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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)

0666
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 7/1/2005, 2005, and ending 6/30/2006, 20

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization KHEPERA HOUSE</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 2188</p> <p>City or town, state or country, and ZIP + 4 Ventura, CA 93002</p>	<p>D Employer identification number 95 : 3705606</p> <p>E Telephone number (805) 653-2596</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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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 Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (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 ▶ **649,199**

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

	Description	1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	9,505			
	b Indirect public support		85,868		
	c Government contributions (grants)			0	
	d Total (add lines 1a through 1c) (cash \$ 95,373 noncash \$ 0)				95,373
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				550,758
	3 Membership dues and assessments				0
	4 Interest on savings and temporary cash investments				0
	5 Dividends and interest from securities				0
	6a Gross rents	0			
	b Less: rental expenses		0		
	c Net rental income or (loss) (subtract line 6b from line 6a)				0
7 Other investment income (describe)				0	
Revenue	8a Gross amount from sales of assets other than inventory	0	0		
	b Less: cost or other basis and sales expenses		0		
	c Gain or (loss) (attach schedule)	0	0		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				0
	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)	0			
	b Less: direct expenses other than fundraising expenses		0		
	c Net income or (loss) from special events (subtract line 9b from line 9a)				0
Revenue	10a Gross sales of inventory, less returns and allowances	0			
	b Less: cost of goods sold		0		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				0
	11 Other revenue (from Part VII, line 103)				3,068
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				649,199
Expenses	13 Program services (from line 44, column (B))				488,669
	14 Management and general (from line 44, column (C))				100,350
	15 Fundraising (from line 44, column (D))				2,845
	16 Payments to affiliates (attach schedule)				0
	17 Total expenses (add lines 16 and 44, column (A))				591,864
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				57,335
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				129,645
	20 Other changes in net assets or fund balances (attach explanation)				0
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				186,980

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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. (See the instructions.)

<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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	47,524	14,202	33,322	0
26	Other salaries and wages	154,480	142,438	12,042	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	48,647	40,266	8,381	0
29	Payroll taxes	20,202	17,779	2,423	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	2,087	1,787	300	0
32	Legal fees	0	0	0	0
33	Supplies	2,093	2,093	0	0
34	Telephone	20,652	11,389	9,263	0
35	Postage and shipping	1,599	150	1,449	0
36	Occupancy	139,173	124,612	14,561	0
37	Equipment rental and maintenance	499	249	250	0
38	Printing and publications	0	0	0	0
39	Travel	0	0	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	126	22	104	0
42	Depreciation, depletion, etc. (attach schedule)	17,052	4,800	12,252	0
43	Other expenses not covered above (itemize):				
a	See Statement 3	137,730	128,882	6,003	2,845
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	591,864	488,669	100,350	2,845

Stmnt 1

Stmnt 2

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service 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? ▶ TREAT MALE SUBSTANCE ABUSERS	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a See Statement 4 (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
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). . . . ▶	488,669

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		33,080	45	40,257	
	46 Savings and temporary cash investments		13,885	46	0	
	47a Accounts receivable	47a	157,008			
	b Less: allowance for doubtful accounts	47b	0			
				120,215	47c	157,008
	48a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0			
				0	48c	0
	49 Grants receivable			0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0			
				0	51c	0
	52 Inventories for sale or use			0	52	0
	53 Prepaid expenses and deferred charges			0	53	0
	54 Investments—securities (attach schedule)			0	54	0
	55a Investments—land, buildings, and equipment: basis	55a	0			
	b Less: accumulated depreciation (attach schedule)	55b	0			
			0	55c	0	
56 Investments—other (attach schedule)			0	56	0	
57a Land, buildings, and equipment: basis	57a	0				
b Less: accumulated depreciation (attach schedule)	57b	0				
			0	57c	0	
58 Other assets (describe ►)			0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58.			167,180	59	197,265	
Liabilities	60 Accounts payable and accrued expenses		18,555	60	10,285	
	61 Grants payable		0	61	0	
	62 Deferred revenue		7,820	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			11,160	64b	0
	65 Other liabilities (describe ►)			0	65	0
66 Total liabilities. Add lines 60 through 65			37,535	66	10,285	
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		129,645	67	186,980	
	68 Temporarily restricted		0	68	0	
	69 Permanently restricted		0	69	0	
	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)			129,645	73	186,980
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.			167,180	74	197,265

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a		
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		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. 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	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	0
91a	The books are in care of ▶ WILLIAM J KELSO Telephone no. ▶ 805-653-2596 Located at ▶ 330 VENTURA AVE, VENTURA, CA ZIP + 4 ▶ 93001		
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 Accounts.	91b	<input checked="" type="checkbox"/>
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 ▶	91c	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>

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 rent					120,690
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					430,068
94 Membership dues and assessments					
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					
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 COMMISSIONS			03	3,068	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		3,068	\$550,758
105 Total (add line 104, columns (B), (D), and (E))					553,826

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)
▼	See Statement 6

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
	%			
	%			
	%			
	%			

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).

