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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

Open to Public Inspection

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 requirements

A For the 2009 calendar year, or tax year beginning AUG 1, 2009 and ending JUL 31, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KENNEDY BOOSTER CLUB	D Employer identification number 51-0193415
	Number and street (or P.O. box, if mail is not delivered to street address) 4545 WENIG ROAD NE	E Room/suite 319-558-2251
	City or town, state or country, and ZIP + 4 CEDAR RAPIDS, IA 52402	F Group Exemption Number ►

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► WWW.KENNEDYACTIVITIES.COM
H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527
 K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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.

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 ► \$ 178,574.

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 80,732.
	2 Program service revenue including government fees and contracts	2 18,540.
	3 Membership dues and assessments	3
	4 Investment income	4 122.
	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 checked="" type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 31,741.
	b Less: direct expenses other than fundraising expenses	6b 18,612.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 13,129.
	7a Gross sales of inventory, less returns and allowances	STMT 4 7a 46,359.
	b Less cost of goods sold	7b 26,135.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 20,224.
	8 Other revenue (describe ► MISC)	8 1,080.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 133,827.
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 6,588.
	16 Other expenses (describe ►)	16 138,987.
Net Assets	17 Total expenses. Add lines 10 through 16	17 145,575.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -11,748.
	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 18,318.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 6,570.

Part II Balance Sheets. 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.)	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	29,362.	22 24,824.
23	Land and buildings		23
24	Other assets (describe ►)	7,018.	24 5,848.
25	Total assets	36,380.	25 30,672.
26	Total liabilities (describe ►)	18,062.	26 24,102.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,318.	27 6,570.

932171
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2009)

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

Expenses

What is the organization's primary exempt purpose? SEE STATEMENT 7

1. 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, and other relevant information for each program title

28 KENNEDY ATHLETIC BOOSTER CLUB WORKED IN SUPPORT OF ALL
CO-CURRICULAR ACTIVITIES PROVIDED BY KENNEDY HIGH SCHOOL.

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

1

145,575.

29

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

30

If this amount includes foreign grants, check here

31 Other program services (attach schedule)

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

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

145,575.

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
SEE STATEMENT 6				

Part V **Other Information** (Note the statement requirements in the instructions 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
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

	Yes	No
33	X	
34	X	

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?
 b If "Yes," has it filed a tax return on Form 990-T for this year?

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

► 37a 0.

35a	X
35b	N/A

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

36	X
37b	X

b Did the organization file Form 1120-POL for this year?
 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

38a	X
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39 Section 501(c)(7) organizations Enter

38b	N/A
39a	N/A
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

39b	N/A
40b	X

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

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

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

► 0.

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

► 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e	X
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41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **RUTH LAMB** Telephone no. ► **319-558-2251**
 Located at ► **4545 WENIG ROAD NE, CEDAR RAPIDS, IA** ZIP + 4 ► **52402**

	Yes	No
42b	X	

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

42c	X
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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

43	►	<input type="checkbox"/>
		N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
44	X	
45	X	

Form 990-EZ (2009)

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

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"

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(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

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 N/A	(b) Type of service	(c) Compensation

d 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		
	Signature of officer Ruth Lamb	Date 10/10/10	Date 10/10/10
Type or print name and title RUTH LAMB, TREASURER			
Paid Preparer's Use Only	Preparer's signature Ruth A. Lamb, CRA	Date 10-7-10	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (See instr.) CLIFTON GUNDERSON LLP 1715 1ST AVENUE SE CEDAR RAPIDS, IA 52402		EIN <input type="checkbox"/> Phone <input type="checkbox"/> no (319) 363-2697
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization

Employer identification number
51-0193415

Environ Biol Fish

KENNEDY BOOSTER CLUB

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

Total ►

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1 COUGAR DEN (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,773.	7,270.		21,043.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,773.	7,270.		21,043.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,935.	2,513.		13,448.
	10 Direct expense summary Add lines 4 through 9 in column (d)				► (13,448)
	11 Net income summary Combine line 3, column (d), and line 10				► 7,595.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 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 _____

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

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

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

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 contract 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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
PROGRAM ALLOCATIONS	131,366.
INSURANCE	819.
WEBSITE	618.
SALES TAX	2,082.
MISC EXPENSE	2,483.
CREDIT CARD SERVICES	449.
DEPRECIATION	1,170.
TOTAL TO FORM 990-EZ, LINE 16	138,987.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE	1,266.	1,266.
OTHER DEPRECIABLE ASSETS	5,752.	4,582.
TOTAL TO FORM 990-EZ, LINE 24	7,018.	5,848.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	18,062.	24,102.
TOTAL TO FORM 990-EZ, LINE 26	18,062.	24,102.

FORM 990-EZ

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

STATEMENT 4

INCOME

1. GROSS RECEIPTS	46,359
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	46,359
4. COST OF GOODS SOLD (LINE 13)	26,135
5. GROSS PROFIT (LINE 3 LESS LINE 4)	20,224

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	
8. COST OF LABOR	
9. MATERIALS AND SUPPLIES	26,135
10. OTHER COSTS	
11. ADD LINES 6 THROUGH 10	26,135
12. INVENTORY AT END OF YEAR	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . .	26,135

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

FORM 990-EZ

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

STATEMENT 6

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

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CHUCK BAXTER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
SUE MUENCH, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DEB HANSON, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DOUG KELLY, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
CHERYL JONTZ, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
SCOTT CRAWLEY, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
GAIL MILLER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
JUDY WORLEY, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
JULIE STEWART, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
LORI CHADICK, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
NANCY BELL, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
CARAN WASTA, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
KIM BRUNS, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
BILL HAPPEL, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
ROB STAUDACHER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
KAY STAUDACHER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
AL NUNNIKHOVEN, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.

KENNEDY BOOSTER CLUB

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BARB WAGNER, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
MARK ROSS, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
SHELLY GALBRAITH, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
VERN BOENISH, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DAN KOSKAMP, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
ROBIN KOSKAMP, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TONI WHITE, 4545 WENIG RD NE, CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

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