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Form

Department of the Treasury

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

	mai Revenue Se					of this return to sati		ig require	nems	Inspection
<u>A</u>	For the 2008 of	calendar ye	ear, or tax year be	ginning 7	/01/08 ,	and ending 6	/30/09			
В	Check if applicable	Please	C Name of organizat	bon					D Emplo	yer identification number
П	Address change	use IRS	_	Sno-K:	ing Amate	eur Hockey	Associa	tion		
H	•	label or	Doing Business As					-	1 23-	7275375
닏	Name change	print or type.		t (or PO box if mail is n	ot dolumend to street ad	deces)	Room	Jeuto	 	one number
	Initial return	See		124th Ave		•		E A		-821-7133
	Termination	Specific				ource A		<u>e a</u>		
금		Instruc-		ate or country, and 2	IP + 4	00004			G Gross rece	ipts \$ 2,342,920
	Amended return	tions.	Kirkla	<u>na </u>		WA 98034-	1414			
	Application pending	F Name	e and address of pri	ncıpal officer					H(a) Is this	a group return for
									affiliate	s? Yes X No
									H(b) Are all include	affiliates Yes No
									1	attach a list (see instructions)
	Tax-exempt sta	itus X	501(c) (3) (insert no)	4947(a)(1)	or 527			1	
<u> </u>		N/A	551(6)) (((()))		01 1 027			H(a) Com	exemption number
<u> </u>		<u> </u>		П г					I H(C) GIOUP	
^_	Type of organization		rporation Trust	Association	Other -		L Year of f	ormation		M State of legal domicile
		Summa								
	1 Briefly	describe tl	he organization's	mission or most s	significant activitie	es				
Ф	SEE	E BELOV	N							
<u>æ</u>	s									
2	5									
€.	1		. —							
. ⊖≨	2 Check	this box	If the org	anization disconti	nued its operation	ns or disposed of m	ore than 25% of	ts assets		
F 35	3 Numbe	er of voting	members of the	governing body (I	Part VI, line 1a)				3	
≥¥e	4 Numbe	er of indepo	endent voting me	mbers of the gove	erning body (Part	VI, line 1b)			4	10
SCANNED JAN & GRAPAME	5 Total n	umber of e	employees (Part \	√, line 2a)					5	27
cti	6 Total ne		olunteers (estima	•					6	
1114	7a Total o			venue from Part V	/III line 12 colum	ın (C)			7a	-238,943
¥.	h Noture				P	···(O)			7b	-238,943
Z-	D Net uili	leiateu bus	siness taxable inc	come from Form 9	990-1, line 34	197		Prior Ye		Current Year
Ķ	8 Contrib	utions and	d grants (Part VIII	lino 1h\	1 -	RECEIVE	·		4,462	55,222
ည္က	O Decemb		-	•	<i> ⊊ </i>	TAL	$U \rightarrow U$		2,262	1,341,604
SC Revenue	1		revenue (Part VII		/ks/	JAN 1 4 2010	<u>~~.</u>			
ě				mn (A), lines 3, 4,		2011	າ /౭/∟		9,186 2,270	-167,653
_										58,393
	12 Total re	evenue —a	idd lines 8 throug	h 11 (must equal	Part VIII; column	(A) line 12)	<u> </u>	1,37	9,808	1,287,566
	13 Grants	and simila	ar amounts paid (Part IX, column (/	A), lines 1-3)	L. C. L. L. L. Color				
	ĺ			Part IX, column (A	•	•	, ~			
	I			ployee benefits (P		\\ lmes 5_10\	 	21	3,394	282,629
enses						(), lines 5—10)	-		- / 	
ë				t IX, column (A), I		A7 E	72 ├─			
Expe	b lotal tu	_		X, column (D), line	=	47,5	′2 <u> </u>	1 0 4	F CET	1 256 040
ш	17 Other e	expenses ((Part IX, column ((A), lines 11a-11d	, 11f-24f)				5,657	1,356,042
	18 Total e	xpenses /	Add lines 13-17 (i	must equal Part I)	K, column (A), line	e 25)			9,051	1,638,671
	19 Revenu	ue less ex	penses Subtract	line 18 from line	12				9,243	-351,105
Net Assets or	693			-				Beginning		End of Year
set	20 Total a	ssets (Par	t X, line 16)						3,662	7,039,419
Z Z	21 Total lia	abilities (P	art X, line 26)				ĺ	7,15	6,089	6, <u>994,091</u>
25	22 Net ass			ract line 21 from I	ine 20			27	7,573	45,328
F			re Block				· -			
				lore that I have ever	and the return in	cluding accompanying	ashadulas and state	monte one	I to the best of	f my knowledge
	a	and belief, it	strue_correct, and	complete Declarati	on of preparer (other	er than officer) is based	on all information	of which pre	parer has any	knowledge
e:	\	A	\rightarrow						1 1/5	{/ l0
Sig				<u> </u>						
He	ere •	Sygnaju	re of officer	1 111		Traini	a /		Date	
			renda	L. Ma	ems -	Treasur	<u>e/</u>			
		Type or	print name and title	<u></u>	ī		- -			
			<u> </u>	1 11	11.		Date	Check	ıf	Preparer's identifying number
Pa	ו או	Preparer's signature			K X			self.	. \square	(see instructions) P00023816
Pr	eparer's⊢ੌ	- graduit	1 (/2		100	6 00	1/04/1	U emplo		
	- 1	im's name		REENWOOD	OHLUND	& CO. LLP	, CPA's		EIN	▶ 91-0873571
	1	f self-employ	yed), 1	445 NW 5					Phone	
	a	address, and	SIZIP+4 S	EATTLE, V	VA 9810	7			no ▶	206-782-1767
Ма	y the IRS disci	uss this re	turn with the prep	arer shown above	e? (see instructio	ns)				Yes No
				uction Act Notic						Form 990 (2008)

