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Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

| | | 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 | | ✓ |
| 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 | | ✓ |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | ✓ |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year? | | ✓ |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | |
| 37b | b Did the organization file Form 1120-POL for this year? | | ✓ |
| 38a | 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? | | ✓ |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 39 | 39 Section 501(c)(7) organizations Enter: | | |
| 39a | a Initiation fees and capital contributions included on line 9 | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a | 40a Section 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 | | |
| 40b | 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 | | ✓ |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 | | |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | |
| 40e | 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 | | ✓ |
| 41 | 41 List the states with which a copy of this return is filed ▶ CALIFORNIA | | |
| 42a | 42a The books are in care of ▶ SHEILA FORD Telephone no. ▶ (925) 827-5867 Located at ▶ 3816 Vintage Court Concord ZIP + 4 ▶ 94521 | | |
| 42b | 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)? | | ✓ |
| 42c | - 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. | | ✓ |
| 43 | 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 ▶ | | |
| 43 | 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 |
| 44 | 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 45 | 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 | | ✓ |

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.

- | | Yes | No |
|-----|-----|----|
| 46 | | ✓ |
| 47 | | ✓ |
| 48 | | ✓ |
| 49a | | ✓ |
| 49b | | |
- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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?
- b 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 | <i>Colleen F. Chase</i> Signature of officer | 9-30-2010 Date |
| | VP, Colleen F. Chase Type or print name and title | |

| | | | | |
|---------------------------------|---|-------|---|--|
| Paid Preparer's Use Only | Preparer's signature ▶ | Date | Check if self-employed <input type="checkbox"/> | Preparer's Identifying Number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶ () | |

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

Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 CRAB FEED (event type) | (b) Event #2 (event type) | (c) Other Events (total number) | (d) Total Events (Add col (a) through col (c)) | |
|-----------------|---|--|------------------------------|------------------------------------|---|------------|
| Revenue | 1 | Gross receipts | 38,092 | | 38,092 | |
| | 2 | Less. Charitable contributions | | | | |
| | 3 | Gross revenue (line 1 minus line 2) | 38,902 | | 38,902 | |
| Direct Expenses | 4 | Cash prizes | 880 | | 880 | |
| | 5 | Non-cash prizes | 150 | | 150 | |
| | 6 | Rent/facility costs | 2,575 | | 2,575 | |
| | 7 | Other direct expenses | 19,378 | | 19,378 | |
| | 8 | Direct expense summary Add lines 4 through 7 in column (d) | | | | (22,983) |
| | 9 | Net income summary Combine lines 3 and 8 in column (d) | | | | 15,109 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) | |
|-----------------|---|--|---|---|---|-----|
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | | () |
| | 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | |

| | | Yes | No |
|-----|---|-----|----|
| 9 | Enter the state(s) in which the organization operates gaming activities. _____ | | |
| a | Is the organization licensed to operate gaming activities in each of these states? _____ | 9a | |
| b | If "No," Explain _____ | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ | 10a | |
| b | If "Yes," Explain _____ | | |
| 11 | Does the organization operate gaming activities with nonmembers? _____ | 11 | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____ | 12 | |

| | | | Yes | No |
|------------|--|------------|-----|----|
| 13 | Indicate the percentage of gaming activity operated in | | | |
| a | The organization's facility | 13a | % | |
| b | An outside facility | 13b | % | |
| 14 | Provide the name and address of the person who prepares the organization's gaming/special events books and records | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | |
| c | If "Yes," enter name and address | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ | | | |

**CONCORD HIGH SCHOOL ATHLETIC BOOSTERS
FEDERAL STATEMENTS**

20-0924424

RETURN YR - 2008

**STMT 1
NET INCOME (LOSS) FROM SPECIAL EVENTS**

FORM 990EZ PART I LINE 6

| Special Events | Gross Receipts | LESS: Contributions | Gross Revenue | LESS: Direct Expenses | Net Income (Loss) |
|------------------|----------------|---------------------|---------------|-----------------------|-------------------|
| ANNUAL CRAB FEED | 38,092 | - | 38,092 | 22,983 | 15,109 |

**STMT 2
SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

FORM 990EZ PART I LINE 10

| CLASS OF ACTIVITY DONEE | AMOUNT GIVEN | DONATIONS CHS SPORTS TEAMS | |
|----------------------------|--------------|---|---------------|
| | | | 9,427 |
| CLASS OF ACTIVITY DONEE | AMOUNT GIVEN | DONATION VARIOUS STUDENT ATHLETES | |
| | | | 1,500 |
| CLASS OF ACTIVITY DONEE | AMOUNT GIVEN | DONATIONS VARIOUS CHS or MDUSD NON-SPORTS CLUBS/ACTIVITIES | |
| | | | 2,099 |
| TOTAL | | | 13,026 |

**STMT 3
OTHER EXPENSES**

FORM 990EZ PART I LINE 16

| | |
|---------------------------------|--------------|
| TEAM & INDIVIDUAL PLAYER AWARDS | 4,686 |
| INSURANCE | 1,478 |
| BANK CHARGES | 92 |
| E-MAIL SERVICES | 20 |
| MEETING EXPENSES | - |
| OPEN HOUSE/COLLEGE NIGHT EXPS | 25 |
| PROMOTIONAL ITEMS | 974 |
| SPONSOR APPREC PLACQUES | - |
| SUPPLIES | 49 |
| TAXES & LICENSES | 35 |
| MDUSD FACILITY FEES | 1,060 |
| WEBSITE SERVICES | - |
| TOTAL | 8,419 |

**STMT 4
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

FORM 990EZ PART I LINE 20

| | |
|---|------------|
| RECOVER PRIOR ALLOCATION TO CHEER PROGRAM | 350 |
| TOTAL | 350 |

**STMT 5
TOTAL LIABILITIES**

FORM 990EZ PART II LINE 26

| | BEGINNING | ENDING |
|--|---------------|---------------|
| FIELD OF DREAMS ACCOUNT | 9,013 | 5,990 |
| SPORTS TEAMS ACCOUNTS | 37,299 | 36,832 |
| PRE-PAID MEMBERSHIPS | 1,055 | - |
| OUTSTANDING COMMITMENTS TO BE PAID IN FUTURE | 1,310 | 1,156 |
| TOTAL | 48,677 | 43,978 |

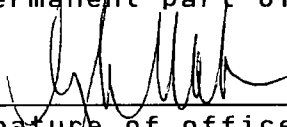
CONCORD HIGH SCHOOL ATHLETIC
BOOSTERS CLUB
4200 CONCORD BLVD
CONCORD CA 94521

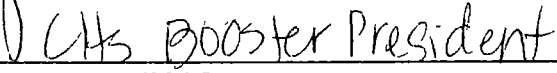


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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



Signature of officer or trustee


Title

1/25/11
Date