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# Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

**A** For the 2008 calendar year, or tax year beginning July, 2008, and ending June 30, 2009

**B** Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
La Benta Horse

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
P.O. Box 3304

City or town, state or country, and ZIP + 4  
Quail Valley, CA 92587-1201

**D** Employer identification number  
33:0742966

**E** Telephone number  
562 904-0025

**F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ \_\_\_\_\_

**J** Organization type (check only one) —  501(c) (3) (insert no)  4947(a)(1) or  527

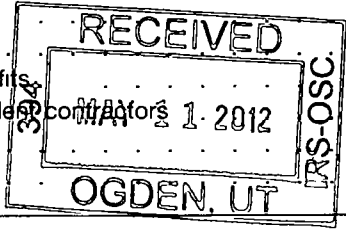
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b Less: direct expenses other than fundraising expenses	6b		
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	0	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ _____)	16	
	17 <b>Total expenses.</b> Add lines 10 through 16	17	0
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 <b>Net assets or fund balances</b> at end of year. Combine lines 18 through 20	21	0



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	0	22	0
23 Land and buildings	0	23	0
24 Other assets (describe ▶ _____)	0	24	0
25 <b>Total assets</b>	0	25	0
26 <b>Total liabilities</b> (describe ▶ _____)	0	26	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	27	0

SCANNED JUN 1 9 2012

P



Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

Table with columns Yes, No and row 33. No is checked.

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

Changed corporation name to [handwritten text]

Table with columns Yes, No and row 34. Yes is checked.

35 If the organization had income from business activities, such as those reported on lines 12 and 13 (apart from 12e), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

attached document

a Did the organization have unrelated business gross income of \$1,000 or more of section 513(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a. No is checked.

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b.

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36. No is checked.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a 0

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b. No is checked.

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

Table with columns Yes, No and row 38a. No is checked.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a 8

b Gross receipts, included on line 9, for public use of club facilities

39b 8

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955

0; 0; 0

b Section 501(c)(3) and (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," complete Schedule L, Part I

Table with columns Yes, No and row 40b. No is checked.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

8

d Enter amount of tax on line 40c reimbursed by the organization

8

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

Table with columns Yes, No and row 40e. No is checked.

41 List the states with which a copy of this return is filed.

California

42a The books are in care of [handwritten address] Telephone no. [handwritten number]

29540 Glen Cove Ct, La Pina Dr, Canyon Lake, CA ZIP + 4 95187-9405

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)?

Table with columns Yes, No and row 42b. No is checked.

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes, No and row 42c. No is checked.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44. No is checked.

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 45. No is checked.

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47 48 49a 49b
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 49b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

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.

**Sign Here**  
 Signature of officer: *[Handwritten Signature]* Date: 10-22-2011  
 Type or print name and title: Glen Coufal, President Date: 10-22-2011

**Paid Preparer's Use Only**  
 Preparer's signature: *[Handwritten Signature]* Date: 10-22-11  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Phillips Financial Services, 5162 Hickory Circle, Cypress, CA 90630-2929  
 Check if self-employed:  Preparer's Identifying Number (See instructions): 900651299  
 EIN: 95-334823 Phone no: 714-326-9744

May the IRS discuss this return with the preparer shown above?  Yes  No



**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					0	0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					0	0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
<b>6 Total.</b> Add lines 1-5					0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons					0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000					0	0
<b>c</b> Add lines 7a and 7b					0	0
<b>8 Public support</b> (Subtract line 7c from line 6.)					0	0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6					0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0	0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0	0
<b>c</b> Add lines 10a and 10b					0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)					0	0

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	0 %

**Section D. Computation of Investment Income Percentage**

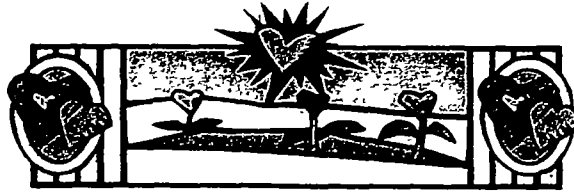
<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0 %

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





Assisted Living Strategies  
The La Bertha House  
23581 La Bertha Lane  
Quail Valley, CA 92587

March 9, 2009

Ms. Nancy Garza  
Staff Services Analyst  
State of California  
Secretary of State  
Business Programs Division  
1500 11<sup>th</sup> Street 3<sup>rd</sup> Floor  
Sacramento, CA 95814

RE: C2107317 Quail Valley Healthy Communities Project LIFT aka  
La Bertha House, effective 1/1/09

Per your letter dated February 27, 2009 attached are four (4) copies of the Amended Articles of Incorporation for the above referenced currently operating non profit. The Board decided to remove "The" and just leave it as "La Bertha House". Hopefully this has been done correctly.

