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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2008

► 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 requirementsOpen to Public
Inspection

A For the 2008 calendar year, or tax year beginning	9/01	, 2008, and ending	8/31	, 2009
B Check if applicable	C WOODSIDE HIGH SCHOOL FOUNDATION 199 CHURCHILL AVE WOODSIDE, CA 94062			D Employer identification number 32-0232205
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type See Specific Instructions.			E Telephone number 650-367-9750 EXT 8
<input checked="" type="checkbox"/> Name change				F Group Exemption Number
<input type="checkbox"/> Initial return				
<input type="checkbox"/> Termination				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► N/A	G Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
K Check ► <input type="checkbox"/> 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	► \$ 759, 407.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received	1 505, 421.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 34, 664.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 219, 322.
b Less direct expenses other than fundraising expenses	6b 65, 071.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 154, 251.
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ►)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 694, 336.
10 Grants and similar amounts paid (attach schedule)	10 506, 291.
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 6, 125.
16 Other expenses (describe ► SEE STATEMENT 2)	16 12, 472.
17 Total expenses (add lines 10 through 16)	17 524, 888.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 169, 448.
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 0.
20 Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3
21 Net assets or fund balances at end of year Combine lines 18 through 20	► 21 1, 296, 262.
21 Net assets or fund balances at end of year Combine lines 18 through 20	► 21 1, 465, 710.

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.)	
22 Cash, savings, and investments	(A) Beginning of year 22 1, 465, 710.
23 Land and buildings	23
24 Other assets (describe ►)	24
25 Total assets	0. 25 1, 465, 710.
26 Total liabilities (describe ►)	0. 26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27 1, 465, 710.

6/9/08

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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 FUNDRAISING ON BEHALF OF WOODSIDE HIGH SCHOOL AND RELATED BOOSTER CLUBS

11. *Leucosia* *leucostoma* *leucostoma* *leucostoma*

(Grants \$ 393,547.) If this amount includes foreign grants, check here □ 28a 393,547.

28a 393, 547.

29 FUNDRAISING ON BEHALF OF SEQUOIA UNION HIGH SCHOOL FOUNDATION

(Grants \$ 112,743.) If this amount includes foreign grants, check here □ 29a 112,743.

29a 112,743.

30

(Grants \$) If this amount includes foreign grants, check here 30a

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ► **31a**

31 a

32 Total program service expenses (add lines 28a through 31a)

32 506,290.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(b) Title and average hours **(c) Compensation (if)** **(d) Contributions to** **(e) Expense account**

(a) Name and address	per week devoted to position	not paid, enter -0-.)	employee benefit plans and deferred compensation	and other allowances
SEE ATTACHED LIST		0.	0.	0.
199 CHURCHILL AVE		0		
WOODSIDE, CA 94062				

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		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

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		X
35b		

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

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.

36		X
37b		X

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?

38a		X
38b	N/A	

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a 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.

40a		
40b		X

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,' complete Schedule L, Part I

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? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► CA

42a The books are in care of ► JAYNE SMITH, TREASURER Telephone no ► 650-367-9750
Located at ► 199 CHURCHILL AVE WOODSIDE CA ZIP + 4 ► 94062

	Yes	No
42b		X

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 ►

42c		
42d		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

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 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

	<input type="checkbox"/>	N/A
43		

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44		X
45		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

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.

SEE STATEMENT 5

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?

49b

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

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 and 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 receiving over \$100,000 ►		

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	Date 5/20/10
	► <i>Jayne Smith, Treasurer</i>	
	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ► <i>Debra L. CPA</i>	Date 5/20/10
	Firm's name (or yours if self employed), address, and ZIP + 4 ► LEDWITH, HOUGHTON & CO, CPA'S 643 BAIR ISLAND RD, #105 REDWOOD CITY, CA 94063	Check if self employed ► <input type="checkbox"/> N/A
		EIN ► N/A
		Phone no ► (650) 306-1400

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOODSIDE HIGH SCHOOL FOUNDATION

Employer identification number

32-0232205

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 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 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 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
11g (i)		
11g (ii)		
11g (iii)		

b Provide the following information about the organizations the organization supports

RAA

For more information on the California Consumer Privacy Act and how we handle your personal information, see the instructions for Form 506.

