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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** JULY 1, 2013, and ending JUNE 30, 2014

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization** XCTF BOOSTERS  
**Number and street (or P O box, if mail is not delivered to street address)** 6483 ANSELBY STREET  
**Room/suite** \_\_\_\_\_  
**City or town, state or province, country, and ZIP or foreign postal code** SAN DIEGO, CA 92120

**D Employer identification number** 51-0664311  
**E Telephone number** (619) 203-2600  
**F Group Exemption Number** ▶ \_\_\_\_\_

**G Accounting Method**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ WWW.PHXCTF.ORG

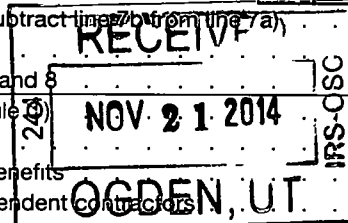
**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527

**K Form of organization**  Corporation  Trust  Association  Other \_\_\_\_\_

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . .** ▶ \$ 17,000.00

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1		2		3		4		5a		5b		5c		6a		6b		6c		6d		7a		7b		7c		8		9		10		11		12		13		14		15		16		17		18		19		20		21	
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																								1	3,000.00																														
	2	Program service revenue including government fees and contracts . . . . .																								2	0																														
	3	Membership dues and assessments . . . . .																								3	0																														
	4	Investment income . . . . .																								4	0																														
	5a	Gross amount from sale of assets other than inventory . . . . .												5a	0																																										
	b	Less: cost or other basis and sales expenses . . . . .												5b	0																																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .												5c	0																																										
	6	Gaming and fundraising events																																																							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .												6a	0																																										
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .												6b	14,000.00																																											
c	Less: direct expenses from gaming and fundraising events . . . . .												6c	17,000.00																																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .												6d	< 3,000.00																																											
7a	Gross sales of inventory, less returns and allowances . . . . .												7a	0																																											
b	Less: cost of goods sold . . . . .												7b	0																																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .												7c	0																																											
8	Other revenue (describe in Schedule O) . . . . .																								8	0																															
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																								9	0																															
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																								10	0																														
	11	Benefits paid to or for members . . . . .																								11	0																														
	12	Salaries, other compensation, and employee benefits . . . . .																								12	0																														
	13	Professional fees and other payments to independent contractors . . . . .																								13	0																														
	14	Occupancy, rent, utilities, and maintenance . . . . .																								14	0																														
	15	Printing, publications, postage, and shipping . . . . .																								15	0																														
	16	Other expenses (describe in Schedule O) . . . . .																								16	0																														
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																								17	0																															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																								18	0																														
	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	14,260.00																														
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																								20	0																														
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶																								21	0																														



SEARCHED DEC 2 2014



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>35b</b> . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>35c</b> . . . . .		
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> <u>ϕ</u>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>37b</b> . . . . .		
<b>38a</b> 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 tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>38b</b> . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>39a</b> . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>39b</b> . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>ϕ</u> ; section 4912 ▶ <u>ϕ</u> ; section 4955 ▶ <u>ϕ</u>		
<b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ <u>ϕ</u>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>ϕ</u>		
<b>e</b> 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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <u>CALIFORNIA</u>		
<b>42a</b> The organization's books are in care of ▶ <u>RENEE JONES</u> Telephone no. ▶ <u>(619) 203-2600</u> Located at ▶ <u>6883 AUBERLY STREET SAN DIEGO, CA</u> ZIP + 4 ▶ <u>92120</u>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <u>N/A</u> ▶ <b>43</b> <u>ϕ</u> <input type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <u>N/A</u>	<b>44d</b>	
<b>44d</b> . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

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

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

	Yes	No
47		<input checked="" type="checkbox"/>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

48		<input checked="" type="checkbox"/>
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

49a		<input checked="" type="checkbox"/>
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**b** If "Yes," was the related organization a section 527 organization? . . . . . N/A

49b		
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**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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>NONE</u>				

**f** Total number of other employees paid over \$100,000 . . . . . NONE

**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 business address of each independent contractor	(b) Type of service	(c) Compensation
<u>NONE</u>		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . NONE

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

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.