We are asking that the amendment for a new corporate name, to be effective 1/01/2009, be processed. One to be returned to us in the SAE. Attached also is a check in the amount of \$30.00 - the cost of the processing fees.

Thank you.

Sincerely,

Rita J. Peters  
Secretary

Please mail all related correspondence directly to me at Box 3304, Quail Valley, CA 92587 for processing. Thank you so much.

# Certificate of Amendment of Articles of Incorporation

The undersigned certify that:

1. They are the president and the secretary, respectively, of Quail Valley Healthy Communities Project LIFT, C2107317 a California Corporation.
2. Article 1 of the Articles of Incorporation of this corporation is Amended to read as follows:  
The name of this corporation is: La Bertha House
3. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors.
4. The Corporation has no members.


We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date 1-1-2009

(signature of President)

  
Glen Coufal, President

(signature of Secretary)

  
Rita Peters, Secretary

2107317

FILED  
In the office of the Secretary of State  
of the State of California

**ARTICLES OF INCORPORATION  
OF  
QUAIL VALLEY HEALTHY COMMUNITIES  
PROJECT LIFT**

APR 27 1998

*Bill Jones*  
BILL JONES, Secretary of State

***A CALIFORNIA PUBLIC BENEFIT CORPORATION***

**ONE:** The name of this Corporation is:  
***QUAIL VALLEY HEALTHY COMMUNITIES  
PROJECT LIFT***

**TWO:** This Corporation is a non-profit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The specific purposes for which this corporation is organized are: to assist in the developmental and educational process of the youth of our valley, enabling them to grow into able, caring, resilient adults.

**THREE:** The name and address in the State of California of this corporation's initial agent for service of process is:

**Rita J. Peters  
Box 3304 - 23720 Lucas Drive  
Quail Valley, CA 92587.**

**FOUR:** (a) This corporation is organized and operated exclusively for - non religious purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

(b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a Corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

(c) No substantial part of the activities of this Corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of, or in opposition to, any candidate for public office.

**FIVE:** The names and addresses of the persons appointed to act as the initial directors of this Corporation are:

<b>Name</b>	<b>Address</b>
1. Pastor Hugh McMenamin	28780 Quail Place Quail Valley, CA 92587
2. Garry Winn	26301 Garboni Road, Menifee, CA 92584
3. Rita J. Peters	Box 3304, Quail Valley, CA 92587
4. Laurel Byrd	1117 E. Devonshire Avenue, Hemet, CA 92543

**SIX:** The property of this Corporation is irrevocably dedicated to non-religious purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any Director, officer or member thereof or to the benefit of any private person.

On the dissolution or winding up of the Corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this Corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for religious purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

**Date:** 11-24-97

**(Signatures of Directors listed in Article FIVE)**

Hugh R. McMenamin, Director

Laurel Byrd, Director

Rita J. Peters, Director

Garry Winn, Director

We, the above-mentioned initial Directors of this Corporation, hereby declare that we are the persons who executed the foregoing Articles of Incorporation, which execution is our act and deed.

**(Signatures of Directors)**

Alan R. Bernini, Director

David Boyd, Director

Jeff Peters, Director

Doug Wilson, Director

STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 1286  
RANCHO CORDOVA CA 95741-1286



April 27, 1978

In reply refer to  
755:G :JCA

QUAIL VALLEY HEALTHY COMMUNITIES PROJECT  
LIFT  
RITA J PETERS  
PO BOX 3304  
QUAIL VALLEY CA 92587

Purpose : CHARITABLE  
Code Section : 23701d  
Form of Organization : Corporation  
Accounting Period Ending: December 31

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012 (a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax

April 27, 1998  
QUAIL VALLEY HEALTHY COMMUNITIES PROJECT  
Page 2

under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 60 days.

