



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► 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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning May 1 , 2008, and ending April 30 , 20 09	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization Alaska Arctic Ice Junior Hockey Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. Box 212366 City or town, state or country, and ZIP + 4 Anchorage, Alaska 99521-2366
D Employer identification number 92 0162670 E Telephone number (907) 333-8353 F Group Exemption Number . . . ►	G Accounting method: ☒ Cash ☐ Accrual Other (specify) ►

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

I Website: ► **N/A**

J Organization type (check only one)— ☒ 501(c) () ◀ (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **475,459.00**

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	0.00
2	Program service revenue including government fees and contracts	2	0.00
3	Membership dues and assessments	3	0.00
4	Investment income	4	0.00
5a	Gross amount from sale of assets other than inventory	5a	0.00
b	Less: cost or other basis and sales expenses	5b	0.00
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0.00
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☒		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	511,320.00
b	Less: direct expenses other than fundraising expenses	6b	475,459.00
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	35,861.00
7a	Gross sales of inventory, less returns and allowances	7a	0.00
b	Less: cost of goods sold	7b	0.00
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00
8	Other revenue (describe ►)	8	0.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	35,861.00
10	Grants and similar amounts paid (attach schedule)	10	AtchSch 29,500.00
11	Benefits paid to or for members	11	0.00
12	Salaries, other compensation, and employee benefits	12	0.00
13	Professional fees and other payments to independent contractors	13	0.00
14	Occupancy, rent, utilities, and maintenance	14	0.00
15	Printing, publications, postage, and shipping	15	0.00
16	Other expenses (describe ► Bank Charges, Post Office Telephone & State of Alaska)	16	1,792.00
17	Total expenses. Add lines 10 through 16	17	31,292.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,569.00
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	18,993.00
20	Other changes in net assets or fund balances (attach explanation)	20	(12,001.00)
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	11,561.00

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

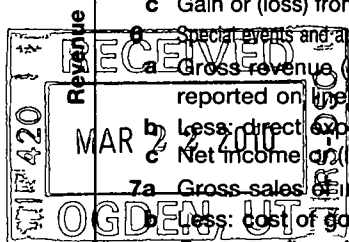
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,993.00	11,561.00
23 Land and buildings	0.00	0.00
24 Other assets (describe ►)	0.00	0.00
25 Total assets	0.00	0.00
26 Total liabilities (describe ► See attached Statement)	16,089.00	16,089.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,993.00	11,561.00

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

SCANNED APR 13 2010



Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28	Junior Hockey Support: Game, Team Travel & Lodging for prior years. Direct persons benefitted were the estimated 300 plus hockey athletes directly participating on the team or in the various team related activities leading to direct participation. Also benefitting were the local hockey associations & (Grants \$) If this amount includes foreign grants, check here	28a	29,500.00
29			
30			
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 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 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00		
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 unpaid at the start of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0.00		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a 0.00		
b Gross receipts, included on line 9, for public use of club facilities 39b 0.00		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.00		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.00		
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.		✓
41 List the states with which a copy of this return is filed. ▶		
42a The books are in care of ▶ <u>John F Kue Jr (Jack)</u> Telephone no. ▶ (907) 333-8353		
Located at ▶ <u>1811 Greendale Drive, Anchorage, Alaska</u> ZIP + 4 ▶ <u>99504-2921</u>		
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 .		
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		✓
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		✓

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|-----|--|-----|----|
| 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 | 46 | ✓ |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b | If "Yes," was the related organization(s) a section 527 organization? | 49b | ✓ |
| 50 | Complete this table for the 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 & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ►	None			

- 51** Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000 . . . ▶	None	

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**

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

Date 3/15/2010

John F. Knue Jr. President/Treasurer
Type or print name and title

**Paid
Preparer's
Use Only**Preparer's
signature 

Date

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no ► ()

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

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

- Open To Public Inspection

Name of the organization

Alaska Arctic Ice Junior Hockey

Employer identification number

92

0162670

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

- a** ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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. Form 990-EZ filers are not required to complete this table.

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.

State of Alaska

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 N/A (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶	()			
9 Net income summary. Combine lines 3 and 8 in column (d) ▶					

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	N/A	511,320.00	N/A	511,320.00
Direct Expenses	2 Cash prizes		397,698.00		397,698.00
	3 Non-cash prizes		0.00		0.00
	4 Rent/facility costs		0.00		0.00
	5 Other direct expenses		77,761.00		77,761.00
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					(475,459.00)
8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶					35,861.00

- 9** Enter the state(s) in which the organization operates gaming activities: Alaska
- 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:

- | | |
|------------|--------------|
| 13a | 0 % |
| 13b | 100 % |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ **John F. Knue Jr**Address ▶ **1811 Greendale Drive, Anchorage, Alaska 99504-2921****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

✓

- 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:

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?

17a

✓

- b**
- Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
- 29,500.00**

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization

Alaska Arctic Ice Junior Hockey

Employer identification number

92

0162670

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
N/A				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
N/A										
Total ► \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Form 990-EZ Page 1, Part I, Line 10 Schedule

Recipient	Purpose	Date	Amount
Wasilla Spirit Junior Hockey	Junior Hockey Support for Team Lodging and Travel Expenses	07/09/2008	\$9,000.00
Wasilla Spirit Junior Hockey	Junior Hockey Support for Team Lodging and Travel Expenses	08/12/2008	\$5,000.00
Wasilla Spirit Junior Hockey	Junior Hockey Support for Team Lodging and Travel Expenses	08/13/2008	\$2,000.00
Wasilla Spirit Junior Hockey	Junior Hockey Support for Team Lodging and Travel Expenses	02/17/2009	\$13,500.00

Form 990-EZ Page 1, Part I, Line 20

The difference between Net Assets or fund balance at end of year Line 21 has a \$12,001.00 difference which I was unable to figure out. It is possible that the difference has to do with the actual dates of postings of the Debit and Revenues. All bank statements balance out with checks and deposits during this period. Checked and double checked all accounts and math and could not find an error.

Form 990-EZ Page 1, Part II, Line 26

Special Events and Activities Statement

Borrower's Name and Title	John F. Knue Jr. (Jack) President and Treasurer
Original Amount	17,771
Balance Due	16,089
Date of Note	05/01/2004
Maturity Date	Undetermined
Repayment Terms	Loan will be repaid as money becomes available
Security Provided by Borrower	None
Purpose of Loan	Promote and Support Junior Hockey
Description and Fair Market Value of Statement	Cash 16,089