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990

ELECTION - CHANGING TAX YEAR-END (Rev. Proc. 2006-45)

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 1545-0047 2009

Open to Public

•		nue Service	•	The organization may ha	ave to use a copy of th	is return to s	atisfy state repo	orting requ	irements	Inspection	
A F	or the	2009 calenda	r year, or	tax year beginning		07-01	, 2009, and e	nding	12	-31 ,20 09	_
В	Check if	applicable	Please	C Name of organization FOR	EST GROVE BOOST	ER CLUB				D Employer identification no	_
	Address	change	use IRS label or	Doing Business As						93-1148886	
<u> </u>	vame ch	nange	print or type.	Number and street (or P O I	box if mail is not delivered to	street address)		Room/s	ute	E Telephone number	_
	nitial ret	um	See	PO BOX 736						(503) 357-0617	
ī	erminat	ed	Specific Instruc-	City or town, state or country	, and ZIP + 4					G Gross recepts	
	mende	d return	tions,	Forest Grove, OF						\$ 62,58	15
	Applicati	on pending	F Name	and address of principal officer	JUDY VERBOORT			11/-> /-	. 45	6	
			4460	O NW PLUM HILL LN	, FOREST GROVE	, OR 9711	6	H(a) is	this a group ret	Yes X N	ю
11	ax-exer	mpt status	₹ 501(c) (3) ◀ (insert no)	4947(a)(1) or 527	<u> </u>		H(b) A	re all affiliates in	ncluded? Yes N	ю
<u>J (</u>	Vebsite	▶ N/A						H(c)	roup exemption	ist (see instructions) number	
	_	organization X	Corporation	Trust Association	Other ►	LY	ear of formation 1	.995	M State of lega	al domicile OR	
Pa	rt I	Summary	/								
	1	Briefly descri	be the org	ganization's mission or mo	ost significant activities	TO_	PROMOTE FO	REST GF	OVE SCHO	OL DISTRICT	
- 3		STUDENT A	THLETI	CS AND ACTIVITIES	NOT COVERED IN	SCHOOL	DISTRICT B	UDGET.			
∯ G											
\ v					 						
.Ve -Ùr	2			the organization disconti	•	•				1	
t n	3		_	bers of the governing boo	•						_9
ce n	4		•	nt voting members of the		•		• • • • •	4		_0
〔sc _e	5			yees (Part V, line 2a) •					5		0
. A.	6	Total number	of volunt	eers (estimate if necessa	ry)	· · · · · ·	· · · · · · · ·	• • • • •	6		_
Ž	7a	Total gross u	nrelated t	ousiness revenue from Pa	art VIII. eolung (C) Ting	=18/FD			7a		_0
	b	Net unrelated	busines	s taxable income from Foi	rm 990-T, line 844 U	Land V Land	70	• • • • •	7b		0
ζ̈́R						A 0040		Prio	r Year	Current Year	
∩ e	8			nts (Part VIII, line 1h)	65 . VAR. () 9 2010.	. 1001			1,00	10
e e	9	_		nue (Part VIII, line 2g) •	四		<u>. [</u>				_0
n u	10	Investment in	ncome (Pa	art VIII, column (A), lines	3, 4, and Pa	EVI . 1]	<u> </u>		32,938	11,58	5
ē	11	Other revenu	ie (Part V	III, column (A), lines 5, 60	d, 8c, 9c, 10k, and 4c)	ولا الصا	• • • •			ļ	_0
	12			es 8 through 11 (must equ	· ·				32,938	 	
	13			ounts paid (Part IX, colun					41,000	7,00	_
E	14	•		members (Part IX, column			⊢				0
X D	15		•	nsation, employee benefit		•					0
ė	1			ng fees (Part IX, column (/	•	• • • • • •				ļ	_0
n s	1		• .	nses (Part IX, column (D),	· · ·						_
e s	ı	•	•	X, column (A), lines 11a-	•				5,974	.1	_
	1			nes 13-17 (must equal Pa		•			46,974		_
	19	Revenue less	s expense	s Subtract line 18 from l	ine 12 • • • • • •	• • • • •			(14,036	 	
Net Asset:	5 20	T-tal assets ((Dad V. I	10)			-	Beginning of	Current Year	End of Year	_
or Fund	20	· ·		ne 16) • • • • • • • • • • • • • • • • • • •		• • • • • •			797,916	801,67	<u>_</u> 0
Ba⊦	21		•	line 26) · · · · · · ·		• • • • •			797,916	801,67	
ances				ances Subtract line 21 fro	om line 20 · · · ·		• • • • • • • • • • • • • • • • • • • •		797,910	001,67	<u>-</u>
Pai	rt II	Signatur Under genaltie		K I declare that I have examined to	his return, including accomp	anving schedule	es and statements	and to the he	st of my knowled	dae	_
				t, and complete Declaration of p						ige	
Sig	n		\geq 0	1 - 1 / 20					1	8/4/m	
		Signature	e of officer	1 James		.			l Da	te OF 170	-
Her	е	1 7	ľ	, TREASURER					-		
			rint name a	<u> </u>							
		 				Date	Check	. If	Preparer's ide	entifying number	_
		Preparer's signature			P		colf	yed ►X	(see instruction		
Paid		Jigi lata 6		yamar. Iw	han.	07-14-2		yea - 🔼			
•	arer's			JF Nelson LTC	EA ACCTG and T	_!		EIN	<u> </u>		_
Use	Uniy	Firm's name (d			Center Loop E S			 `"	-		
		address, and a		Wilsonville, O				Phone no	▶ 503-68	1-9626	
May	the ID	S discuss this	return week	h the preparer shown she		<u> </u>	 	L HOUR NO		VVes No	_

