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## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Department of the Treasury  
Internal Revenue Service► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>Jul 1</b>	<b>, 2009, and ending</b>	<b>Jun 30</b>	<b>, 2010</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>			<b>D Employer identification number</b>
<input type="checkbox"/> Address change	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>KLEIN COLLINS HIGH SCHOOL TIGER BELLES BOOSTER CLUB</b>			27-0105673
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
<input type="checkbox"/> Initial return		20811 ELLA BLVD			(832) 484-5500
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Amended return		SPRING		TX 77388-3873	<b>F Group Exemption Number</b>
<input type="checkbox"/> Application pending					► 3946

• 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) ►

<b>I Website:</b> ► <u>N/A</u>	<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 3 ) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return</b>	
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ</b>	► \$ <u>28,363.</u>

**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
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 <u>5,232.</u>
4 Investment income	4
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)	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 \$ <u>21,257.</u> of contributions reported on line 1)	6a <u>21,257.</u>
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c <u>21,257.</u>
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 <u>1,874.</u>
8 Other revenue (describe ► <u>OTHER INCOME</u> )	8 <u>1,874.</u>
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 <u>28,363.</u>
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11 <u>3,663.</u>
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 <u>590.</u>
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► <u>See Other Expenses Statement</u> )	16 <u>41,682.</u>
17 <b>Total expenses.</b> Add lines 10 through 16	17 <u>45,935.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <u>-17,572.</u>
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 <u>24,850.</u>
20 Other changes in net assets or fund balances (attach explanation)	20 <u>12,588.</u>
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 <u>19,866.</u>

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments	24,850.	22 <u>15,802.</u>
23 Land and buildings	0.	23 <u>0.</u>
24 Other assets (describe ► <u>See L-24 Stmt</u> )	0.	24 <u>4,064.</u>
25 <b>Total assets</b>	24,850.	25 <u>19,866.</u>
26 <b>Total liabilities</b> (describe ► <u>See L-26 Stmt</u> )	0.	26 <u>14,850.</u>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	24,850.	27 <u>19,866.</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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## Part V Other Information (Note the statement requirements in the instrs for Part V.)

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

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a  X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36  X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year? 37b  X

38 a 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 outstanding at the end of the period covered by this return?** 38a  X

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

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_; section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b  X

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e  X

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

42 a The organization's books are in care of ► SANDY WEHMEYER Telephone no ► (713) 870-3224  
 Located at ► 23047 RED LEO LANE SPRING TX ZIP + 4 ► 77389

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 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**

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45  X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

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

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization 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 a section 527 organization?

**50** Complete this table for the organization's 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				
-----				
-----				
-----				
-----				
-----				

**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

**51** Complete this table for the organization's 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		
-----		
-----		
-----		
-----		
-----		

**d** Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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			
	► <i>Sandy Von Arb</i>	Date	10-13-10	
	Signature of officer			
► <i>Sandy Von Arb, President</i>				
Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See Instructions)
	Firm's name (or yours if self employed), address, and ZIP + 4 ► <i>Self-Prepared</i>	EIN		
	ZIP + 4	Phone no	► <input type="checkbox"/>	

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

BAA

►  Yes  No

Form 990-EZ (2009)

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

KLEIN COLLINS HIGH SCHOOL TIGER BELLES BOOSTER CLUB

Employer identification number  
27-0105673

**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. (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)**.  
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)**.  
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)**.  
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
(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 supported organizations

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

**Total**

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

**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) ►**

- 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-through 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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

- 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. ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
12						

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

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
- 16a **33-1/3 support test – 2009.** 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. ►
- b **33-1/3 support test – 2008.** 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. ►
- 17a **10%-facts-and-circumstances test – 2009** 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 – 2008.** 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. ►

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Schedule A (Form 990 or 990-EZ) 2009

**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) ►

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 through 5

7a Amounts included on lines 1, 2, 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 amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13						

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 2009 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2008 Schedule A, Part III, line 15 16 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b **33-1/3 support tests – 2008.** 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 ►

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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

**Schools**

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- Attach to Form 990 or Form 990-EZ.

