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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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 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

OMB No 1545-1150

2008

Open to Public Inspection

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

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COLLEGE VIEW PARENT-TEACHERS ASSOCIATION	D Employer identification number 33-0331861
		No & street (or P O box, if mail is not delivered to street address) Room/suite 6582 Lennox Drive	E Telephone number (714) 847-3505
		City or town, state or country, and ZIP + 4 Huntington Beach CA 92647-3452	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: ▶ N/A
H Check if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

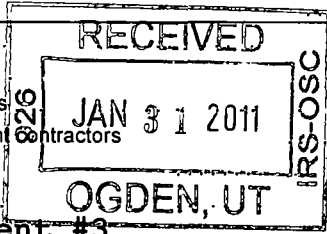
J Organization type (check only one) -- 501(c)(3) (insert no) 4947(a)(1) or 527

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 ▶ \$ **44,836**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,245
	4	Investment income	4	
	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	
EXPENSES	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	14,096
ASSETS	7b	Less cost of goods sold	7b	13,549
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	547
	8	Other revenue (describe ▶ See attachment #2)	8	28,495
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31,287	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	28,298
	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	74
	16	Other expenses (describe ▶ See attachment #3)	16	13,897
	17	Total expenses. Add lines 10 through 16	17	42,269
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,982
	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	19,078
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	8,096



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 instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19,078	22	8,096	
23	Land and buildings		23		
24	Other assets (describe ▶)		24		
25	Total assets	19,078	25	8,096	
26	Total liabilities (describe ▶)	0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,078	27	8,096	

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form **990-EZ** (2008)

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Part V 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		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		X
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		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		X
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
42a	The books are in care of <input type="text" value="See attachment #7"/> Telephone no <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
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 <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

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 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		X

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: *Doreena Hodges* as treasurer of CollegeView PTA | Date: 1-28-11
 Type or print name and title: **Doreena Hodges** Treasurer President

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* | Date: 01-24-2011 | Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BOODMAN & ASSOCIATES INC**
18377 BEACH BLVD STE 110
HUNTINGTON BEACH, CA 92648-1349
 EIN: **714-847-4744** | Phone no: **714-847-4744**

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization **COLLEGE VIEW PARENT-TEACHERS ASSOCIATION** Employer identification number **33-0331861**

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % 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). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	N/A	11g(i)
(ii) A family member of a person described in (i) above?	N/A	11g(ii)
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	N/A	11g(iii)
- h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For Your Records	For calendar year 2008 or tax period beginning 07-01-2008 , and ending 06-30-2009 .
Name of Organization COLLEGE VIEW PARENT-TEACHERS ASSOCIATION	Employer Identification Number 33-0331861

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Book Fair	8,116	8,781	-665
Holiday Shop	4,700	4,118	582
T-Shirts	1,280	650	630
Total	14,096	13,549	547

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization		Employer Identification Number	
COLLEGE VIEW PARENT-TEACHERS ASSOCIATION		33-0331861	

Description of Other Revenue	Amount
Skate Night	557
Jog-a-Thon	5,467
Fundraisers	17,178
Scripts/Albertsons	83
Yearbook	2,504
Good Guys	409
Restaurant Nights	1,382
Open House Raffle	307
Box Tops	608
Total	28,495

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization		Employer Identification Number	
COLLEGE VIEW PARENT-TEACHERS ASSOCIATION		33-0331861	

Description of Other Expenses	Amount
Good Guys	771
Open House	274
Taxes	400
HUC Insurance/Dues	537
Hospitality	570
Fundraisers Fall/Spring	8,972
Author's Day	223
Jog-aThon	987
Supplies	1,163
Total	13,897

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01	, and ending	06-30-2009.
Name of Organization				Employer Identification Number
COLLEGE VIEW PARENT-TEACHERS ASSOCIATION				33-0331861

Primary Purpose

Aid in the education of College View students through enhancing their school, making available trips, books, teaching aids and assemblies.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
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Name of Organization COLLEGE VIEW PARENT-TEACHERS ASSOCIATION	Employer Identification Number 33-0331861
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	28,298
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Exempt Purpose Achievements

Provided assemblies, field trips, new playground equipment, etc. (See Statement #1)

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.		
Name of Organization				Employer Identification Number
COLLEGE VIEW PARENT-TEACHERS ASSOCIATION				33-0331861
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Doreena Hodges 16702 Bartlett Lane Unit 2 Huntington Beach, CA 92647	President 6.00			
Shannon Oster 16112 Sher Lane Unit B2 Huntington Beach, CA 92647	Treasurer 6.00			
Tanya Roe 6582 Abbott Drive Huntington Beach, CA 92647	Secretary 2.00			
Karen Rice 16041 Craig Lane Huntington Beach, CA 92647	Membership 6.00			
Fred Abiad 7141 Bluesails Drive Huntington Beach, CA 92647	Auditor 2.00			
Dona Baker 16201 Windemeir Lane Huntington Beach, CA 92647	Historian 6.00			
Katherine Wang 16391 Wishing Well Lane Huntington Beach, CA 92647	Parliamentari 2.00			
Lety Hencke 16091 Tellim Lane Huntington Beach, CA 92647	Ways & Means 6.00			

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization COLLEGE VIEW PARENT-TEACHERS ASSOCIATION	Employer Identification Number 33-0331861
Part V - Line 42a	

Individual Name Doreena Hodges
or
Business Name

Street Address 16702 Bartlett Lane Unit 2

U S Address
Zip code 92647 City Huntington Beach State CA
or

Foreign Address
City _____
Province or State _____
Country _____
Postal code _____
Phone Number _____
Fax Number _____

REASONABLE CAUSE EXPLANATION

Attachment 8: page 1 Reasonable Cause Explanation

Open to Public Inspection	For calendar year 2007 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization	COLLEGE VIEW PARENT-TEACHERS ASSOCIATION		Employer Identification Number 33-0331861

Explanation

The Non-Profit Organization former Treasurer failed to carryout her duties unbeknown to the new "Board." The board assumed that this individual had indeed filed the 2008 Form 990.

2008 DETAIL STATEMENTS

COLLEGE VIEW PARENT-TEACHERS A

33-0331861

STATEMENT #1 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

Assemblies.....	3,245
Meet The Master.....	3,247
Field Trips.....	6,287
Teacher Startup.....	2,100
Historian/Yearbook.....	6,780
Playground Equipment.....	5,942
Membership.....	445
5th Grade Activities.....	252

TOTAL CARRIED TO 990-EZ PG 1 Line 11..... 28,298