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

		Hockey Association 23-7 ce Accomplishments (see instruction	7275375 (s)	Page 2
1 Briefly descr	nbe the organization's mission	oo Accomplianmento (see manusiano)		
SEE BEL	OW			
	· · ·	ogram services during the year which were not lis	sted on	
•	m 990 or 990-EZ? cribe these new services on Schedu	le O		Yes X No
	nization cease conducting, or make	significant changes in how it conducts, any progra	am	Yes 🗓 No
services? If "Yes," des	cribe these changes on Schedule O			Tes A No
		each of the organization's three largest program s id section 4947(a)(1) trusts are required to report		
	· · · · · · · · · · · · · · · · · · ·	enue, if any, for each program service reported	the amount of grants and	
YOUTH MOPHYSICA	ON OF AMATEUR HOCE OVEMENT OBJECTIVES	49,230 including grants of \$ KEY IN ACCORDANCE WITH A S AMONG WHICH INCLUDES P ION, TEAMWORK, DISCIPLIN ON AUTHORITY.	ROMOTING)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4d Other progra	am services (Describe in Schedule (
(Expenses			Revenue \$	
4e i otal progr	am service expenses > \$	1,249,230 (Must equal Part IX, Line	25, column (B))	Form 990 (200

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		v	
40	Parts VI, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	4.		х
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
b	Did the organization maintain an office, employees, or agents outside of the U.S.?	144		
Ü	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.40		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			v
	24b–24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
А	to defease any tax-exempt bonds?	24d		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			_
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			_
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
			000	(0000:

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III, IV, and V, line 1

Schedule R, Part V, line 2

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

organization? If "Yes," complete Schedule R, Part V, line 2

No

X

X

X

X

X

X

X

X

X

X

X

33

34

35

36

Checklist of Required Schedules (continued) Yes 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32

> 37 X Form **990** (2008)

_ Pa	int v Statements Regarding Other IKS Filings and Tax Compliance			г
			Yes	No
1a		1		
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	┥		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		₹.	
	gaming (gambling) winnings to prize winners?	1c	X	
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 27	┨╻	₹.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		•	
	this return?	3a	X	├─-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		├──
4a	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, secunties account, or other financial	١.		
	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country	ŀ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts	_ ا		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
6 -	Regarding Prohibited Tax Shelter Transaction?	5c 6a	 	X
6a	Did the organization solicit any contributions that were not tax deductible?	Ua .	_	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		$\vdash \vdash$
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
a	\$75?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 		
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7		
_	benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7 <u>h</u>		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	_		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1.	L	<u> </u>

	1990 (2008) Sno-King Amateur Hockey Association 23-7275375			age 6
Pa	Governance, Management, and Disclosure (Sections A, B, and C request information about	ut policies r	not	
Sec	required by the Internal Revenue Code.)	 ,		
	Mon A. Governing Body and management		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions	ì		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		~	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
<u> </u>	COLD. FOLICIES		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	NO
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
•	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		х
13	Does the organization have a written whistleblower policy?	13	х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	j 1	.	
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b_	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	L	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
K.	organization ► SNO-KING AMATRUER HOCKEY 14326 124TH AVE NE STE A IRKLAND WA 98034	425-82	1-7	122
			_ /	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion (C) call ti	hat ap	(ylqı	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRENDA ADAMS		x						0	0	(
BILL AUDYCKI		- ^	<u> </u>		ļ	+	-	0		
DIRECTOR		x						o	0	(
DOUG D'EWART	<u> </u>	^		 			_	<u>_</u>		
DIRECTOR		x						o	0	(
JON GRIMM			\vdash			\vdash				
DIRECTOR		x						o	0	(
DIANE GUNDER	SEN	 	\vdash							,
DIRECTOR		X			l			o	0	C
KEITH RETTIG										
DIRECTOR		X						o	0	
KIM ROBERSON										<u> </u>
DIRECTOR		X						0	0	
DOUG ROSS										
DIRECTOR		X		L				0	0	
WIM VANDERSE	EK									
DIRECTOR		<u> </u>	<u> </u>		lacksquare	L		0	0	
								o	0	C
GORDON BROWN		1								
PRESIDENT			ĺ	X				o	0	(
MATT LUNDY		\neg								
VICE PRES.				X				0	0	(
BRENDA DARNE	ROUGH	T								
SECRETARY			<u> </u>	X				0	0	
			:							
					<u> </u>					
		+		-						
			-	\vdash	_		_			

form 990 (2008) Sno-King Amateur Hockey Association 23-727537	orm 990 (2008)	Sno-King	Amateur	Hockey	Association	23-727537
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		-King Amateur										Р	age
<u>Pa</u>		T	ustees	s, Ke			yees	, and	d Highest Compensated E		<u> </u>		
	(A) Name and title	(B) Average			chec				(D) Reportable	(E) Reportable	(F Estim	ated	
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth compen from organiz and re organiz	er sation the zation lated	
			_			_							
			<u> </u>	-	<u> </u>								
				\vdash		_							
				\vdash			 						
													