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

Signature of officer: Ronda Garcia Date: 1/11/2010

ronda garcia, office manager

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: Christie Ferrer Date: 6/2/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Christie Ferrer Accounting Services, 1220 Monet Place, Orem UT 84058 Preparer's SSN or PTIN (See Gen Inst W): : EIN: : Phone no: ()

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization
KHEPERA HOUSE

Employer identification number
95 : 3705606

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . . . ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services . . . ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services . . . ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
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<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1		✓
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		✓
<p>b Lending of money or other extension of credit?</p>	2b		✓
<p>c Furnishing of goods, services, or facilities?</p>	2c		✓
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		✓
<p>e Transfer of any part of its income or assets?</p>	2e		✓
<p>3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a		✓
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		✓
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c		✓
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a		✓
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	80,322	20,853	8,450	26,115	135,740
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	607,860	606,026	873,745	901,118	2,988,749
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	125	123	158	373	779
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	180	180
23 Total of lines 15 through 22	688,307	627,002	882,353	927,786	3,125,448
24 Line 23 minus line 17	80,447	20,976	8,608	26,668	136,699
25 Enter 1% of line 23	6,883	6,270	8,824	9,278	

Stmnt 1

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e Public support (line 26c minus line 26d total) ▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0 (2003) 0 (2002) 0 (2001) 0		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0 (2003) 0 (2002) 0 (2001) 0		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	3,124,489
d Add: Line 27a total. _____ and line 27b total . _____ ▶	27d	0
e Public support (line 27c total minus line 27d total). ▶	27e	3,124,489
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶	27f	3,125,448
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	100 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶	27h	0 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000. \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Statement 1
Form 990
Page 2
Part II
Question: 25

KHEPERA HOUSE
95-3705606

Compensation Detail - Officers, Directors, Etc.

Description	Total:	Pgm Services	Mgt and General	Fundraising
William Kelso				
Compensation	\$47,524 00	\$14,202.00	\$33,322.00	\$0 00
Benefits	\$0 00	\$0 00	\$0 00	\$0 00
Expenses	\$0 00	\$0 00	\$0 00	\$0 00
Total	\$47,524 00	\$14,202 00	\$33,322 00	\$0 00
Total:	\$47,524.00	\$14,202.00	\$33,322.00	\$0.00

Statement 2
Form: 990
Page 2
Part: II
Question: 42

KHEPERA HOUSE
95-3705606

Depreciation and Depletion

Asset	Current Deprec.
2005 Federal Book Depreciation Schedule	\$17,052 00
Total	\$17,052.00

Statement 2
Form 990
Page 2
Question: 43

	(A)	(B)	(C)	(D)
	TOTAL	Program Services	Management & General	Fundraising
Advertising	3,465	3,189	276.	
Auto Expense	5,736	5,562	174.	
Bad Debt Expense	15,316	15,316		
Client Services	9,984	9,784	203.	
Staff Meetings	1,899	1,103	796.	
Minor Equipment	5,974	5,682	292	
Grant Writing	2,845			2,845
Dues & Subscriptions	1,562	1,456	106.	
Food - Clients	22,985	22,547	438.	
Insurance	14,577	14,227	350	
Office Expenses	6,864	6,008	856.	
Professional Contract Services	7,800	7,400	400.	
Repairs & Maintenance	6,622	6,338	284.	
Taxes And Licenses	521.	385.	136.	
Utilities	25,896	24,911	985.	
Volunteer Expense	116.	59.	53.	
Staff Education	5,569	4,915	654.	
TOTAL	\$137,730	\$128,882	\$6,003	\$2,845

Statement 4
Form. 990
Page: 3
Part. III
Question

KHEPERA HOUSE
95-3705606

Program Services

Achievement	Pgm. Svc. Exp.
Rehabilitation Services SUCCESSFULLY TREAT DRUG AND ALCOHOL SUBSTANCE ABUSERS. REDUCE DRUG AND ALCOHOL RELATED PROBLEMS AMONG PATIENTS	\$488,669 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
	Total: \$488,669.00

Officers, Directors, Trustees, and Key Employees

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
WILLIAM J KELSO	0	\$0 00	\$0.00	\$0 00
Title Exec Director/CEO Addr 1. 330 Ventura Avenue Addr 2. CSZ. Ventura, CA 93001 Country United States				
DAN PATTERSON	0	\$0 00	\$0.00	\$0 00
Title: President Addr 1 330 Ventura Avenue Addr 2 CSZ Ventura, CA 93001 Country. United States				
PATRICK GALLAGHER	0	\$0 00	\$0 00	\$0.00
Title: Treasurer Addr 1 330 Ventura Avenue Addr 2 CSZ Ventura, CA 93001 Country: United States				
WILLIAM SHILLEY	0	\$0.00	\$0 00	\$0.00
Title Vice President Addr 1 330 Ventura Avenue Addr 2 CSZ Ventura, CA 93001 Country United States				
TOTALS		\$0.00	\$0.00	\$0.00

Statement 6
Form 990
Page: 8
Part. VIII
Question.

KHEPERA HOUSE
95-3705606

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	CLIENT PROGRAM FEES
93 g	fees and contracts

Statement 8
Form: Schedule A
Page 4
Part: IV-A
Question 22

KHEPERA HOUSE
95-3705606

Other Income				
Description	2004	2003	2002	2001
commissions and returns	\$0.00	\$0.00	\$0.00	\$180.00
Total:	\$0.00	\$0.00	\$0.00	\$180.00