**Sign Here**  
 Signature of officer: [Signature] Date: 6/30/2014  
 Type or print name and title: RONNE JONES, TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization

**XCTF BOOSTERS**

Employer identification number

**51-0664311**

**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 a 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.) **PUBLIC CHARITY STATUS 170(b)(1)(A)(vi) PER IRS LETTER 1045 DATED 8/7/2008**
- 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (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?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	20,056.00	15,611.00	12,300.00	32,000.00	3,000.00	82,967.00
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ
<b>4 Total.</b> Add lines 1 through 3 . . . . .	20,056.00	15,611.00	12,300.00	32,000.00	3,000.00	82,967.00
<b>5</b> 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) . . . . .						ϕ
<b>6 Public support.</b> Subtract line 5 from line 4.						82,967.00

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	20,056.00	15,611.00	12,300.00	32,000.00	3,000.00	82,967.00
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ
<b>11 Total support.</b> Add lines 7 through 10						82,967.00
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12 14,420.00	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 <i>NA</i> . . . . .	<b>15</b>		%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>15</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 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 I Liquidation, Termination, or Dissolution (continued)**

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III . . . . .
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .
- b If "Yes," did the organization provide such notice? . . . . .
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? . . . . .
- 6a Did the organization have any tax-exempt bonds outstanding during the year? . . . . .
- b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? . . . . .
- c If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

	Yes	No
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	N/A						

2	Did or will any officer, director, trustee, or key employee of the organization:	Yes	No
a	Become a director or trustee of a successor or transferee organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Become a direct or indirect owner of a successor or transferee organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE DISREGARD THIS PAGE AS WE HAVE FINALLY RECEIVED THE CERTIFICATE OF DISSOLUTION ~~SEE ATTACHED COPY~~

**Part III Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PLEASE NOTE THAT WE WAITED AS LONG AS WE COULD FOR THE ATTORNEY GENERAL'S OFFICE OF CHARITABLE TRUSTS TO SEND THE WAIVER OF OBJECTIONS (IN ORDER TO BE DISSOLVED BY THE STATE) AS REQUESTED, BUT IT HASN'T ARRIVED YET. WE DID NOT WANT TO FILE OUR TAX RETURN LATE AND DO NOT WANT TO BE CHARGED ANY FINES OR PENALTIES SO WE ARE MAILING THIS FINAL TAX RETURN TO REMAIN IN COMPLIANCE, AND WILL MAIL THE LETTER WE RECEIVE FROM THE ATTORNEY GENERAL'S OFFICE TO THE IRS AS SOON AS WE RECEIVE IT.

PLEASE ALSO NOTE THAT WE ARE ATTACHING A COPY OF OUR CERTIFICATE OF DISSOLUTION WHICH HAS NOT BEEN CERTIFIED <sup>OR FILED</sup> BY THE SECRETARY OF STATE YET BECAUSE OF WAITING ON THE ATTORNEY GENERAL'S LETTER (AS MENTIONED ABOVE). FOR FURTHER EXPLANATION PLEASE SEE A COPY OF THE SECRETARY OF STATE'S NOTICE TO US ABOUT HAVING TO WAIT FOR THE ATTORNEY GENERAL'S WAIVER OF OBJECTIONS LETTER.

PLEASE ALSO SEE ATTACHED COPY OF NOTICE FROM THE ATTORNEY GENERAL'S OFFICE REQUESTING <sup>AN</sup> ADDITIONAL LETTER FROM US WHICH WE COMPLIED WITH AND MAILED IN SEPTEMBER IN ORDER TO RECEIVE THE WAIVER.

FINALLY RECEIVED ON 11/15/14  
SEE ATTACHED COPY

WE ARE CURRENTLY WAITING FOR THE WAIVER OF OBJECTIONS FROM THE ATTORNEY GENERAL IN ORDER TO HAVE THE SECRETARY OF STATE FILE OUR DISSOLUTION SO THAT WE CAN SEND YOU ONE OF THE CERTIFICATES WE REQUESTED IN ORDER TO COMPLY WITH THIS SCHEDULE N.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization

XCTF BOOSTERS

Employer identification number

51-0664311

PART I LINE 17 AND PART III LINE 32 :

OUR TOTAL EXPENSES WHICH INCLUDE PART I LINE 16

DIRECT FUNDRAISING EVENT EXPENSES OF \$17,420.00

PLUS PART II LINE 22 CASH IN BANK ACCT OF \$ 1,426.00

GRAND TOTAL OF EXPENSES = \$18,846.00.