									-				
			_										
						_							
	Total							<u> </u>				·	
2	Total number of indicorganization ▶ 0	viduals (including those in	1a) w	/ho re	eceiv	ed m	ore	than	\$100,000 in reportable cor	npensation from the	-		
3	Did the organization	list any former officer, dir	ector	or tru	ıstee	, key	emp	oloye	ee, or highest compensated			Yes	No X
4	For any individual lis		of rep	ortal	ole co	ompe	ensat	ion a	and other compensation fro complete Schedule J for s		3		
5		d on line 1a receive or according the organization? If "Yes									5		X
Sec	tion B. Independent	Contractors											
1	Complete this table compensation from	the organization	ensat	ed ın	depe	nder	nt co	ntrac	ctors that received more that				
		(A) Name and business address						ļ 	Descri	(B) otion of services	c	(C) ompensat	tion
		·						<u> </u>					
								 					
								-					
								<u> </u>					
2	Total number of inde compensation from	ependent contractors (incl the organization	uding	thos	e in 1) wh	о гес	eive	ed more than \$100,000 in		0		
DAA			_	-	_	· -		· -			Forr	n 990	(2005

Form 990 (2008) Sno-King Amateur Hockey Association 23-7275375

Pa	rt V	III Staten	<u>nent of Rev</u>	enue						
		•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
								revenue	revenue	512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated cam	ipaigns	1a						
<u>e</u> e	b	Membership di	ıes	1b	_					
S, S	С	Fundraising ev	ents	1c						
ar a	d	Related organiz		1d		_				
S,E		Government grants (1e						
ion	•	All other contribution	· ·							
P C	•	and similar amounts				EE 222				
를 한				1f		55,222				
55	g	Noncash contribution		a-1f ⁻ \$						
	h	Total. Add line	s 1a–1f			<u> </u>	55,222			
Program Service Revenue						Busn. Code	_			
ver	2a	REGISTRA	TIONS				634,719	634,719		
8	b	ICE TIME	RENTAL				614,345	614,345		
ië	С	FUND RAI	SING EVENT	S. NET			88,420	88,420		
ē	d		OGRAM REVE		JET.		4,120	4,120		
E	_						-,		-	
gra		All other press				 				
ē		All other progra		enue			1 241 604			
_		Total. Add line				▶	1,341,604		· · · ·	
	3	Investment inc		dividen	is, interes	t, and				
		other similar ar	nounts)			▶	-169,119		-169,119	
	4	Income from in	vestment of ta	x-exemp	t bond pro	oceeds 🕨				
	5	Royalties				>				
			(ı) Real		(II) P	ersonal	·			
	6a	Gross Rents		5,833						
	b	Less rental exps		3,588						
	c	Rental inc or (loss)		2,245				r		
	d			,243			2,245		2,245	
		Net rental incor Gross amount from [1 (2,243		2,243	
		sales of assets	(i) Securit		(11)	Other				
		other than inventory			 	1,466				
	b	Less cost or other								
1		basis & sales exps								
	С	Gain or (loss)				1,466				
	d	Net gain or (los	ss)			>	1,466	1,466	_	
	8a	Gross income fro	m fundraising ev	ents						
Θ		(not including \$	_							
en		of contributions re		c)						
è		See Part IV, line		a						
3.	h	Less direct ex		a b		 -				
Other Revenu										
٦		Net income or		- 1	events		-			
	Уa	Gross income fro								
		See Part IV, line		а		868,145				
	b	Less direct exp	penses	b	1,	051,766				
	C	Net income or	(loss) from gar	ning acti	vities	•	-183,621	-111,552	-72,069	-
	10a	Gross sales of	inventory, less				T			
		returns and allo	wances	а						
	b	Less cost of g	oods sold	b						
		Net income or		es of inv	entory					
	<u>-</u>		ellaneous Reven			Busn. Code	_			<u> </u>
	11a			-			231,064	231,064		
	_		EOUS RENTS			 				
	b	MISCELLAN	EOUS INCOME	i			8,705	8,705		
	C					\vdash				
	d	All other reveni	_							
	е	Total. Add line	s 11a–11d			▶	239,769			
	12	Total Revenue	. Add lines 1h	, 2g, 3, 4	, 5, 6d, 7d	I, 8c,				
		9c, 10c, and 11				•	1,287,566	1,471,287	-238,943	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o				(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified	į			
	persons (as defined under section 4958(f)(1)) and		Ì		
_	persons described in section 4958(c)(3)(B)	220 501	170 001	40 600	
7	Other salanes and wages	228,501	178,821	49,680	
8	Pension plan contributions (include section 401(k)	j		İ	
•	and section 403(b) employer contributions)	20,827	14 021	6,806	
9	Other employee benefits	33,301	14,021 27,331	5,970	
10	Payroll taxes	33,301	21,331	5,910	
11	Fees for services (non-employees)				
a b	Management	13,498		13,498	
	Legal	6,810		6,810	
c d	Accounting Lobbying	0,810		0,010	
u	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4,344	4,344		
18	Payments of travel or entertainment expenses		-,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	133,732	589	133,143	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,916	82,289	5,627	
23	Insurance				
	ľ				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	ICE TIME RENTAL	441,647	441,647		
b	UTILITIES	116,459	116,459		
С	BUILDING RENTAL	110,843		110,843	
đ	REPAIRS AND MAINTENANCE	90,032	90,032		
0	BUSINESS TAXES	71,868	71,868		4
f	All other expenses	278,893	221,829	9,492	47,572
25	Total functional expenses. Add lines 1 through 24f	1,638,671	1,249,230	341,869	47,572
26	Joint Costs. Check here ☐ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	[
	fundraising solicitation				5 000 (2222)

