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**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)

Department of the Treasury  
 Internal Revenue Service

▶ 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** JUL 01, 2008, and ending JUN 30, 2009

<b>B</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.	<b>C Name of organization, number and street, city, town, state, and ZIP code</b> GUADALUPE HOME AND SCHOOL CLUB 6044 VERA CRUZ DRIVE SAN JOSE CA 95120-		<b>D Employer identification number</b> 77-0336405	
		<b>E Telephone number</b> 408-268-1030		<b>F Group Exemption Number</b> ▶	

• **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:** ▶ **H Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

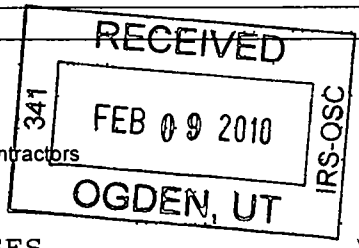
**J Organization type** (check only one) -  501(c)(3) ◀ (insert no ) 4947(a)(1) or 527

**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** ▶ \$ 106,480.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,305.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	19,555.
	4	Investment income	4	31.
	5 a	Gross amount from sale of assets other than inventory	5 a	
	5 b	Less cost or other basis and sales expenses	5 b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5 c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6 a	84,589.
6 b	Less direct expenses other than fundraising expenses	6 b	28,299.	
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6 c	56,290.	
7 a	Gross sales of inventory, less returns and allowances	7 a		
7 b	Less cost of goods sold	7 b		
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	78,181.	
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 ▶ PROGRAM EXPENSES)	16	68,794.
	17	<b>Total expenses</b> Add lines 10 through 16	17	68,794.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,387.
	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	82,974.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year</b> Combine lines 18 through 20	21	92,361.



**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)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			85,362.	94,246.
23	Land and buildings				
24	Other assets (describe ▶ _____)				
25	<b>Total assets</b>			85,362.	94,246.
26	<b>Total liabilities</b> (describe ▶ SEE ATTACHED)			2,388.	1,885.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)			82,974.	92,361.

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

97-8

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SCANNED FEB 22 2010

Part III Statement of Program Service Accomplishments (See the instructions)			Expenses	
What is the organization's primary exempt purpose? <u>SUPPORT PUBLIC SCHOOL</u>			(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)	
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.				
<b>28</b>	<b>PROMOTES THE ENRICHMENT OF THE EDUCATION EXPERIENCE AT GUADALUPE ELEMENTARY SCHOOL</b>		<b>28a</b>	<b>68,794.</b>
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
<b>29</b>			<b>29a</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
<b>30</b>			<b>30a</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
<b>31</b>	Other program services (attach schedule)		<b>31a</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>		<b>32</b>	<b>68,794.</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See the instr.)				
(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
JEANNIE HAMCHUK	PRESIDENT			
6044 VERA SAN JOSE CA 95120	2	0		
TAMARA ANDERSON	VICE-PRESI			
6044 VERA SAN JOSE CA 95120	2	0		
STEFANIE CHANG	SECRTARY			
6044 VERA SAN JOSE CA 95120	2	0		
LAURIE ASHE	TREASURER			
6044 VERA SAN JOSE CA 95120	2	0		
MELINDA LEE	VOL-COOR			
6044 VERA SAN JOSE CA 95120	1	0		
KRISSIE LINDSEY	VOL-COOR			
6044 VERA SAN JOSE CA 95120	1	0		
DEBBIE BISHKO	E SCRIP CO			
6044 VERA SAN JOSE CA 95120	1	0		

**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		
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?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
37b	b Did the organization file Form 1120-POL for this year?		
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
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text"/>		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <input type="text"/>		
39b	b Gross receipts, included on line 9, for public use of club facilities <input type="text"/>		
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"/>		
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		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
40d	d Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		X
41	List the states with which a copy of this return is filed <input type="text" value="CA"/>		
42a	The books are in care of <input type="text" value="LAURIE ASH"/> Telephone no <input type="text" value="408-268-1030"/> Located at <input type="text" value="6044 VERA CRUZ DRIVE CA SAN JOSE"/> ZIP + 4 <input type="text" value="95120-4863"/>		
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)? 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
42c	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 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?		