Name of the organization

KLEIN COLLINS HIGH SCHOOL TIGER BELLES BOOSTER CLUB

Employer identification number

27-0105673

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Schedule O (Form 990)

NONE

	YES	NO
1		X
2		X
3		X
4a		X
4b		X
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e	X	
5f		X
5g		X
5h		X
6a		X
6b		X
7		X

- 4 Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990)

NONE NEEDED

- 5 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?

- h Other extracurricular activities?

If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990)

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization's right to such aid ever been revoked or suspended?

If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990)

- 7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990)

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

**Open to Public  
Inspection**

**Name of the organization**

Employer identification number

KLEIN COLLINS HIGH SCHOOL TIGER BELLES BOOSTER CLUB

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

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

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

**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.

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.

REVENUE		(a) Event #1 <u>AAYF</u> (event type)	(b) Event #2 <u>FALL FESTIVAL</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col. (a) through col (c))
		13,105.	6,113.		19,218.
1	Gross receipts	13,105.	6,113.		19,218.
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	13,105.	6,113.		19,218.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
10	Direct expense summary Add lines 4- through 9 in column (d)				
11	Net income summary Combine lines 3, column (d) and line 10				19,218.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1, column (d) and line 7				

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?

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

13 Indicate the percentage of gaming activity operated in:

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

YES	NO
13a	%
13b	%

14 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$ \_\_\_\_\_

15a

17a

Name as Shown on Return

KLEIN COLLINS HIGH SCHOOL TIGER BELLES BOOSTER CLUB

Employer Identification No  
27-0105673

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE		525.
ACCRUED EXPENSES		3,539.
Totals to Form 990-EZ, Part II, line 24		4,064.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCRUED FEES		14,850.
Totals to Form 990-EZ, Part II, line 26		14,850.

**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2009**

**Part I – Identifying Information**

Employer Identification Number	27-0105673				
Name	KLEIN COLLINS HIGH SCHOOL TIGER BELLES BOOSTER CLUB				
Address	20811 ELLA BLVD				
City	SPRING	State	TX	ZIP Code	77388-3873
Foreign Country					
Telephone Number	(832) 484-5500 Extension				
Fax	E-Mail Address				

**Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

<input checked="" type="checkbox"/> Form 990-EZ <b>only</b>	<input type="checkbox"/> Form 990-EZ <b>with</b> Form 990-T
<input type="checkbox"/> Form 990 <b>only</b>	<input type="checkbox"/> Form 990 <b>with</b> Form 990-T
<input type="checkbox"/> Form 990-PF <b>only</b>	<input type="checkbox"/> Form 990-PF <b>with</b> Form 990-T
<input type="checkbox"/> Form 990-T <b>only</b>	<input type="checkbox"/> Form 990-N (gross receipts \$25,000 or less) <b>for Electronic Filing only</b>

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line

**Part III – Type of Organization**

<input checked="" type="checkbox"/> 501(c) Corporation/Association	_____ 3 (subsection number)	<input type="checkbox"/> 220(e) Trust
<input type="checkbox"/> 501(c) Trust	_____ (subsection number)	<input type="checkbox"/> 408A Trust
<input type="checkbox"/> 4947(a)(1) Trust		<input type="checkbox"/> 529(a) Corporation
<input type="checkbox"/> 408(e) Trust		<input type="checkbox"/> 529(a) Trust
<input type="checkbox"/> 401(a) Trust		<input type="checkbox"/> 530(a) Trust
Other _____ (describe)		<input type="checkbox"/> 527 Organization
		<input type="checkbox"/> 501(c) Association

**Part IV – Tax Year and Filing Information**

<input type="checkbox"/> Calendar year			
<input checked="" type="checkbox"/> Fiscal year –	Ending month	_____ 6	
<input type="checkbox"/> Short year –	Beginning date	_____	Ending date _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2009 Estimated Taxes Paid**

