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2006

Open to Public Inspection

Short Form 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)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

990-EZ

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 2006 calendar year, or tax year beginning 4/3/2006 and ending 6/30/2006

Form fields for B (Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending), C (Name of organization: CHANNEL COAST CHAPTER CELSOC, Address: 4280 MCGRAPH ST, VENTURA CA 93003), D (Employer identification number: 20-5922504), E (Telephone number), 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: [X] Cash [ ] Accrual Other (specify)

I Website: WWW.CELSOC.ORG

J Organization type (check only one): [X] 501(c) ( 6 ) (insert no) [ ] 4947(a)(1) or [ ] 527

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

K Check [X] 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 \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 2,522

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes handwritten notes like 'RECEIVED NOV 11 2009' and 'BRANCH OGDEN'.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table for Balance Sheets with columns (A) Beginning of year and (B) End of year. Rows 22-27 include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form 990-EZ (2006)

Handwritten signature/initials: 94 17me

Vertical stamp: 04 365 06311 NOV 24 09

Vertical stamp: SCANNED JAN 01 2010

Handwritten initials: ob eb

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <u>The specific purposes for which the corporation is formed a</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
28 _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>
29 _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>
30 _____ _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>
31 Other program services (attach schedule) . . . . . <input type="checkbox"/> (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	<b>32</b> 0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated See page 52 of the instructions )				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>Darin Johnson</u> Str <u>5051 Verdugo Way</u> str City <u>Camarillo</u> ST <u>CA</u> ZIP <u>93012</u>	Title <u>President</u> Hr/WK <u>4.00</u>	0	0	0
Name <u>James Fallon</u> Str <u>1327 Del Norte Rd</u> Ste City <u>Camarillo</u> ST <u>CA</u> ZIP <u>93010</u>	Title <u>Vice President</u> Hr/WK <u>4.00</u>	0	0	0
Name <u>Miranda Patton</u> Str <u>16 North Oak ST</u> 2nd City <u>Ventura</u> ST <u>CA</u> ZIP <u>93001</u>	Title <u>Sec/Trea</u> Hr/WK <u>4.00</u>	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		X
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 . . . . .	<b>34</b>		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	<b>35b</b>	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .	<b>36</b>		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . <input type="checkbox"/> <b>37a</b> 0			
b Did the organization file Form 1120-POL for this year? . . . . .	<b>37b</b>		X
38 a 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? . . . . .	<b>38a</b>		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . .	<b>38b</b>		
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
b Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_ ; section 4912 ▶ \_\_\_\_\_ ; section 4955 ▶ \_\_\_\_\_
- b** 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," attach an explanation
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ \_\_\_\_\_
- d** Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ \_\_\_\_\_
- e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .
- |            | Yes | No |
|------------|-----|----|
| <b>40b</b> |     |    |
| <b>40e</b> |     |    |
- 41** List the states with which a copy of this return is filed. ▶ CA
- 42 a** The books are in care of ▶ Name Miranda Patton Telephone no. ▶ (805) 648-4840  
 Located at ▶ 16 North Oak St 2n Floor City Ventura ST 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**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .
- If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- |            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | X  |
| <b>42c</b> |     | X  |
- 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** N/A

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Darin Johnson Date: 11/5/09

Type or print name and title: Darin Johnson President

**Paid Preparer's Use Only**

Preparer's signature: Philip Wilson, EA Date: 10/6/2009 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): P00101993

Firm's name (or yours if self-employed), address, and ZIP + 4: H&R Block Premium EIN: 43-1862223

365 Esplanade Dr. Suite 101, Oxnard, CA 93036 Phone no: (805) 981-9508

**Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received**

1	Contributions	1	
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	2,290
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Corporate Sponsorships	7	232
8		8	
9		9	
10	Total	10	2,522

**Line 16 (990-EZ) - Other expenses**

1	Conferences, conventions, and meetings	1	1,991
2	Miscellaneous	2	554
3	Total other expenses	3	2,545