State of California Secretary of State

2993843

Domestic Nonprofit Corporation Certificate of Dissolution

There is no fee for filing a Certificate of Dissolution. Important - Read instructions before completing this form.

DISS NP

01259948

FILED Secretary of State State of California

OCT 27 2014

ICC

LCP

This Space For Filing Use Only

1. Corporate Name - Enter the name of the domestic nonprofit corporation exactly as it is of record with the California Secretary of State

XCTF BOOSTERS

2. Required Statements - The following statements are required by statute and should not be altered

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board The corporation has been completely wound up and is dissolved.

3. Debts and Liabilities - Check the applicable statement Note Only one box may be checked

- Four checkboxes for debt/liability statements, with the last one checked: 'The corporation never incurred any known debts or liabilities'

4. Assets - Mutual Benefit or Consumer Cooperative Corporations ONLY Check the applicable statement Note Only one box may be checked

- Two checkboxes for asset statements, with the second one checked: 'The corporation never acquired any known assets'

5. Election - Check the 'YES' or 'NO' box as applicable Note If the 'NO' box is checked, a Certificate of Election to Wind Up and Dissolve pursuant to California Corporations Code section 1901, 6611 8611, 9680 or 12631 must be filed prior to or together with this Certificate of Dissolution

The election to dissolve was made by the vote of all the members of the corporation or the corporation has no members and the election was made by the vote of all the directors of the corporation [X] YES [ ] NO

6. Verification and Execution - If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate Any attachments to this certificate are incorporated herein by this reference

The undersigned constitute(s) the sole director or a majority of the directors now in office I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge

Handwritten signatures and dates of three directors on the left side.

Printed names of three directors on the right side.

D1259948

**KAMALA D. HARRIS**  
*Attorney General*

*State of California*  
**DEPARTMENT OF JUSTICE**



1300 I STREET  
PO BOX 903447  
SACRAMENTO, CA 94203-4470  
Public : (916) 445-2021x8  
Facsimile: (916) 444-3651  
Email: [dissolution@doj.ca.gov](mailto:dissolution@doj.ca.gov)

October 14, 2014

XCTF BOOSTERS  
6483 AMBERLY STREET  
SAN DIEGO CA 92120

CT FILE NUMBER: CT0145013

RE: Dissolution of XCTF BOOSTERS

Dear Directors:

We have reviewed the request for confirmation that the captioned corporation has no assets, together with the supporting documents attached thereto, relating to the proposed dissolution of the corporation. Based on the representations made in that request and on the content of the supporting documents submitted, the Attorney General's office confirms, pursuant to California Corporations Code section 6615(b)(2), that the corporation has no assets.

The corporation may proceed to submit its certificate of election to wind up and dissolve to the California Secretary of State.

AFTER the Secretary of State has endorsed the corporation's Certificate of Dissolution, please submit an endorsed-filed copy of the Certificate to the Registry of Charitable Trusts at the address set forth above.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Bohaty", written over a horizontal line.

KENNETH S. BOHATY  
Staff Services Analyst  
Registry of Charitable Trusts

For

KAMALA D. HARRIS  
Attorney General



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

OCT 30 2014

Date: \_\_\_\_\_ ASW

*Debra Bowen*  
DEBRA BOWEN, Secretary of State



Secretary of State  
Business Programs Division

1500 11<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Sacramento, CA 95814

Business Entities  
(916) 657-5448

XCTF BOOSTERS  
6483 AMBERLY ST  
SAN DIEGO CA 92120

October 30, 2014

RE: XCTF BOOSTERS

THIS LETTER IS JUST TO ADVISE YOU OF THE RECEIPT, ON OCTOBER 27, 2014,  
OF THE CERTIFICATE OF DISSOLUTION, SUBMITTED TO THIS OFFICE BY WAY OF  
REGULAR MAIL.

DOCUMENTS WILL BE PROCESSED IN CHRONOLOGICAL ORDER, BY DATE OF RECEIPT.