Check this box if the organization is a private foundation Form 990-T      Form 990-PF

Amount of 2008 overpayment credited to 2009 estimated tax

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	10/15/09				
2nd Quarter Payment	12/15/09				
3rd Quarter Payment	03/15/10				
4th Quarter Payment	06/15/10				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI – Electronic Filing Information****Electronic Filing:**

File the federal return electronically

**Practitioner PIN program:**

Sign this return electronically using the Practitioner PIN  
 ERO entered PIN

Officer's PIN (enter any 5 numbers) \_\_\_\_\_

Date PIN entered \_\_\_\_\_

**Electronic Filing of Extensions:**

Check this box to file **Form 8868** (application for extension of time to file return) electronically

**Information required for Electronic Filing:**

Officer's Name \_\_\_\_\_

**Electronic Filing of Amended Return:**

Check this box to file **amended return** electronically

**Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)****Yes****No**

Use **electronic funds withdrawal of federal balance due (EF only)?**  
 Use **electronic funds withdrawal of Form 8868 balance due (EF only)?**  
 Use **electronic funds withdrawal of amended return balance due (EF only)?**

If any options selected above, enter information below, (Review transferred information for accuracy)

**Bank Information**

Name of Financial Institution (optional)

Check the appropriate box

Checking  Savings

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

**Payment Information**

Enter the payment date to withdraw tax payment \_\_\_\_\_

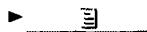
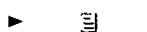
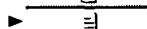
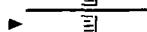
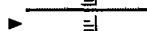
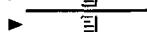
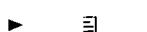
Balance due amount from this return \_\_\_\_\_

Enter an amount to withdraw tax payment \_\_\_\_\_

If partial payment is made, the remaining balance due \_\_\_\_\_

**Part VIII – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation Sandy**Part IX – Return Preparer**Enter preparer code from Firm/Preparer Info (See Help) XSP**QuickZoom** to Firm/Preparer Info**QuickZoom** to Form 990-EZ, Pages 1 through 4**QuickZoom** to Form 990, Page 1**QuickZoom** to Form 990-PF, Page 1**QuickZoom** to Form 990-T, Page 1**QuickZoom** to Form 990-N, e-PostCard**QuickZoom** to Client Status

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>AAYF FUNDRAISER EXPENSE</u>	8,158.
<u>BANQUET EXPENSE</u>	4,499.
<u>BELLE BALL EXPENSE</u>	7,334.
<u>CAMP EXPENSE</u>	85.
<u>COMPETITION EXPENSE</u>	10,570.
<u>DANCE DEPARTMENT SHOW EXPENSE</u>	541.
<u>SHOWCASE EXPENSE</u>	474.
<u>FALL FESTIVAL EXPENSE</u>	4,820.
<u>FIREWORKS FUNDRAISER EXPENSE</u>	100.
<u>FOOTBALL SEASON EXPENSE</u>	651.
<u>ASSESSMENT FEE REIMBURSEMENT</u>	225.
<u>BANK FEES</u>	133.
<u>SHIRTS</u>	1,543.
<u>SOCIAL EVENTS</u>	2,105.
<u>WEBSITE EXPENSE</u>	444.
<u>Total</u>	<u>41,682.</u>

## Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

**Special Events and Activities Smart Worksheet**

If the organization reports more than \$15,000 on line 6a (not including the contribution amount in the parenthesis), then Part II of Schedule G should be completed for events with gross receipts greater than \$5,000.

If the organization reports more than \$15,000 on line 6a (not including the contribution amount in the parenthesis) and any part of the amount is gross revenue from gaming, then it must complete Schedule G, Part III, to report its gaming activities.

See the instructions for more information.

Is the organization required to complete Schedule G?

<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
→	→	→	→
→	→	→	→

**QuickZoom** to Schedule G, page 2, Part II, Fundraising Events

**QuickZoom** to Schedule G, page 2, Part III Gaming