<u> P</u>	art >	C Balance Sheet						
					(A) Beginning of year		(B) End of ye	ear
_	1	Cash—non-interest bearing			263,072	1		3,458
	2	Savings and temporary cash investments		-		2		
	3	Pledges and grants receivable, net		-		3		
	4	Accounts receivable, net		-	58,603		2	7,142
	5	Receivables from current and former officers, directors, tru	istees	kev	<u> </u>			
	•	employees, or other related parties Complete Part II of Sc		· 1		5		
	6	Receivables from other disqualified persons (as defined up						
	`	4958(f)(1)) and persons described in section 4958(c)(3)(B)						
		Part II of Schedule L	,			6	1	
Ø	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			9,678	8		_
Ą	9	Prepaid expenses and deferred charges			41,899	9	3:	3,368
	10a	-	10a	10,148,064				
	ь	Less accumulated depreciation Complete						
		Part VI of Schedule D	10b	3,356,113	7,046,910	10c	6,79	1,951
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			13,500			<u>3,500</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,433,662			9,419
	17	Accounts payable and accrued expenses			244,795	17	25	<u>4,758</u>
	18	Grants payable		18				
	19	Deferred revenue				19	1	<u>3,000</u>
Liabilities	20	Tax-exempt bond liabilities				20		
	21	Escrow account liability Complete Part IV of Schedule D				21	ļ	
	22	Payables to current and former officers, directors, trustees	, key					
jat		employees, highest compensated employees, and disqual		_				
_		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third p	arties	_		23		
	24	Unsecured notes and loans payable		-	6 011 204	24	6 72	6,333
	25	Other liabilities Complete Part X of Schedule D		-	6,911,294 7,156,089			4,091
	26	Total liabilities. Add lines 17 through 25	7		7,130,069	26	0,99	4,091
seo		Organizations that follow SFAS 117, check here	and					
au	27	complete lines 27 through 29, and lines 33 and 34.			253,234	27	2	5,377
Balan	28	Unrestricted net assets Temporarily restricted net assets		-	24,339			9,951
P	29	Permanently restricted net assets		-	24,333	29		5
Ę	23	Organizations that do not follow SFAS 117, check here	. .	-1 -		-23		
or Fund		and complete lines 30 through 34.					İ	
	30	Capital stock or trust principal, or current funds				30	İ	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fi	und			31		
188	32	Retained earnings, endowment, accumulated income, or of		unds -		32		
ĭ,	33	Total net assets or fund balances			277,573	33	4	5,328
Net	34	Total liabilities and net assets/fund balances			7,433,662		7,03	9,419
P	art >							
							۷ ــــــــــــــــــــــــــــــــــــ	es No
1		• • • • • • • • • • • • • • • • • • • •	ash	X Accrual Oth				3.5
2		ere the organization's financial statements compiled or revie	-	•	?		2a	X
		ere the organization's financial statements audited by an ind					2b	X
•		Yes" to lines 2a or 2b, does the organization have a commit						ĺ
•		e audit, review, or compilation of its financial statements and		•			2c	
3		a result of a federal award, was the organization required to	unde	rgo an audit or audits as set f	forth in		. _	
		Single Audit Act and OMB Circular A-133?					3a	-
	<u>) It "</u>	Yes," did the organization undergo the required audit or aud	its?				3b	

SCHEDULE A. (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

nonexempt charitable trusts.

Open

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

Quen to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Sno-King Amateur Hockey Association

Employer identification number 23-7275375

Pa	ırt l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) (s	ee ins	struction	ons)			
The	orgai	nization is not a	a private foundation because	it is (Please check only one org	anization.)								
1	П	A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	A)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A	(ii). (Attach Schedule E)										
3	П			e organization described in secti	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H)					
4	П	-	•	in conjunction with a hospital de					-	ne hospr	tal's name	! .		
	_	city, and state	•				- (/(- /			•		•		
5	П	•		a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scnbed	ın				
	_		b)(1)(A)(iv). (Complete Part I	·		-, - 5 -								
6	П			vernmental unit described in sec	tion 170	b)(1)(A)(v	١.							
7	П		•	ubstantial part of its support from	-			the ae	neral pu	iblic				
	_	=	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •				J						
8	\Box			70(b)(1)(A)(vi). (Complete Part II)									
9	X			more than 33 1/3 % of its suppo		ntribution	s, memb	ership f	ees, and	d gross				
	_	=	• , .	ot functions—subject to certain e				•		_				
		_	-	d unrelated business taxable inco	•									
		acquired by th	ne organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)								
10		An organization	on organized and operated ex	xclusively to test for public safety	See sec	tion 509(a)(4). (se	e instru	ctions)					
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-Other												
е	Ш	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												
			ection 509(a)(2)											
f		_		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
		_	check this box										Ш	
g			_	on accepted any gift or contributi	on from a	ny of the								
		following per												
			•	ntrols, either alone or together wi	th persons	s describe	ed in (ii)				<u> </u>	Ye	s No	
			below, the governing body of	· · · · ·								g(i)	+-	
		•	member of a person describe	``								g(ii)	+-	
h			ontrolled entity of a person de	***							Ŀ	lg(in)]		
<u> </u>				e organizations the organization										
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify nzation in	(vi) organizat	is the		Amount of Support	of	
	Oig	dinzation		above or IRC section	1 ''	document?	col (ı)		1.*	zed in the		зарроп		
				(see instructions))			supp	ort?	U	S?				
					Yes	No	Yes	No	Yes	No				
					 									