Forn	n 990 (2009) FOREST GROVE BOOSTER CLUB	93-1148886	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	TO PROMOTE FOREST GROVE SCHOOL DISTRICT STUDENT ATHLETICS AND ACTIVITIES NOT COV	ERED IN	
	6CHOOL DISTRICT BUDGET.	<u>-</u>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·	· · · Yes	X No
	If "Yes," describe these new services on Schedule O	٠٠٠ لي	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	TVas	X No
	If "Yes," describe these changes on Schedule O	163	Z NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	- 4	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	na	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
	1,000		
4a	(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue	\$)
	PROVODED FUNDING FOR SCHOOL ACTIVITIES THAT ARE NOT IN BUDGET OF SCHOOL DISTRICT		
4b	(Code) (Expenses \$ 6,000 including grants of \$ 6,000) (Revenue	\$)
	PROVIDE SCHOLARSHIP FUNDING TO HIGHER EDUCATION INSTITUTIONS FOR DESERVING SCHOO	L DISTRICT	
	STUDENTS.		
		· · · · · · · · · · · · · · · · · · ·	
			
			
		-	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
40	(Code) (Expenses \$) (Revenue	—	
		<u> </u>	
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 7,000		

Form 990 (2009)

FOREST GROVE BOOSTER CLUB

93-1148886

Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X
3	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	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			
		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	-	<u>X</u>
U	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes."			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	_ ا		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		.,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		X
Ü	complete Schedule D, Part III	8		3.7
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	P -		<u>X</u>
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		17
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		-	X
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		v
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	<u>''</u>		X_
	VII, VIII, IX, or X as applicable	11		Х
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		i	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part iX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		İ	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	i	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			-
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ĺ	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	+n the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		!	
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I · · · · · · · · · · · · · · · · · ·	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		Χ

EEA

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • • 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return? · · · · · · · · · · · · · · · · · · ·	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O • • • • • • • • • • • • • • • • • •	3b		
4a	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)?····································	4a		X
b	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			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	_7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	74		
	·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
	Did the organization make a distribution to a donor donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	42-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Pai	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below and			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in			
	Schedule O See instructions			
<u>Sec</u>	tion A. Governing Body and Management			
10			Yes	No
1a	Enter the number of voting members of the governing body • • • • • • • • • • • • • • • • • • •			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
,	any contract and an area of the property of th	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			١
4	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	-	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	_		
		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following			
a	The governing body?	8a	X	ļ <u>.</u> .
b	Each committee with authority to act on behalf of the governing body?	8b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	nue Code)			
40-	Describe account to be a basel described to the second of		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			•
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization RALPH VASSEY (503) 357-0617			
	3327 HILLSIDE WAY FOREST GROVE OR 97116			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 \overline{X} Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(8)			(C)			(D)	(E)	(F)
Name and Title .	Average hours per week	Post I t d Inri I se v t c I e t de r a o I r	I t n r s u t s i t t e	Office	K	at apply Home I omp h p l ee o s n y t a e t e d	F	Reportable compensation from the organization (W-2/1099-MSC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations
JUDY VERBOORT										
PRESIDENT	1.00	Х		X				C	0	0
LINDA THOMPSON										
VICE PRES		Х		X				C	0	0
GEOFF JOHNSTON										
SECRETARY		Х	L	X				c	o	0
RALPH VASSEY										
TREASURER	1.00	X		l x				c	0	0
DALE CHRISTOPHERSON										
BOARD MEMBER		x				İ		c	0	0
KATHY BAHNSEN										
BOARD MEMBER		x						[c	0	0
TOBY STANLEY										
BOARD MEMBER		Х						C	0	0
FRANK WENZI										
BOARD MEMBER		Х						c	0	0
BRENDA VANDERKIN										
BOARD MEMBER		Х						O	0	0
									.	
						ļ				
	FFΔ									Form 990 (2009)