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: *Laurie Ashe*  
 Date: *2/4/10*  
 Type or print name and title: LAURIE ASHE, TREASURER

**Paid Preparer's Use Only**  
 Preparer's signature: *Robert Bryan*  
 Date: 01/25/2010  
 Check if self-employed:   
 Preparer's Identifying No. (See instr): 548-84-5986  
 Firm's name (or yours if self-employed): MAIER RICHMOND ACCOUNTANCY  
 EIN: 77-0504849  
 address, and ZIP + 4: 3595 CALMADEN ROAD, SAN JOSE CA 95118  
 Phone no: 408-269-4402

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

<b>Name of the organization</b> GUADALUPE HOME AND SCHOOL CLUB	<b>Employer identification number</b> 77-0336405
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**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 the Support Schedule in 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?  
 (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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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

**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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16299.	26252.	21797.	45424.	21860.	131632.
2 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	93228.	76963.	58221.	66550.	56290.	351252.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	109527.	103215.	80018.	111974.	78150.	482884.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						482884.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	109527.	103215.	80018.	111974.	78150.	482884.
10a Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources	63.	76.	76.	39.	31.	285.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	63.	76.	76.	39.	31.	285.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11 and 12)						483169.
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 <input type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.94 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.93 %

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.06 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.07 %

- 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

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01/25/10

Cash Basis

# Guadalupe Home and School Club

## Profit & Loss

July 2008 through June 2009

	<u>Jul '08 - Jun 09</u>
<b>Income</b>	
Art Vista	1,559 01
Back To School Kits	562.53
Book Fair	3,859 79
Box Tops	685 00
Chef's Night	826.55
Donations	2,305 45
Ice Cream Social	317.45
Library	203.02
Logo Sales	4,459 50
Membership	19,555.00
Movie Night - Fall	351.50
Movie Night - Spring	1,452 19
Photography	2,018 00
Savings Account Interest	30 88
Scrip	7,975 97
Walk-a-thon	23,962.74
Gala	27,698 50
Yearbook	8,657 00
<b>Total Income</b>	<u>106,480 08</u>
<b>Expense</b>	
Accelerated Reader Exp	3,200 90
Art Vista Exp	3,292 38
Assemblies Exp	4,358 25
Book Fairs	1,447 95
Ceramics Exp	1,139 21
Emergency Prep Exp	346 27
Gifts Exp	120 98
Gold Card Exp	88 00
Hospitality Exp	412 82
HSC Discretionary	2,754 87
HSC Supplies	230 45
Ice Cream Social Exp	73 88
Insurance Exp	350.00
Library Exp	713 20
Logo Sales Exp	4,922 55
Membership Exp	188 32
Mileage Club Exp	181 69
Movie Night Exp - Fall	384 62
Movie Night Exp - Spring	685 78
Office Supply General Exp	988 08
Olympic Day Exp	0.00
P E Supplies Exp	400 00
Principal's Discretionary Exp	1,003 84
SIP Support Exp	9,037 98
Tax Prep Exp	660.00
Teacher's Discretionary Exp	8,100 00
Technology Exp	35,232 14
Walk-A-Thon Exp	42 00
Gala Exp	9,576 22
Yearbook Exp	7,160.29
<b>Total Expense</b>	<u>97,092 67</u>
<b>Net Income</b>	<u><u>9,387 41</u></u>



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01/25/10

Cash Basis

# Guadalupe Home and School Club

## Balance Sheet

As of June 30, 2009

	<u>Jun 30, 09</u>	<u>Jun 30, 08</u>
<b>ASSETS</b>		
Current Assets		
Checking/Savings		
E*Trade Bank	75,023.32	0.00
GHSC Checking Account	8,917.53	75,064.08
GHSC Savings Account	10,305.42	10,297.86
Total Checking/Savings	<u>94,246.27</u>	<u>85,361.94</u>
Total Current Assets	<u>94,246.27</u>	<u>85,361.94</u>
<b>TOTAL ASSETS</b>	<u><u>94,246.27</u></u>	<u><u>85,361.94</u></u>
<b>LIABILITIES &amp; EQUITY</b>		
Liabilities		
Current Liabilities		
Other Current Liabilities		
Birthday Books	862.91	2,155.14
Clearing	726.83	0.00
Student Council Fund	295.54	233.22
Total Other Current Liabilities	<u>1,885.28</u>	<u>2,388.36</u>
Total Current Liabilities	<u>1,885.28</u>	<u>2,388.36</u>
Total Liabilities	1,885.28	2,388.36
Equity		
Opening Bal Equity	60,178.75	60,178.75
Retained Earnings	22,794.83	-3,689.27
Net Income	9,387.41	26,484.10
Total Equity	<u>92,360.99</u>	<u>82,973.58</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>94,246.27</u></u>	<u><u>85,361.94</u></u>