			···		 									
					 	 								
				<u> </u>	†- 									
						ĺ								
-														
Tota						1								

Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	Sche	dule A (Form 990 or 990-EZ) 2008 Snc	-King Ama	teur Hock	ey Associ	ation 23	<u>-72753</u>	<u>75_</u>	Page 2
Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2008 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fies received (Do not include any "unusual grants") 2 Tax membership fies received (Do not include any "unusual grants") 3 The value of services or facilities furnished by a governmental unit to the organization without charge or the properties of the organization without charge or the properties of the properties of the properties of the organization of the field into the organization without charge or the properties of th	Pa					(1)(A)(iv) and	170(b)(1)(<i>/</i>	4)(vi)	
Celendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total membersh fees received (O not include any "unusual grants") Tare interests level for the organization's behalf and either paid to or experted on its behalf set either paid to or experted on its behalf and either paid to or experted on its behalf set either paid to or experted on experted its experted its experted its experted on experted its experted on experted its experted on experted on experted or experted on experted on experted on experted its experted on experte			cked the box	on line 5, 7, or	8 of Part I.)				
1 Gifs, grants, contributions, and membership fies received (Do not include any "unusual grants") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add nines 1-3 5 The portion of trial contributions by each pesso (light bins a governmental unit to the organization without charge 4 Total, Add nines 1-3 5 The portion of trial contributions by each pesso (light bins a governmental unit of on ine 1 third exceeds 2% of the amount shown in lie 11, Column (I) 6 Public support, Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, payments received loans, payments received loans, payments received loans, payments received loans, payments received loans, payments recei				·			,		
membership fees received (0c not include any "unusual grants") 2 Tax revenues level for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities from the state of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization on the title accessed 2% of the amount of person (offer than a governmental unit or publicly supported organization) included on line 1 that excessed 2% of the amount of the organization on the title accessed 2% of the amount of the organization of the or	Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
benefit and either pad to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Acid lines 1-3 5 The potition of total contributions by each person (either than a governmental unit or public's supported organization) included on line 1 that esceeds 2% of the amount shown on line 11, acidum (i) 6 Public support. Subtract line 5 from line 4 8 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 6 Gross income from interest, dividends, payments received on securities losins, growing in the second of the organization structures are considered in securities losins, growing in the sale of capital assets (explain in Paril V) 10 Clither income Do not include gain or loss from the sale of capital assets (explain in Paril V) 11 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. 8 Section C. Computation of Public Support Percentage 12 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16 33 1/3 % support test—2008. If the organization of the column (f) divided by line 11, column (f)) 17 10 10 4 4 5 5 5 5 5 6 6 5 6 6 5 6 6 6 6 6 6 6	1	membership fees received (Do not		_					
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17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization • In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	_	_					0, 000		▶□
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	•		. •		or 16b, and line 14	l is 10% or		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.			-						
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<u>-</u>			•	•			▶ [
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b			-		-	ne 15 is 10%	or	<u> </u>
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			•		•				_
									▶ □
	18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see ii	nstructions		▶ L_

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Sno-King Amateur Hockey Association 23-7275375 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 2006 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 713,474 716,093 2,615,318 <u>450,12</u>8 735,623 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 3.048.749 2,045,576 2,030,203 1,941,816 9,066,344 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 2,743,677 2,657,909 11,681,662 3,498,877 2,781,199 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from 3,498,877 2,781,199 2,743,677 2,657,909 line 6) 11,681,662 Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2008 (d) 2007 (f) Total (a) 2004 (b) 2005 (c) 2006 11,681,662 Amounts from line 6 3,498,877 2,781,199 2,743,677 2,657,909 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 3,498,877 2,781,199 2,743,677 2,657,909 and 12) 11,681,662 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 100.0000 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 99.2914 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 18 0.7086 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3 % support tests—2008. 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—2007. 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 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 20

Schedule A (Form.990 or 990-EZ) 2008 Sno-King Amateur Hockey Association 23-7275375

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;