DOCUMENT FILING SUPPORT UNIT  
(916) 657-5448

NOTE: THE ABOVE REFERENCED NAME IS AS IT APPEARS ON THE DOCUMENTS  
RECEIVED AND IS NOT NECESSARILY THE CORRECT NAME AS IT IS OF  
RECORD IN THE OFFICE OF THE SECRETARY OF STATE.



State of California Secretary of State

DISS NP

WAITING ON CERTIFIED COPY OF DISSOLUTION

Domestic Nonprofit Corporation Certificate of Dissolution

There is no fee for filing a Certificate of Dissolution. Important - Read instructions before completing this form.

This Space For Filing Use Only

1 Corporate Name - Enter the name of the domestic nonprofit corporation exactly as it is of record with the California Secretary of State

XCTF BOOSTERS

2 Required Statements - The following statements are required by statute and should not be altered

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board The corporation has been completely wound up and is dissolved

3 Debts and Liabilities - Check the applicable statement Note Only one box may be checked

- Unchecked boxes for: The corporation's known debts and liabilities have been actually paid, The corporation's known debts and liabilities have been paid as far as its assets permitted, The corporation's known debts and liabilities have been adequately provided for by their assumption and the name and address of the assumer is, The corporation's known debts and liabilities have been adequately provided for as far as its assets permitted. Checked box: The corporation never incurred any known debts or liabilities

4 Assets - Mutual Benefit or Consumer Cooperative Corporations ONLY Check the applicable statement Note Only one box may be checked If the corporation is a public benefit or religious corporation, leave Item 4 blank and attach to this Certificate of Dissolution a letter from the California Attorney General's office waiving objections to the distribution of the corporation's assets pursuant to California Corporations Code section 6716(c) or confirming the corporation has no assets (see instructions)

- Unchecked box: The known assets have been distributed to the persons entitled thereto. Checked box: The corporation never acquired any known assets

5 Election - Check the "YES" or "NO" box as applicable Note If the "NO" box is checked, a Certificate of Election to Wind Up and Dissolve pursuant to California Corporations Code section 1901, 6611, 8611, 9680 or 12631 must be filed prior to or together with this Certificate of Dissolution

The election to dissolve was made by the vote of all the members of the corporation or the corporation has no members and the election was made by the vote of all the directors of the corporation [X] YES [ ] NO

6 Verification and Execution - If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate Any attachments to this certificate are incorporated herein by this reference

The undersigned constitute(s) the sole director or a majority of the directors now in office I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge

Date 6/30/2014

Signature of Director Sophia A. Thiros

Type or Print Name of Director Sophia A. Thiros

Signature of Director Michael P. Running Jr.

Type or Print Name of Director Michael P. Running Jr.

Signature of Director Renee Jones

Type or Print Name of Director RENEE JONES



E Name	XCTF BOOSTERS	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">COPY</div> Date July 14, 2014 Document(s) reviewed by Jason Collins - (916) 657-5448
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We are returning, unfiled, the  Certificate of Election  Certificate of Dissolution  Certificate of Surrender

**CORPORATE NAME**

The certificate must set forth the correct name of the corporation of record. This office has no record of a corporation by the name stated in the certificate(s). Please check your records, correct the certificate(s) and include the California corporate number to ensure that this filing is applied to the intended corporation.

**DEBTS & LIABILITIES**

The Certificate of Dissolution must include a statement regarding the disposition of the corporation's known debts and liabilities. If using Form DISS NP, check the applicable statement. Only one box may be checked.

The statement regarding the assumption of the debts and liabilities must include the name and address of the assumer.

The statement that the debts and liabilities have been paid as far as the assets permitted is in direct conflict with the statement that the corporation has no assets.

**ASSETS**

The Certificate of Dissolution must include a statement regarding the distribution of assets. If using Form DISS NP, check the applicable statement. Only one box may be checked.

**ELECTION**

Form ELEC NP. Check the applicable statement. Only one box may be checked. If the first box is checked, enter the number of members voting for the election to dissolve in the space provided.

This office has no record of a Certificate of Election to Wind Up and Dissolve as required by Corporations Code section 6611 or 8611, nor does the Certificate of Dissolution state either that the election to dissolve was made by the vote of all the members of the corporation or that the corporation has no members and the election to dissolve was made by the vote of all the directors of the corporation.

