCY 919 HIGHLAND AVE ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.
JOE KREBS 1147 HUDSON DRIVE ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.
CHARLIE LEFORT 1060 ROSEDALE DRIVE ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.
ELIZABETH NICHOLAS 852 ARLINGTON PLACE ATLANTA, GA 30306	VICE PRESIDENT 0.00	0.	0.	0.
PAMELA PAPNER 854 HIGHLAND TERRACE ATLANTA, GA 30306	PRESIDENT 0.00	0.	0.	0.
JOHN PEAK 1141 BRIARCLIFF PLACE ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.
ROBBY RUSSELL 792 BRIARCLIFF ROAD ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.
JOHN WOLFINGER 1054 VANCE AVE ATLANTA, GA 30306	BOARD MEMBER 0.00	0.	0.	0.

VIRGINIA HIGHLAND CIVIC ASSOCIATION, INC

58-2019516

KAREN PAGE	TREASURER			
952 HIGHLAND VIEW	0.00	0.	0.	0.
ATLANTA, GA 30306				

TOTALS INCLUDED ON FORM 990, PART V-A

<u>0.</u>	<u>0.</u>	<u>0.</u>
<u><u>0.</u></u>	<u><u>0.</u></u>	<u><u>0.</u></u>

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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 ▶ **MS. KAREN PAGE**
Telephone No. ▶ **404-281-5303** 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 corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2007** 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.	3a	\$	
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.	3b	\$	
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.	3c	\$	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. You 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 Telephone No. 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, 2008.

5 For calendar year 2007, 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.	8a	\$
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	8b	\$
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.	8c	\$ 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 *Wanda M...* Title **CPA** Date **JUL 16 2008**