Page 4

Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D. (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

wame	e or the organization		Employe	er identification nu	imper			
S	no-King Amateur Hockey Association	23-7	23-7275375					
	ort I Organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990, F	nds or Other Similar Funds or Acc						
		(a) Donor advised funds	(b)	counts				
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year			·				
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised						
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes	∐ No			
6	Did the organization inform all grantees, donors, and donor advisors in w	nting that grant funds may be						
	used only for charitable purposes and not for the benefit of the donor or d	lonor advisor or other						
	impermissible private benefit?			Yes	No_			
Pa	urt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 9	990, P	<u>art IV, line 7.</u>				
1	Purpose(s) of conservation easements held by the organization (check at							
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impor		d area				
	Protection of natural habitat	Preservation of certified historic stru	cture					
_	Preservation of open space							
2	Complete lines 2a-2d if the organization held a qualified conservation con	ntribution in the form of a conservation easer	ment					
	on the last day of the tax year				1 - (4) - 3(
	T		-	Held at the End	of the Year			
a	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements	ind := (n)	2b					
ç	Number of conservation easements on a certified historic structure included by the second of the sec	• •	2c 2d					
d	(0) 2042							
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization d	uring					
4	Number of states where property subject to concentration assembly less	ented.						
5	Number of states where property subject to conservation easement is loc Does the organization have a written policy regarding the periodic monito							
•	enforcement of the conservation easements it holds?	illig, ilispection, violations, and		Yes	∏ No			
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ear			· — -				
8	Does each conservation easement reported on line 2(d) above satisfy the			- -				
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes	☐ No			
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, an	d	_				
	balance sheet, and include, if applicable, the text of the footnote to the or	•						
	the organization's accounting for conservation easements							
Pa	irt III Organizations Maintaining Collections of Art,		milar A	Assets.				
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116, not to report in							
	art, historical treasures, or other similar assets held for public exhibition,		c service	e,				
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items						
			_					
b	If the organization elected, as permitted under SFAS 116, to report in its i							
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice,					
	provide the following amounts relating to these items			c				
	(i) Revenues included in Form 990, Part VIII, line 1		▶	` * — — -				
2	(ii) Assets included in Form 990, Part X	ther comiler appets for Ferrand some manual s	₽	» — — —				
2	If the organization received or held works of art, historical treasures, or of		uie					
а	following amounts required to be reported under SFAS 116 relating to the Revenues included in Form 990, Part VIII, line 1	ניסט וולוווט		. c				
	Assets included in Form 990, Part X			· • — — -				
U	rosets moducu in Futili 930, Fatt A			4 — — -				

<u>Sche</u>	dule D (Form 990) 2008 Sno-King	<u>Amateur Hocke</u>	y Associat	23-72	275375	Page 2
Pa	rt III Organizations Maintaining	Collections of Art, H	listorical Treas	ures, or Other	Similar Asse	ts (continued)
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any of the fo	llowing that are a sig	inificant use of its co	llection	
а	Public exhibition	d Loan o	r exchange program	ns		
b	Scholarly research	e Other	r exchange program	.0		
c	Preservation for future generations	o 🗀 otner				=
4	Provide a description of the organization's colle	ections and explain how the	y further the organiz	ation's exempt purp	ose in	
5	During the year, did the organization solicit or i	receive donations of art, his	torical treasures, or	other similar		п., п.,
	assets to be sold to raise funds rather than to				1607 24. 5.	Yes No
Pa	irt IV Trust, Escrow and Custod				ed "Yes" to Fo	orm 990,
	Part IV, line 9, or reported a			•		
1a	Is the organization an agent, trustee, custodiar	or other intermediary for c	ontributions or other	assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able			
						Amount
С	Beginning balance				1c	.
d	Additions during the year				1d	
Θ	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on For	m 990. Part X. line 21?			<u></u>	Yes No
	If "Yes," explain the arrangement in Part XIV					
	art V Endowment Funds. Compl	ete if organization an	swered "Yes" to	Form 990. Pai	rt IV. line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years t	pack (e) Four years back
1a	Beginning of year balance			<u> </u>		
	Contributions		•			
			10	-		
C	Investment earnings or losses					
	Grants or scholarships		-	 	 	
е	Other expenditures for facilities					
_	and programs				+	
T	Administrative expenses				-	
g	End of year balance			L	1	
2	Provide the estimated percentage of the year	end balance held as				
а	Board designated or quasi-endowment _	- - %				
b	"					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	sion of the organization that	are held and admini	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations if	isted as required on Sched	ule R?			3b
4	Describe in Part XIV the intended uses of the	organization's endowment for	unds			
Pa	irt VI Investments—Land, Buildi), Part X, line 10).	
	Description of investment	(a) Cost or other basis	(b) Cost or ot		epreciation	(d) Book value
		(investment)	basis (other)		
1a	Land		1,233	,699		1,233,699
	Buildings		1			
	Leasehold improvements	<u> </u>	1			-
	Equipment	-	 			
	Other		8,914	.365 3	356,113	5,558,252
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. column (B)		<u>, = </u>	•	6,791,951
	, (=) ===== 340=.7	, (-)	· \ - / /			

	0 Dad V Bas 40	23-7275375 Page :
Part VII Investments—Other Securities. See Form 99		(a) Mathed of valuation
` (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of and of your marker value
Closely-held equity interests		
Other		
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See Form 99		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	-	
<u> </u>		
	 	