Schedule A (Form 350 or 350 EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

BAA

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 yr 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 'unusual grants.')					505,421.	505,421.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in an activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	0.	0.	0.	0.	505,421.	505,421.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						505,421.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0.	0.	0.	0.	505,421.	505,421.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					34,664.	34,664.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	34,664.	34,664.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV					219,322.	219,322.
13 Total support. (add lns 9, 10c, 11, and 12)						759,407.
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 checked="" 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	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
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		► <input type="checkbox"/>
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 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		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- 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.

Name of the organization

WOODSIDE HIGH SCHOOL FOUNDATION

Employer identification number
32-0232205

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

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have 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 990EZ filers are not required to complete this table.

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 AUCTION INCOME (event type)	(b) Event #2 TOUR FOR WOODS (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	144,957.	74,365.		219,322.
	2 Less. Charitable contributions.				
	3 Gross revenue (line 1 minus line 2)	144,957.	74,365.		219,322.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	36,046.	21,674.		57,720.
	8 Direct expense summary. Add lines 4- through 7 in column (d)			►	57,720.
	9 Net income summary. Combine lines 3 and 8 in column (d)			►	161,602.

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				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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)			►	

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

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

10a

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?

11
12

• 13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

13a	%
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 contact with a third party from whom the organization receives gaming revenue?

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?

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 ► \$ _____

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

WOODSIDE HIGH SCHOOL FOUNDATION

32-0232205

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	2008	2007	2006	2005	2004
SPECIAL FUNDRAISING EVENTS REVENUE					
	219,322.				
TOTAL	<u>\$ 219,322.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

WOODSIDE HIGH SCHOOL FOUNDATION

32-0232205

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	SEQUOIA UNION HIGH SCHOOL DISTRICT
DONEE'S ADDRESS:	1201 BREWSTER AVE
	REDWOOD CITY, CA 94062
CASH AMOUNT GIVEN:	\$ 112,744.
DONEE'S NAME:	WOODSIDE HIGH SCHOOL
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 359,120.
DONEE'S NAME:	WOODSIDE HIGH SCHOOL STUDENT BODY
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 15,520.
DONEE'S NAME:	WOODSIDE HIGH SCHOOL ATHLETIC BOOSTERS
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 1,000.
DONEE'S NAME:	WOODSIDE HIGH SCHOOL DRAMA BOOSTERS
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 10,047.
DONEE'S NAME:	WOODSIDE HIGH SCHOOL MUSIC BOOSTERS
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 5,650.
DONEE'S NAME:	WOODSIDE HIGH SCHOOL PTSA
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 400.
DONEE'S NAME:	WHS CHEMISTRY GRANTS VARIOUS DONEES
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 635.
DONEE'S NAME:	WHS WRESTLING GRANTS VARIOUS DONEES
DONEE'S ADDRESS:	199 CHURCHILL AVE
	WOODSIDE, CA 94062
CASH AMOUNT GIVEN:	\$ 1,175.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK FEES/CREDIT CARD FEES	\$ 4,410.
DATA BASE ADMINISTRATION	2,305.
OTHER SERVICES	766.
SOFTWARE	433.
STORAGE	1,038.

2008

FEDERAL STATEMENTS

PAGE 2

WOODSIDE HIGH SCHOOL FOUNDATION

32-0232205

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

SUPPLIES	\$	1,747.
WEBSITE EXPENSE		1,773.
	TOTAL	<u>\$ 12,472.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER OF FUNDS FROM FOUNDATION FOR THE FUTURE (SEE STMT)	\$	1,296,262.
	TOTAL	<u>\$ 1,296,262.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE WOODSIDE HIGH SCHOOL FOUNDATION IS
DEDICATED TO MAKING A SUSTAINABLE, POSITIVE
IMPACT ON THE QUALITY OF EDUCATION
FOR ALL WOODSIDE HIGH SCHOOL STUDENTS

STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

OTHER CHANGES IN NET ASSETS, PAGE 1, LINE 20-

PRIOR TO 9/1/08, FUNDS TO SUPPORT WOODSIDE HIGH SCHOOL WERE DONATED TO FOUNDATION FOR THE FUTURE. THAT FOUNDATION MAINTAINED SEPARATE BANK AND INVESTMENT ACCOUNTS FOR SUPPORT OF WOODSIDE HIGH SCHOOL. ON 3/10/08, A SEPARATE ORGANIZATION, WOODSIDE HIGH SCHOOL FOUNDATION, WAS INCORPORATED. ITS PURPOSE WAS CONTINUE THE FUND RAISING ACTIVITIES FOR THE BENEFIT OF WOODSIDE HIGH SCHOOL, PREVIOUSLY DONE UNDER THE AUSPICES OF THE FOUNDATION FOR THE FUTURE. WOODSIDE HIGH SCHOOL FOUNDATION DID NOT BEGIN ITS ACTIVITIES, HOWEVER, UNTIL 9/1/08, WHEN FUNDS WERE TRANSFERRED TO ITS CONTROL AND FUND RAISING, UNDER ITS ORGANIZATIONAL TITLE, BEGAN.

TOTAL FUNDS TRANSFERRED TO THE CONTROL OF WOODSIDE HIGH SCHOOL FOUNDATION AS OF BEGINNING OF BUSINESS, 9/1/09, WAS \$1,296,262.

FAIR MARKET VALUE OF NET ASSETS AS OF 8/31/08 WAS \$1,215,266
FAIR MARKET VALUE OF NET ASSETS AS OF 8/31/09 WAS \$1,286,406

TOTAL UNREALIZED LOSS ON ENDOWMENT SECURITIES HELF FOR THE YEAR ENDING 8/31/09 WAS \$98,309

2008

FEDERAL SUPPORTING DETAIL

PAGE 1

WOODSIDE HIGH SCHOOL FOUNDATION

32-0232205

**SPECIAL EVENTS
OTHER DIRECT EXPENSES
AUCTION INCOME**

SERVICES	\$ 21,040.
ENTERTAINMENT	5,700.
COPYING AND PRINTING	3,834.
SOFTWARE AND WEBSITE MAINT	2,385.
ADVERTISING	1,366.
AUCTION ITEM	978.
OTHER	743.
TOTAL	\$ 36,046.

**SPECIAL EVENTS
OTHER DIRECT EXPENSES
TOUR FOR WOODSIDE**

ADVERTISING	\$ 3,872.
DIRECTOR FEE	1,275.
SUPPLIES	16,527.
TOTAL	\$ 21,674.

**BALANCE SHEET
PERMANENTLY RESTRICTED**

TOTAL	\$ 1,076,488.
	\$ 1,076,488.

• **WOODSIDE HIGH SCHOOL FOUNDATION
EXECUTIVE BOARD
2008-2009**

Nancy Arbuckle	Vice President
Leslie Ballinger	Directors
Michael Bray	Directors
Marsha Bondurant	Directors
Kathleen Carr	Co President
Linda Collins	Directors
Maryann Derwin	Directors
Lisa Duncan	Directors
Denise Hines	Directors
Mary Jordan	Secretary
Donna Losey	Directors
Rob Lyman	Directors
Margie MacKenzie	Directors
Dennis McBride	Directors
Noelle Mendoza	Directors
Tina Patrick	Directors
Karen Peterson	Directors
Karen Rago	Directors
Daivd Reilly	Directors
Marc Rosati	Co-President
Jayne Smith	Treasurer
Michelle Stanley	Directors
Bonnie Sterngold	Directors
Diane Talbert	Directors
Colleen Tate	Directors
Bunny Weiss	Directors
David/spouse	Directors
Barbara Wood	Directors

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization WOODSIDE HIGH SCHOOL FOUNDATION	Employer identification number 32-0232205
	Number, street, and room or suite number. If a P O box, see instructions LEDWITH, HOUGHTON & CO, CPA'S 643 BAIR ISLAND RD, #105	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions REDWOOD CITY, CA 94063	

Check type of return to be filed (File a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► _____ FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/15, 20
- 5 For calendar year 2008, or other tax year beginning _____, 20 _____, and ending _____, 20 _____
- 6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- 7 State in detail why you need the extension. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Patricia A. Witz

Title ► CPA

Date ► 4/15/10

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)