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Employe	es, an	d Hi	ighe	st C	ompei	nsate	ed Employees (co	ntınued)			
	` (A)	(B)			(C)			(D)	(E)	(F)		
	Name and Title	Average		~ ·		т —	at apply	$\overline{}$	Reportable	Reportable			
	•	hours per week	It d nri dur se vte de o u o l	nr su t s t t e u e t	f c e	Key employee	H c e m p n e n e e e e e e e e e e e e e e e e	o r E	compensation from the organization (W-2/1099-MSC)	compensation from related organizations (W-2/1099-MSC)	con or ar	mount of other opensation the ganization of relate ganization of relate ganization of the ganization o	on on d
				a I	ļ	Ľ				·			
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			<u></u>	L.									
	Total · · · · · · · · · · · · · · · · · · ·							•	0	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those listed	abov	e) w	ho r	ecer	ved mo	ore t	han \$100,000 in	0			
										·· u		Yes	No
	Did the organization list any former officer, director o employee on line 1a? If "Yes," complete Schedule J t										3		X
	For any individual listed on line 1a, is the sum of repo										<u> </u>		
	the organization and related organizations greater the												
	Individual • • • • • • • • • • • • • • • • • • •									• • • • • • •	4		X
	services rendered to the organization? If "Yes," comp	-		-			_				5		Х
	tion B. Independent Contractors				•								
1	Complete this table for your five highest compensate compensation from the organization	d independen	t contr	acto	rs th	at re	eceive	d mo	ore than \$100,000	of			
	(A)								(B)		_	(C)	_
	Name and business address	s				-	-		Description of s	ervices	Comp	ensation	
									 				
2	Total number of independent contractors (including b	ut not limited	to the	o lie	ted	aha	VO) 111	0.50	cewed				
	more than \$100,000 in compensation from the organ		เบ แบง	5 IIS	, cu	aบ0'	ve)w∩	U 18	celveu				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all cdumns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) (B) (D) Total expenses Program service Fundrasing 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV line 21 1,000 1,000 2 Grants and other assistance to individuals in 6,000 6,000 3 Grants and other assistance to governments, organizations, and individuals outside the Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 10 11 Fees for services (non-employees) а b Accounting Lobbying d Professional fundraising services See Part IV, line 17 • f a 12 Advertising and promotion 70 70 13 Office expenses 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 1,753 23 1,753 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) а b C d е Total functional expenses. Add lines 1 through 24f · · 8,823 8,823 0 0 25 Joint Costs. Check here ▶ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs

Form 990 (2009)

from a combined educational campaign and

fundraising solicitation · · · · · · · · · · · · · · · ·

Part X	Balance Sheet			
	•	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	1,621	1	5,799
2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	168,895	2	59,450
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		1	
	employees, and highest compensated employees. Complete Part II of	-	1	
	Schedule L · · · · · · · · · · · · · · · · · ·		5	
6	Receivables from other disqualified persons (as defined under section			
A	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1	
ŝ	Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
s 7	Notes and loans receivable, net		7	
e t 8	Inventories for sale or use		8	
s 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D · · · · · 10a		1	
b	'		10c	
11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	627,400	11	736,429
12	Investments - other securities See Part IV line 11		12	
13	Investments - program-related See Part IV line 11		13	
14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
15	Other assets See Part IV line 11 · · · · · · · · · · · · · · · · · ·		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	797,916	16	801,678
17	Accounts payable and accrued expenses		17	-
18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
L 19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
i 20	Tax-exempt bond liabilities		20	
b 21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·	·	21	
22	Payables to current and former officers, directors, trustees, key			
¦	employees, highest compensated employees, and disqualified			
t	persons Complete Part II of Schedule L		22	
e 23	Secured mortgages and notes payable to unrelated third parties		23	
s 24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	(
	Organizations that follow SFAS 117, check here X and			
F	complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	797,916	27	801,678
n d 28	Temporarily restricted net assets	··-	28	
u 29	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •		29	
В	Organizations that do not follow SFAS 117, check here		 	· · · · · · · · · · · · · · · · · · ·
a	and complete lines 30 through 34.			
a 30	Capital stock or trust principal, or current funds		30	
n 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32	Retained earnings, endowment, accumulated income, or other funds		32	
s 33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	797,916	33	801,678
	1	797,916		801,678
34	Total liabilities and net assets/fund balances EEA	797,916	34	Forr

Form 990 (2009)	

FOREST GROVE BOOSTER CLUB

93-1148886

Page 12

Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB CircularA-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L

EEA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) ronexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ

▶ See semarate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FOREST GROVE BOOSTER CLUB 93-1148886 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) q 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). 11 X 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 b Type II c Type III-Functionally integrated a Type I d X Type III-Other e X 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (iii) below, the governing body of the supported organization? Х 11g(i) (ii) A family member of a person described in (i) above? Х 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (ii) EIN (i) Name of supported (iii) Type of organization (w) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? (see instructions)) Yes No Yes No Yes FOREST GROVE SCHOOL 93-0566292 PUBLIC SCHOO X X 1,000 X Total 1,000

Schedule I (Form 990) 2009 **Open to Public** (h) Purpose of grant OMB No 1545-0047 Inspection or assistance 2009 X Yes Employer identification number 93-1148886 (g) Description of non-cash assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. (e) Amount of non-cash ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 (c) IRC secton if applicable 2 Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance (p) EIN FOREST GROVE BOOSTER CLUB (a) Name and address of organization or government Department of the Treasury Name of the organization Internal Revenue Service SCHEDULEI (Form 990) Part II

Part III

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

93-1148886

EXPLANATION (FORM 990 PART III LINE 4b): THE FOUR (4) \$1500.00 CHECKS WERE WRITTEN DIRECTLY TO FOUR (4) INSTITUTIONS OF HIGHER EDUCATION (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) PACIFIC NW COLLEGE OF ART, 1241 NW JOHNSON ST, PORTLAND, OR \$1500. (STUDENT-JANAE SCHMIDELKOFER) WESTERN OREGON UNIVERRSITY, 345 N MONMOUTH AVE, MONMOUTH, OR \$1500.(STUDENT-LUKE PETERS) non-cash assistance (d) Amount of UNIVERSIATY OF OREGON, PO BOX 3237, EUGENE, OR \$1500. (STUDENT-CAMERON RUTLEDGE) 6,000 SNOW COLLEGE, 150 COLLEGE AVE, EPHRAIM, UT \$1500. (STUDENT-ALEX MATIACO) (c) Amount of cash grant FOR THE BENEFIT OF FOUR (4) FOREST GROVE SCHOOL DISTRICT STUDENTS. (b) Number of recipients 01. Supplemental information (Part IV, additional) SCHOLARSHIPS FOR SCH DISTR STUDENTS (a) Type of grant or assistance Part IV

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open to Public Inspection Employer identification number

FOREST GROVE BOOSTER CLOB 93-1148886
01. Governing documents, etc, available to public (Part VI, line 19)
THE ORGANIZATION MAKES ITS CONTACT INFORMATION AVAILABLE TO THE GENERAL PUBLIC THROUGH THE
INTERNAL REVENUE SERVICE WEBSITE LISTING OF CHARITIES AND THROUGH THE OREGON DEPARTMENT OF
JUSTICE WEBSITE. UPON REQUESST FROM A MEMBER OF THE GENERAL PUBLIC A COPY OF THE
REQUESTED INFORMATION IS MADE AVAILABLE AT A MUTUALLY CONVENIENT TIME AND LOCATION FOR
BOTH PARTIES.
02. General explanation attachment
ELECTION E102
FORM 990 LINE A TAX YEAR-END CHANGED FROM FISCAL 7/1 - 6/30 TO CALENDAR YEAR-END PER REV.
PROC. 2006-45 AND CLARIFIED AND MODIFIED BY REV. PROC. 2007-64.

Form **8868**

(Rev April 2009)

Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

Internal Revenue Service File a separate application for each return.				
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box · · · · · · · · · · · ▶ [χ]				
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868				
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)				
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete				
Part I only · · · · · · · · · · · · · · · · · · ·				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns				
one of the retu electronically in returns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic externs noted below (6 months for a corporation required to file Form 990-T). However, you cannot for (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 606 composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed pereceptions on the electronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.Charities	ile Form 8868 9, or 8870, group page 2 (Part II) of)	
Type or print	Name of Exempt Organization	Employer id	entification number	
	FOREST GROVE BOOSTER CLUB	93-11488		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions			
due date for filing your	PO BOX 736			
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Forest Grove, OR 97116-0736				
Check type of	return to be filed (file a separate application for each return)			
X Form 990 Form 990-T (corporation)		Form 4720	Form 4720	
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form		Form 5227	Form 5227	
Form 990-EZ Form 990-T (trust other than above)				
☐ Form 990-PF ☐ Form 1041-A ☐ Form				
Telephone No ► 503-357-0617 FAX No ► If the organization does not have an office or place of business in the United States, check this box				
2 If this tax year is for less than 12 months, check reason Initial return Final return X Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
	nonrefundable credits. See instructions	3a	\$	
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
	is made. Include any prior year overpayment allowed as a credit	3ь	\$	
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
	See instructions	3с	\$	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO				
for payment instructions				