	· · · · · · · · · · · · · · · · · · ·	
	+-	
Total (Column (h) should equal Form 000 Part V and (P) line 12.)		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets, See Form 990, Part X, line 15.		
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description		
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	5	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2		
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	5. (b) Amount	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes	(b) Amount	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE – BANK	(b) Amount 5,003,637	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE – BANK SHORT TERM NOTE PAYABLE	(b) Amount 5,003,637 1,114,036	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE – BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT	(b) Amount 5,003,637	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE — BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT ACCRUED INTEREST	(b) Amount 5,003,637 1,114,036	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE — BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT ACCRUED INTEREST ACCRUED PAYAROLL & BUSINESS TAXES	(b) Amount 5,003,637 1,114,036	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE — BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT ACCRUED INTEREST ACCRUED PAYAROLL & BUSINESS TAXES CITY GAMBLING TAXES PAYABLE	(b) Amount 5,003,637 1,114,036	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE — BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT ACCRUED INTEREST ACCRUED PAYAROLL & BUSINESS TAXES	(b) Amount 5,003,637 1,114,036	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE — BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT ACCRUED INTEREST ACCRUED PAYAROLL & BUSINESS TAXES CITY GAMBLING TAXES PAYABLE	(b) Amount 5,003,637 1,114,036	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE — BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT ACCRUED INTEREST ACCRUED PAYAROLL & BUSINESS TAXES CITY GAMBLING TAXES PAYABLE	(b) Amount 5,003,637 1,114,036	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes NOTE PAYABLE — BANK SHORT TERM NOTE PAYABLE LINE OF CREDIT ACCRUED INTEREST ACCRUED PAYAROLL & BUSINESS TAXES CITY GAMBLING TAXES PAYABLE	(b) Amount 5,003,637 1,114,036 608,660	

Sche	tule D (Form 990) 2008 Sno-King Amateur Hockey Assoc	iati	on 23-727537	5	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Finan	icial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor penod adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	·
	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Ret		
1	Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	idi Kevende per Ket	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			<u> </u>	
	Net unrealized gains on investments	2a	I		
a	Donated services and use of facilities	2b		1	
b		20 2c	<u> </u>	1	
C	Recoveries of prior year grants	2d	- -	1	
d	Other (Describe in Part XIV)	20	<u> </u>	ا ہے ا	
е	Add lines 2a through 2d			_2e	
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	-	
þ	Other (Describe in Part XIV)	4b		┨. │	
С	Add lines 4a and 4b			4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents v	vith Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	t _	ı		
a	Donated services and use of facilities	2a	<u> </u>	-	
b	Prior year adjustments	2b		-	
C	Losses reported on Form 990, Part IX, line 25	2c		4	
d	Other (Describe in Part XIV)	2d		. I	
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b		4	
	Add lines 4a and 4b			4c	
_	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line		d 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	nd 4b			
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Schedule D (Fo	orm.990) 2008	Sno-King	Amateur	Hockey	Association	23-7275375	Page 5
Part XIV	Suppleme	ntal Information	(continued)				
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Supplemental Information Regarding Fundraising or Gaming Activities

► 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
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Employer identification number Name of the organization 23-7275375 Sno-King Amateur Hockey Association Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Email solicitations Phone solicitations Special fundraising events In-person solicitations 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 Form 990-EZ filers are not required to complete this table (III) Did fund-(v) Amount paid to (vi) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or organization fundraiser listed in control of col (i) contributions' Yes No

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

		G (Form 990 or 990-EZ) 2	2008 Sno-King Am	ateur Hockey Asso	ciation 23-72	275375		Page 2
P	art I			anization answered "Yes" to 6a. List events with gross re			orted	ď
$\dot{-}$		more man \$15	(a) Event #1	(b) Event #2	(c) Other Events	<u>3,000.</u> T		
			(a) Event#1	(b) Event #2	(C) Other Events	(d) Total	Events	
						(Add col (a		
			(event type)	(event type)	(total number)	col	(c))	
Revenue								
Seve.	1	Gross receipts						
LE.	2	Less Chantable						
		contributions						
	3	Gross revenue (line 1						
_		minus line 2)		, , , , , , , , , , , , , , , , , , ,		 		
	A	Cash prizes						
	7	Oddii plized				 		
S	5	Non-cash prizes						
Direct Expenses	_	F						
	6	Rent/facility costs			_	<u> </u>		
وَيْد	7	Other direct expenses						
					_			
	8	-	Add lines 4 through 7 in column (c	1)		<u> </u>		
	9 art l		ombine lines 3 and 8 in column (d)	swered "Yes" to Form 990, F	Part IV line 19 or ren	orted more		
•	w		on Form 990-EZ, line 6a.	swered res to rollingoo, r	artiv, mio ro, or rop	51104 111010		
		* - 1	•	(b) Pull tabs/Instant	(a) Other assure	(d) Total gar	ning (A	.dd
aune			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) throu	igh col	(c))
Revenue								
_	1	Gross revenue	500,590	367,555		8	<u>68,</u>	145
ses	2	Cash prizes				+		
ben	3	Non-cash prizes						
Ē		Non Gash phizes						
Direct Expenses	4	Rent/facility costs				<u> </u>		
		•						
	5	Other direct expenses	612,142	439,624		1,0	<u>51,</u>	<u>766</u>
			Yes %	Yes %	Yes %			
	6	Volunteer labor	X No	X No	X No	 		
	7	Diseast average average	Add lines Otherwick Con as bosses (s	n	•	1 0	51	766)
	7	Direct expense summary	Add lines 2 through 5 in column (c	")		1,0	<u> </u>	,
	8	Net gaming income sumr	mary Combine lines 1 and 7 in colu	mn (d)	•	-1	83,	621
							Yes	No
9	En	ter the state(s) in which the	e organization operates gaming acti	vities WA				
а	ls i	the organization licensed to	o operate gaming activities in each	of these states?		9a	X	<u> </u>
b	lf "	No," Explain					ļ	
400	101	oso osu of the assessment and		ded established door the feeting		100	x	
10a b		ere any or the organization [.] 'Yes," Explain	s gaming licenses revoked, suspen	ided or terminated during the tax yea	II ′	10a	 	
J			ons ceased as of N	Tov. 30, 2008 and	the license wa	as		
		oluntarily su						
11		_	e gaming activities with nonmember	rs?		11	<u> </u>	X
12	ls i	the organization a grantor,	beneficiary or trustee of a trust or a	member of a partnership or other er	ntity			
	for	med to administer chantab	le gamıng?			12		X

