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. CISNNR491R

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization							Employer	dentificati	on number		
KODIAK BOOSTER CLUB Part I Reason for Public Charity Status (All organizations must complete this par							94-3164031				
						part.)	(see i	nstructi	ons)		
The organization is not a	private foundation becau	se it is: (Please check onl	у опе о	ganizati	on.)						
1 A church, conv	ention of churches or assi	ociation of churches descr	ibed in s	section '	170(b)(1)	XAXI).					
2 A school descri	bed in section 170(b)(1)(A)(ii). (Attach Schedule E.	.)								
3 A hospital or co	operative hospital service	e organization described ii	n section	n 1 70(b)	(1)(A)(iii). (Atta	ch Sche	dule H.)			
		d in conjunction with a ho							the hospi	tal's	
name, city, and		·	•			•					
5 An organization 170(b)(1)(A)(iv)	operated for the benefit (Complete Part II.)	of a college or university	owned o	roperati	ed by a	governn	nental u	nit descri	bed in sec	tion	
6 A federal, state	, or local government or	governmental unit describ	ed in se	ction 17	0(Б)(1)(А	\)(v).					
in section 170(DXI)(A)(vi). (Complete P	-		_	ernment	ał unit c	r from t	he genera	al public de	escribe	d '
		1 70(b)(1)(A)(vi). (Complete									
from activities investment inco	elated to its exempt func	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s complete Part III.)	exceptio	ns and	(2) no n	nore tha	m 33-1/	? 96 of its	Support fr	om ord	hee
		exclusively to test for pub									
more publicly s	upported organizations of	exclusively for the benefit lescribed in section 509(a) tation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, . See so	or carry ection 5	out the p 09(a)(3).	ourposes o Check the	f one o	or nat .
a 🗌 Type I	b Type II	c Type III	- Func	tionally	integrate	≥d		d∏	Type III-	Other	- //-
e By checking the than foundation 509(a)(2)	s box, I certify that the or managers and other tha	ganization is not controlle n one or more publicly su	d directi pported	y or ındi organiza	rectly by itions de	one or scribed	more d in secti	isqualified on 509(a)	d persons (1) or sec	other tion	
* * * * *	on received a written det	ermination from the IRS ti	hat is a	Type I, T	Гуре II о	r Type I	II suppo	rting orga	nization,		
g Since August 1	7, 2006, has the organiza	ition accepted any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?			
					-					Yes	No
(i) a person	who directly or indirectly	controls, either alone or to	ogether v	with pers	sons des	cribed i	n (ii) an	d (m)			
	governing body of the s	• •	•• ••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		· · · · · ·	11g()		
•	nember of a person desc	• • • • • • • • • • • • • • • • • • • •	••-	• • • • • • • • • • • • • • • • • • • •		••			11 g (ii)		
		described in (i) or (ii) ab							11 g (iii)		
	I	he organizations the orga	nization	support	<u> </u>						
(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	(y) Did you notify the organization in cot. the organization in cot. the organization in cot. (i) of your support? (V) Did you notify (v) is the organization in cot. (i) organization in cot. (i) organization in cot. (ii) organization in cot. (ii) organization in cot. (iii) organization in		ion in col	(vii) Amount of Support		port		
			Yes	_No	Yes	No	Yes	No			to the state of
•											
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chedule A (Form 990 or 990-EZ) 200		OSTER CLUB			94-3164031	Page 2
Part II Support Schedule for	Organizations (Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
(Complete only if you checke	d the box on line 5,	7, or 8 of Part I.)				
ection A. Public Support	<u> </u>				_ _	
alendar year (or fiscal year eginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 	19,350.	20,243.	32,240.	23,733.	23,548.	119,114.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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 1-3	19,350.	20,243.	32,240.	23,733.	23,548.	119,114.
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						119,114.
ection B. Total Support	,	- -			8-4C1	- marine marine and the second
alendar year (or fiscal year eginning in) ►	(a) 2004	(b) 2005	(c) 2005	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	19,350.	20,243.	32,240.	23,733.	23,548.	119,114.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,322.	2,766.	2,207.	1,088.	1,574.	8,957.
9 Net income form unrelated business activities, whether or not the business is regularly carried on	70,701.	55,849.	70,701.	55, 454.	65,066.	317,771.
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)					30,000	
11 Total support. Add lines 7 through 10						445,842
12 Gross receipts from related activ	ities, etc. (see instr	uctions)			12	317,711.
13 First five years. If the Form 990 organization, check this box and	is for the organizati	on's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	_
iection С. Computation of Pu	blic Support Pe	ercentage	_			
14 Public support percentage for 20	08 (line 6, column ((f) divided by line	11, column (f)			26.72%
15 Public support percentage for 20						71.30%
16a 33-1/3 support test – 2008. If the and stop here. The organization	e organization did n qualifies as a publi	ot check the box cly supported ora	on line 13, and the	he line 14 is 33·1/	3 % or more, check	this box
b 33-1/3 support test — 2007. If the and stop here. The organization	e organization did n	ot check a box on	line 13, or 16a,	and line 15 is 33-	1/3% or more, chec	k this box
17a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the facts-and	d-circumstances"	test, check this bi	ox and stop here.	Explain in Part IV	how _
b 10%-lacts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-and	d-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	how the
18 Private foundation. If the organi			· ·	-		
BAA		<u> </u>	<u> </u>		hedule A (Form 99	

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Schedule	A (Form 990 or 990-EZ) 2008	KODIAK BOOSTE	R CLUB	94-3164031	Page 4
Part IV	Supplemental Informat	tion. Complete this	part to provide the explar	nation required by Part II, line and information. (see instruction	10;
	Fart II, line 17a or 170;	or Part III, line 12.	Provide any other addition	nal information. (see instruction	ons)
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KODIAK BOOSTER CLUB PO BOX 3139 KODIAK AK 99615



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#### DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

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