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AMENDED RETURN

JAN 13 2010

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.

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

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning September 1, 2008, and ending August 31, 20 09

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Capital High School Foundation

Number and street (or P.O. box, if mail is not delivered to street address): 2707 Conger Ave NW — Room/suite

City or town, state or country, and ZIP + 4: Olympia, WA 98502

D Employer identification number: 91 1374331

E Telephone number: (360) 596-8000

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:** ▶ none

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

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ $

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 23,697
	2	Program service revenue including government fees and contracts			2 0
	3	Membership dues and assessments			3 0
	4	Investment income			4 553
	5a	Gross amount from sale of assets other than inventory	5a	50,716	
	b	Less: cost or other basis and sales expenses	5b	49,545	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c 1,171
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 23,697 of contributions reported on line 1)	6a	21,863	
	b	Less: direct expenses other than fundraising expenses	6b	11,617	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c 10,246
	7a	Gross sales of inventory, less returns and allowances	7a	0	
	b	Less: cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 0
	8	Other revenue (describe ▶ none)			8 0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9 35,667
Expenses	10	Grants and similar amounts paid (attach schedule)			10 19,000
	11	Benefits paid to or for members			11 0
	12	Salaries, other compensation, and employee benefits			12 0
	13	Professional fees and other payments to independent contractors			13 0
	14	Occupancy, rent, utilities, and maintenance			14 0
	15	Printing, publications, postage, and shipping			15 144
	16	Other expenses (describe ▶ WA State filing,insurance, storage facility)			16 617
	17	**Total expenses.** Add lines 10 through 16 ▶			17 19,761
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 15,906
	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 76,204
	20	Other changes in net assets or fund balances (attach explanation)			20 (6,771)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21 85,339

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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	112,250	22	125,871
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	112,250	25	125,871
26	**Total liabilities** (describe ▶ beg/end balance in custodial accts not disbursed)	36,046	26	40,532
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	76,204	27	85,339

15

9-9

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

What is the organization's primary exempt purpose? **provide scholarships**

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.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	**Conduct various fund raising activities as outlined in Schedule G and accept unrestricted donations in order to provide scholarships to graduating seniors. In fiscal year 2008-2009, we provided 15 individuals with $12,000.00 in scholarship money.** (Grants $ 12,000.00) If this amount includes foreign grants, check here ▶ ☐	28a	23,617
29	**Accept, account for, and administer restricted custodial account donations that provide scholarship money to graduating seniors. In fiscal year 2008-2009 we administered and provided 7 individuals with $7000.00 in scholarship money.** (Grants $ 7000.00) If this amount includes foreign grants, check here ▶ ☐	29a	7,000
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	30,617

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Richenda Richardson-President/Director 222 4th Ave. W, Olympia, WA 98501	2	0	0	0
Randy Johnson, Secretary/Director 4740 Cooper Point Road NW, Olympia, WA 98502	2	0	0	0
Dori Mitchell-Treasurer/Director 5715 Countryside Beach NW, Olympia, WA 98502	5	0	0	0
Michelle Anderson-Faculty Representative 2707 Conger NW, Olympia, WA 98502	1	0	0	0
Jenny Morgan-Faculty Counselor/Scholarship Rep. 2707 Conger NW, Olympia, WA 98502	2	0	0	0
Brenda Howe-Director 3036 Sunset Beach Dr NW, Olympia, WA 98502	2	0	0	0
Sally Marsh-Director 6049 Marantha Lane SW, Olympia, WA 98512	2	0	0	0
Debra Miles-Director 5220 Sunset Dr NW, Olympia, WA 98502	2	0	0	0
Cella Rivera-Director 3204 32nd Ct NW, Olympia, WA 98502	1	0	0	0
Cynthia Sanderson-Director 1805 6th Ave SW, Olympia, WA, 98502	3	0	0	0
Deb Steele-Director 5209 Klahanie Dr NW, Olympia, WA 98502	3	0	0	0
Paul Taylor-Director 2620 Madrona Beach Dr NW, Olympia, WA 98502	1	0	0	0
Susan Williams-Director 1967 Orchard Dr NW, Olympia, WA 98502	2	0	0	0
Cynthia Wolfe-Director 3220 Sunset Beach Dr NW, Olympia, WA 98502	3	0	0	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	33		✓
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	34		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
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		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		✓
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		✓

41 List the states with which a copy of this return is filed. ▶ NONE

42a The books are in care of ▶ Dori Mitchell, Treasurer Telephone no. ▶ (360) 866-8834
Located at ▶ 5715 Countryside Beach NW, Olympia, WA ZIP + 4 ▶ 98502

			Yes	No
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: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
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: ▶	42c		✓

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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization(s) a section 527 organization?	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 & 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 ▶		

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.