Sche	nedule G (Form 990 or 990-EZ) 2008 Sno-King Amateur Hockey	Association	23-727537	5	P	age 3
					Yes	No
3	Indicate the percentage of gaming activity operated in					
а	The organization's facility	13a	%			
b	An outside facility	13b	%			
4	Provide the name and address of the person who prepares the organization's gaming/special and records	al events books			:	
	Name ► SNO-KING AMATRUER HOCKEY					
	14326 124TH AVE NE STE A					
	Address KIRKLAND	ΑW	. 98034			
5a	Does the organization have a contract with a third party from whom the organization receives revenue?	s gaming		15a		x
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and	the			
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and address					
	Name ▶					
	Address ►					
6	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
7	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming	proceeds to				
	retain the state gaming license?			17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organi	zations or spent				
	in the organization's own exempt activities during the tax year > \$					<u> </u>

SCHEDULE L

(Form 990 or 998-EZ)

Department of the Treasury

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,

OMB No 1545-0047

2008

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nternal Revent			<u>or Fo</u>	<u>rm 990</u>	-EZ, Part	V, line 38a or	40b.	,.				specti		
Name of the c	organization								yer id			numb	er	
		Sno-King Amateur							<u>-727</u>	<u> 153</u>	<u>75 </u>			
Part I		Benefit Transactions (sections												
	To be con	npleted by organizations that answe	red "Ye	s" on Fo	orm 990,	Part IV, line 25	a or 25b, or F	orm 990-EZ, P	art V,	line 4	10p			
1		(a) Name of disqualified person					(b) Description	on of transaction				(c) (Correc	ted?
<u> </u>		(c) remote disquament person					(2) 2000					Yes	<u> </u>	No
	,					<u> </u>						 		
												—		
												↓	\dashv	
												—	+	
				_								 		
												<u> </u>		
		tax imposed on the organization ma	inagers	or disqi	ualified p	ersons during t	he year		▶ \$	•				
	section 4958 he amount of	tax, if any, on line 2, above, reimbui	read hy	the ora	anızatınn				▶ \$				_	
Part II					ariizaliori									
ran II		o and/or From Interested I		-	000	D-+ N/ l 26	[000	. C7 D-41/ l-	. 20-					
	TO DE CON	npleted by organizations that answe	red re	s on Fo	orm 990,	Part IV, line 20			T	_			I	
((a) Name of inte	erested person and purpose	1	oan to		Onginal pal amount	(d) Bal	ance due	(e) In (, , , , , , , , , , , , , , , , , , , ,		oproved pard or		Vntten ement?
				zation?	princi	paramount					-	nittee?	l ugioi	mont
			To	From					Yes	No	Yes	No	Yes	No
Gordon	Brown		1.10	FIUIII				-	1.00	 	 	 ```	1.00	
	40th Ave	. NE	x			457,772	2	457,772		x	x		x	
	ue, WA 9								†		<u> </u>			
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										<u> </u>	 	<u>↓</u>	<u> </u>	<u> </u>
Total							\$		Щ.					
Part III		or Assistance Benefitting					_							
		npleted by organizations that answe	red "Ye	s" on Fo										
	((a) Name of interested person			(b) R	elationship betwe		erson and the	(c) Amo		grant o	r type	of
					 		ganization		┼─		23313			
				_	+				\vdash					
						······································			\vdash					
					1									
								.,,-						
Part IV	Busines	ss Transactions Involving	Intere	sted	Person	 IS.								
		npleted by organizations that answe					a, 28b, or 28d	;						
		of interested person	I	-	hip betwe		Amount of	(d) Descri	iption c	of trans	saction			Sharing
	. ,			ested pe	rson and t	1 , ,	insaction	(2, 2330.					reve	org nues?
				organi	zation								Yes	No
													<u> </u>	
													1	
			1										1	

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

Sno-King Amateur Hockey Association

Employer identification number 23-7275375

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
Members

Form 990, Part VI, Line 7a - Election of Members and Their Rights Members elect members of the governing body.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Decisions by governing body subject to approval by members.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation Committees have no authority to act on behalf of the governing body.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 Form 990 is reviewed by the Finance Committee and forwarded to all Board Members for review before final approval.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Not applicable. None of the officers get paid.

Form 990, Part VI, Line 15b - Compensation Process for Officers All salaries are reviewed by the Board of Directors.