



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

OMB No 1545-1150

2008

Open to Public
Inspection

▶ 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

For the 2008 calendar year, or tax year beginning AUG 1, 2008 and ending JUL 31, 2009

C Name of organization

KENNEDY BOOSTER CLUB

D Employer identification number

51-0193415

Number and street (or P.O. box, if mail is not delivered to street address)

4545 WENIG ROAD NE

Room/suite

E Telephone number

319-558-2251

City or town, state or country, and ZIP + 4

CEDAR RAPIDS, IA 52402

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) ▶

Website: ▶ WWW.KENNEDYACTIVITIES.COM

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

J Organization type (check only one) ☒ 501(c) (4) ◀ (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 ▶ \$ 195,146.

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	94,082.
	2	Program service revenue including government fees and contracts	2	18,739.
	3	Membership dues and assessments	3	
	4	Investment income	4	118.
	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 checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	34,033.
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	24,792.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,241.
	7a	Gross sales of inventory, less returns and allowances STMT 4	7a	48,144.
	7b	Less: cost of goods sold	7b	27,112.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	21,032.
	8	Other revenue (describe ▶ MISC)	8	30.
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	143,242.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	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	6,719.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	155,924.
	17	Total expenses Add lines 10 through 16	17	162,643.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,401.
19	Net assets or fund balances at beginning of year (from line 21, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,719.	
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	18,318.	

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	51,854.	29,362.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	6,195.	7,018.
25 Total assets	58,049.	36,380.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	20,330.	18,062.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,719.	18,318.

832171
12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990-EZ (2008)

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?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
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?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 N/A ; section 4912 N/A , section 4955 N/A		
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	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
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	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The books are in care of RUTH LAMB Telephone no 319-558-2251		
Located at 4545 WENIG ROAD NE, CEDAR RAPIDS, IA ZIP + 4 52402		
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)?	42b	X
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.?	42c	X
If "Yes," enter the name of the foreign country:		
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 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

Form 990-EZ (2008)

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
- 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				
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
N/A		
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: Ruth Lamb Date: 10/10/10

Type or print name and title: RUTH LAMB, TREASURER

Paid Preparer's Use Only Preparer's signature: Debra A. Kild, CPA Date: 10-7-10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTON GUNDERSON LLP
1715 1ST AVENUE SE
CEDAR RAPIDS, IA 52402 Phone no.: (319) 363-2697

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

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

KENNEDY BOOSTER CLUB

Employer identification number

51-0193415

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17	
---	--

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
	COUGAR DEN (event type)	(event type)	NONE (total number)	
Revenue				
1 Gross receipts	23,055.			23,055.
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	23,055.			23,055.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	20,895.			20,895.
8 Direct expense summary Add lines 4 through 7 in column (d)				(20,895.)
9 Net income summary Combine lines 3 and 8 in column (d)				2,160.

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?		
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?		
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?		

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 ► _____

_____☐ Director/officer☐ Employee☐ 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 ► \$ _____

Schedule G (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
-------------	----------------	-----------	---

DESCRIPTION	AMOUNT
PROGRAM ALLOCATIONS	148,174.
INSURANCE	807.
WEBSITE	561.
SALES TAX	2,190.
MISC EXPENSE	1,194.
CREDIT CARD SERVICES	638.
BAD DEBT EXPENSE	2,262.
DEPRECIATION	98.
TOTAL TO FORM 990-EZ, LINE 16	155,924.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
-------------	--------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE	6,195.	1,266.
OTHER DEPRECIABLE ASSETS	0.	5,752.
TOTAL TO FORM 990-EZ, LINE 24	6,195.	7,018.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
-------------	-------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	20,330.	18,062.
TOTAL TO FORM 990-EZ, LINE 26	20,330.	18,062.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 4

INCOME

1. GROSS RECEIPTS	48,144	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		48,144
4. COST OF GOODS SOLD (LINE 13)	27,112	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		21,032

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	27,112	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		27,112
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		27,112

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEN TERUKINA, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	PRESIDENT 0.25	0.	0.	0.
RUTH LAMB, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	TREASURER 0.25	0.	0.	0.
CONNIE CAVINESS, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
AARON STECKER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DEB GULICK, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TOM ZAHN, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
JON BRIGHTWELL, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DAN CLAFLIN, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
PAM KALB, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
VICKI FISHER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
GARY LANDHAUSER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
SUE MUENCH, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DEB HANSON, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
KAREN YORGENSEN, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.

KENNEDY BOOSTER CLUB

51-0193415

MICHELLE HOLTEN, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
JONI SOHL, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
LAUREN CRIPPES, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
CHERYL JONTZ, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
PAIGE MARTINO, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
RICK ERICKSON, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
GINGER ZENOR, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TOM SEEDORFF, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
BILL HAPPEL, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
ROB STAUDACHER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
KAY STAUDACHER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DAWN NUNNIKHOVEN, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
JAMIE RUSCH, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DARREN YIRKOVSKY, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
CAREN WASTA, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
BETTY DAMISH, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
SCOTT NIELSON, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.

KENNEDY BOOSTER CLUB

51-0193415

SCOTT CRAWLEY, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DAN KOSKAMP, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
ROBIN KOSKAMP, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
ANNETTE BRIGHTWELL, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
JEAN SHELDON, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
BILL THOMPSON, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
CATHY THOMPSON, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

990-EZ PG 2

STATEMENT 7

THE FOCUS OF THE KENNEDY ATHLETIC BOOSTER CLUB IS ON PROVIDING KENNEDY HIGH SCHOOL STUDENT-ATHLETES WITH AN ENVIRONMENT THAT ALLOWS THEM TO TRAIN AND PERFORM TO THEIR FULL POTENTIAL. THE KENNEDY ATHLETIC BOOSTER CLUB PROVIDES SUBSTANTIVE FINANCIAL SUPPORT TO ALL CO-CURRICULAR SPORTS/ACTIVITIES.