Dori Mitchell — Signature of officer — 1-11-2010 — Date

Dori Mitchell-Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no. ▶ ( )

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

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

Name of the organization	Employer identification number
CAPITAL HIGH SCHOOL FOUNDATION	91 : 1374331

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 33⅓ % 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 33⅓ % 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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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									

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 any "unusual grants.")	7,160	29,585	6,125	3,950	23,697	70,517
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1-3	7,160	29,585	6,125	3,950	23,697	70,517
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)						31,140
6 **Public support.** Subtract line 5 from line 4.						39,377

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	7,160	29,585	6,125	3,950	23,697	70,517
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,219	1,308	2,499	2,397	553	8,976
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						79,493

12 Gross receipts from related activities, etc. (see instructions) 12 112,040

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	49.54 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	54.25 %

16a **33⅓% support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . ▶ ☐

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 . . . . ▶ ☐

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 ▶ ☐

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.")						
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						
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						
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.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						

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** ▶ ☐

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 **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 ▶ ☐

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)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► 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
CAPITAL HIGH SCHOOL FOUNDATION

Employer identification number
91 : 1374331

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

2a 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? Yes	(iii) No	(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
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.

WASHINGTON

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 SEE'S CANDY (event type)	(b) Event #2 F/D & M/S SOCIAL (event type)	(c) Other Events PAVER SALES (total number)	(d) Total Events (Add col (a) through col. (c))
Revenue	1 Gross receipts	13,688	7,375	800	21,863
	2 Less: Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	13,688	7,375	800	21,863
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	9,855	1,742	20	11,617
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(11,617)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				10,246

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. N/A see attachment

		(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	0	0	0	0
Direct Expenses	2 Cash prizes	0	0	0	0
	3 Non-cash prizes	0	0	0	0
	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	0	0	0	0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				0

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

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .			
c	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ 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 ▶ $			

CHS FOUNDATION

91-1374331

SEPTEMBER 1, 2008 – AUGUST 31, 2009

IRS ATTACHMENT TO SCHEDULE G PART III

ALL FUNDRAISING EVENTS/ACTIVITIES AS REPORTED IN SCHEDULE G PART II DO NOT INVOLVE GAMING

CHS FOUNDATION SCHOLARSHIP AWARDS 2008
IRS-ATTACHMENT 2008 990-EZ LINE 10

23 SCHOLARSHIPS AWARDED FOR A TOTAL OF $20,000.00

CHSF	FINANCIAL NEED -"IEP STUDENT"	500.00	Nick Taylor
CHSF	FINANCIAL NEED	500.00	Lena Barnard
CHSF	FINANCIAL NEED	500.00	Tori Connor
CHSF	FINANCIAL NEED	500.00	Megan Leonard
CHSF	FINANCIAL NEED	500.00	Ty Carleton
CHSF	FINANCIAL NEED	500.00	Taylor Holt
CHSF	FINANCIAL NEED	1,000.00	Hannah Hallock
CHSF	FINANCIAL NEED	1,000.00	Pietro Ramsey
CHSF	FINANCIAL NEED	1,000.00	Caitlin McIver
CHSF	FINANCIAL NEED	1,000.00	Chandler Fry
CHSF	FINANCIAL NEED	1,000.00	Mabel Wilson
CHSF	FINANCIAL NEED	1,000.00	Kellie Rieck
CHSF	FINANCIAL NEED	1,000.00	Peter Arbaugh
CHSF	FINANCIAL NEED	1,000.00	Nadine Wrye
CHSF	FINANCIAL NEED	1,000.00	Lucas Nardella
CHSF	REFLECTS QUALITIES REMEMBEREDIN DEREK	1,000.00	Ayana Cleveland
CHSF	TRACK ATHLETE	500.00	Amanda Wright
CHSF	3.2 GPA / COMMUNITY SERVICE	1,000.00	Jacob Lee
CHSF	ART CURRICULUM / SCHOOL ACTIVITIES	500.00	Erin Thompson
CHSF	FINANCIAL NEED	1,000.00	Hannah Richards (UNCLAIMED)
CHSF	FRIENDLY, HONEST, SINCERE: prefer need & trade/voc school	1,000.00	Karl Wuepper
CHSF	PURSUE CAREER IN THE ARTS	1,000.00	Kathryn Suskin
CHSF	FINANCIAL NEED	2,000.00	Chris McIsaac

22 SCHOLARSHIPS ISSUED FOR $19,000.00

CHS FOUNDATION

91-1374331

SEPTEMBER 1, 2008 – AUGUST 31, 2009

IRS ATTACHMENT TO 990-EZ LINE 20

CAPITAL HIGH SCHOOL FOUNDATION HAS UNREALIZED GAINS/LOSSES ON INVESTMENT ACCOUNTS CARRIED AT MARKET VALUE AND DEFERRED REVENUE IN THE FORM OF DONATIONS RECEIVED FOR RESTRICTED CUSTODIAL SCHOLARSHIPS NOT YET EARNED/DISBURSED .

CHS FOUNDATION

91-1374331

SEPTEMBER 1, 2008 – AUGUST 31, 2009

IRS ATTACHMENT TO 990-EZ PART V LINE 35

CAPITAL HIGH SCHOOL FOUNDATION IS NOT SUBJECT TO THE TAX ON UNRELATED BUSINESS INCOME UNDER SECTION 511 OF THE CODE. WE DID NOT DERIVE INCOME FROM ANY UNRELATED BUSINESS.