Exemption from federal income or other taxes and other state taxes requires separate applications.

J AMAYA  
EXEMPT ORGANIZATIONS  
PROCESSING SERVICE BUREAU  
Telephone (916) 845-6644

EO :  
cc: SECRETARY OF STATE  
REGISTRY OF CHARITABLE TRUSTS

COPY

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**Below is the detailed data for the registrant you selected.  
You may CLOSE this window to return to the Search Results and choose another registrant.**

**Registrant Information**

Full Name:	LA BERTHA HOUSE	FEIN:	330742966
Type:	Public Benefit	Corporate or Organization Number:	2107317

Registration Number:	116636	Registration Type:	Charity Registration
Record Type:	Charity	Renewal Due Date:	11/12/2008
Issue Date:	6/30/2006	Date This Status:	8/23/2010
Registration Status:	Delinquent		
Date of Last Renewal:	10/5/2007		

**Address Information**

Address Line 1:	29540 LA PINA DRIVE	Phone:	
Address Line 2:			
Address Line 3:			
Address Line 4:	CANYON LAKE CA 92587		

**Annual Renewal Information**

Fiscal Begin:	
Fiscal End:	30-JUN-02
Total Assets:	\$155,023 00
Gross Annual Revenue:	\$156,397 00
RRF Received:	26-FEB-03
Returned Date:	
990 Attached:	N
Status:	Accepted

Fiscal Begin:	
Fiscal End:	30-JUN-03
Total Assets:	\$176,700 00
Gross Annual Revenue:	\$248,675 00
RRF Received:	20-OCT-03
Returned Date:	
990 Attached:	N
Status:	Accepted

Fiscal Begin:	
Fiscal End:	30-JUN-04
Total Assets:	\$122,649 00
Gross Annual Revenue:	\$181,134 00
RRF Received:	17-NOV-04
Returned Date:	
990 Attached:	N
Status:	Accepted

Fiscal Begin:	
Fiscal End:	30-JUN-05
Total Assets:	\$80,452 00
Gross Annual Revenue:	\$113,115 00
RRF Received:	28-APR-06
Returned Date:	
990 Attached:	Y
Status:	Accepted

Fiscal Begin:	
Fiscal End:	30-JUN-06

Total Assets:	\$41,165 00
Gross Annual Revenue:	\$87,494 00
RRF Received:	27-FEB-07
Returned Date:	
990 Attached:	Y
Status:	Accepted
Fiscal Begin:	01-JUL-06
Fiscal End:	30-JUN-07
Total Assets:	\$99,852 00
Gross Annual Revenue:	\$103,718 00
RRF Received:	03-OCT-07
Returned Date:	
990 Attached:	Y
Status:	Accepted
<b>Related Documents</b>	
No Related Documents	
<b>Prerequisite Information</b>	
No Prerequisite Information	
<b>IRS Return Data</b>	

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**Business Entity Detail**

Data is updated weekly and is current as of Friday, October 14, 2011. It is not a complete or certified record.

<b>Entity Name:</b>	LA BERTHA HOUSE
<b>Entity Number:</b>	C2107317
<b>Date Filed:</b>	04/27/1998
<b>Status:</b>	ACTIVE
<b>Jurisdiction:</b>	CALIFORNIA
<b>Entity Address:</b>	29540 LA PINA DRIVE
<b>Entity City, State, Zip:</b>	CANYON LAKE CA 92587
<b>Agent for Service of Process:</b>	GLEN COUFAL
<b>Agent Address:</b>	29540 LA PINA DRIVE
<b>Agent City, State, Zip:</b>	CANYON LAKE CA 92587

\* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

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**Business Search - Results**

Data is updated weekly and is current as of Friday, October 14, 2011. It is not a complete or certified record.

- *Select an entity name below to view additional information.* Results are listed alphabetically in ascending order.
- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more detailed report, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

Results of search for " LA BERTHA HOUSE " returned 1 entity record.

Entity Number	Date Filed	Status	Entity Name	Agent for Service of Process
C2107317	04/27/1998	ACTIVE	<a href="#">LA BERTHA HOUSE</a>	GLEN COUFAL

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