The Certificate of Election was filed. To complete the dissolution of the corporation, correct the Certificate of Dissolution as outlined in this letter and resubmit to this office for filing.

**SIGNATORY AUTHORITY (Form ELEC NP)**

Check the applicable statement. Only one box may be checked.

**VERIFICATION & EXECUTION**

The Certificate of Election must be signed, dated and verified by two of the corporate officers authorized by Corporations Code section 5062, a majority of directors now in office (or sole director if there is only one), or by one or more members authorized to do so by members representing at least 50% of the voting power.

The Certificate of Dissolution must be signed, dated and verified under penalty of perjury by a majority of the directors now in office (or by the sole director if there is only one).

The certificate(s) was not available for use as of the date signed. The date of execution must be the date the certificate(s) was actually signed. Note: The file date of the certificate(s) will be the date the corrected certificate(s) is received in this office.

**OTHER**

The corporate powers, rights and privileges have been **suspended/forfeited** by the Franchise Tax Board. Questions concerning the reason for suspension/forfeiture and the requirements for reinstatement must be directed to that agency at (800) 852-5711. The certificate(s) should not be returned to this office until the corporation has been revived.

The document(s) submitted is not applicable to a California nonprofit corporation.

Documents to terminate the corporation were previously filed. No further filings are required to be made with this office.

Effective January 1, 2012, the Certificate of Dissolution must include the statement: **All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.**

The certificate(s) cannot be filed without a letter from the Attorney General waiving objection to the distribution of the corporation's assets or confirming the corporation has no assets. The required letter can be requested by writing to the Office of the Attorney General, Registrar of Charitable Trusts, P O Box 903447, Sacramento, CA 94203-4470. Questions regarding the issuance of the required letter must be directed to the Attorney General's office at (916) 445-2021.

**SENT REQUEST FOR WAIVER OF OBJECTIONS TO THE ATTORNEY GENERAL'S OFFICE/REGISTRAR OF CHARITABLE TRUSTS.**

# COPY

**KAMALA D. HARRIS**  
Attorney General

State of California  
DEPARTMENT OF JUSTICE



1300 I STREET  
PO BOX 903447  
SACRAMENTO, CA 94203-4470  
Public (916) 445-2021x8  
Facsimile (916) 444-3651  
Email dissolution@doj.ca.gov

September 3, 2014

XCTF BOOSTERS  
6483 AMBERLY ST  
SAN DIEGO, CA 92120

CT FILE NUMBER: CT0145013

RE: Dissolution of XCTF BOOSTERS

Dear Directors:

The Attorney General's office has received notice of the dissolution of the captioned organization. In order to process a waiver of objections to the disposition of the corporation's assets we need the following document(s):

1. A letter, signed by a director of the corporation, or its attorney, that specifically requests a dissolution waiver of objections to the proposed distribution of assets, or confirming that the corporation has no assets remaining.

✓ DATE, SEE ATTACHED LETTER MAILED IN SEPTEMBER.

Please provide the above-requested document(s) within thirty (30) days of the date of this letter. If these documents are not submitted, the Attorney General's office will decline to waive objections to the disposition of the captioned corporation's assets upon dissolution pursuant to California Corporations Code section 6716 (section 8716 for mutual benefit corporations). If you have any questions, please contact me by email at the address shown above, or by telephone at 916 445 2021

Sincerely,

KENNETH S. BOHATY  
Staff Services Analyst  
Registry of Charitable Trusts

For

KAMALA D. HARRIS  
Attorney General

September 18, 2014

XCTF Boosters

6483 Amberly St.

San Diego, CA 92120

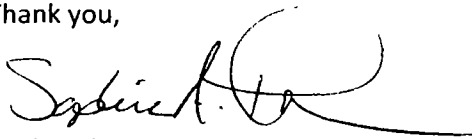
CT File Number : CT0145013

RE: Dissolution of XCTF Boosters

To: Attorney General's Office

We are requesting a dissolution waiver from the Attorney General's office in order to proceed with the dissolution of the XCTF Boosters. The XCTF Boosters has no assets remaining for distribution or transfer.

Thank you,

A handwritten signature in black ink, appearing to read "Sophia Thiros", with a large, stylized flourish extending to the right.

Sophia Thiros

XCTF Booster President