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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

Department of the Treasury

Sponsonng 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

Open to Public inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. SEP 30, 2009 For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending Check if C Name of organization D Employer identification number Please Address use IRS label or Name Ichange JUNEAU SPORTS ASSOCIATION 94-3036442 pnnt or Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Specific P.O. BOX 22009 Termin ation (907)463-3633 City or town, state or country, and ZIP + 4 F Group Exemption 99802 JUNEAU, AK Number > G Accounting method X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check ▶ X if the organization is not Organization type (check only one)— X 501(c) (4) (Insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 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 98,429. 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 Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 1,375. Contributions, gifts, grants, and similar amounts received 1 58,934. 2 Program service revenue including government fees and contracts 2 37,990. 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b SCANNED JAN 2 7 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less direct expenses other than fundraising expenses ĥЬ c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 98,429. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 21,197. 10 Benefits paid to or for members 11 15,967. Salaries, other compensation, and employee benefits 12 Expenses Professional fees and other payments to independent contractors 53,687. 13 Cocupancy, rent, utilities and maintenance 7,371. SEE STATEMENT 3 14 Printing publications, postage, and shipping Other expenses (describe 863. 15 15 9,362. SEE STATEMENT 1) 16 16 108,447. Total expenses. Add lines 10 through 16 17 17 <10,018.> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 110,924. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 100,906. Net assets or fund balances at end of year Combine lines 18 through 20 21 21 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 53,509. 45,280. 22 Cash, savings, and investments 22 48,994. 48,196. 23 23 Land and buildings SEE STATEMENT 2 11,627. 7,498. 24 Other assets (describe 24 100,974. 114,130. 25 25 Total assets 3,206. Total liabilities (describe ► PAYROLL LIABILITIES 68. 26 26

Net assets or fund balances (line 27 of column (B) must agree with line 21) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

110,924.

100,906.

| Form 990-EZ (2008) JUNEAU SPORTS ASSOCIATION | 1 | | 94- | -30364 | 42 Page 2 |
|---|------------------------------|---------------------------------------|---------------|---------------------|---------------------------------------|
| Part III Statement of Program Service Accomplishme | | Part III) | | | openses . |
| What is the organization's primary exempt purpose? SEE STATEMENT | | | | (Required | for 501(c)(3) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services | | | | and (4) or | ganizations and) trusts, optional |
| provided, the number of persons benefited, or other relevant information for each p | | | | for others | |
| 28 ESTABLISH RULES GOVERNING MEMBER TH | | AND OPER | | 1 | <u> </u> |
| ATE LEAGUES AND TOURNAMENTS FOR THE | | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreign | granta shook horo | | \neg | 28a | 84,070. |
| 29 PROVIDE GRANTS AND AWARDS | grants, check here | <u>-</u> | | 204 | 04/0/0. |
| 29 I ROVIDE GRANID AND AWARDS | | · · · · · · · · · · · · · · · · · · · | | 1 | |
| | | | | | |
| 7 776 | | | $\overline{}$ | | 21 107 |
| (Grants \$ 7,725.) If this amount includes foreign | grants, check here | | | 29a | 21,197. |
| 30 AFFILIATIONS FEES | | · | | | |
| | · | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreign | grants, check here | | | 30a | 3,180. |
| 31 Other program services (attach schedule) | | | | | |
| (Grants \$) If this amount includes foreign | grants, check here | <u> </u> | | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | | <u> </u> | 32 | 108,447. |
| Part IV List of Officers, Directors, Trustees, and Key I | Employees. List each one en | ven if not compensated | (See the | instructions | for Part IV) |
| | | | | ontributions | |
| (a) Name and address | (b) Title and average hours | (c) Compensation | | employee | (e) Expense |
| (a) Name and address | per week devoted to position | (If not paid, enter -0-) | | fit plans & eferred | account and other allowances |
| | position | , , | | pensation | other anowallous |
| TRACI GILMOUR | PRESIDENT | | | | |
| JUNEAU, ALASKA | 4.00 | ٥. | | 0. | 0. |
| MARK KAPPLER | VICE PRES. | | | | |
| JUNEAU, ALASKA | 4.00 | ٥. | | 0. | 0. |
| GINA CHALCROFT | SECRETARY | | | | |
| JUNEAU, ALASKA | 2.00 | 0. | | 0. | 0. |
| KEVIN DUNNE | | CLASS. | | | • |
| JUNEAU, ALASKA | 2.00 | 0. | | 0. | 0. |
| JASON TROUPIN | MEMBER, MEN | | | · · | 0. |
| | 2.00 | 0. | | 0. | _ |
| JUNEAU, ALASKA | | | | <u> </u> | 0. |
| PATTY DUNNE | MEMBER, WOMEN | | | 0 | ۸ ا |
| JUNEAU, ALASKA | 2.00 | 0. | | 0. | 0. |
| BRIAN PRELLWITZ | CHAIR, COED C | | | ^ | |
| JUNEAU, ALASKA | 2.00 | 0. | | 0. | 0. |
| STEPHEN WRIGHT | MEMBER, COED | | | • | |
| JUNEAU, ALASKA | 2.00 | 0. | | 0. | 0. |
| DARREN ADAMS | MEMBER, COED | | | _ | |
| JUNEAU, ALASKA | 2.00 | 0. | | 0. | 0. |
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| 832172 | <u> </u> | · | L | Form | 990-F7 (2008) |

| Pŧ | art V Other Information (Note the statement requirements in the instructions for Part VI.) | | | |
|------|--|-------------|----------|---------|
| | | | Yes | No X |
| 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 | | | X |
| 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 | | 1 | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy | | | |
| | tax requirements? | 35a | <u> </u> | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | N/ | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N | 36 | ļ | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | • | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | ļ | X |
| 38 a | 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? | 38a | ļ | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| а | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities N/A | | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 \blacktriangleright , section 4912 \blacktriangleright , section 4955 \blacktriangleright N/A | | | |
| 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 | 40b | ļ | X |
| C | Enter amount of tax imposed on organization managers or disqualified persons during the year under | | | |
| | sections 4912, 4955, and 4958 | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed NONE | | | |
| 42 a | The books are in care of ► BRIAN PRELLWITZ Telephone no ► (907) 7 | | | 4 |
| | Located at ► JUNEAU, ALASKA ZIP+4 ► 9 | <u> 980</u> | 1 | |
| 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 | | Yes | |
| | account)? | 42b | ļ | X |
| | 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.? | 42c | L | X |
| | 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 | N/A | | |
| | | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44 | | X |
| 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 | 45 | | X |
| | | Form 9 | 90-EZ | (2008) |
| | | | | • |

| Par | t VI | Section 501(c)(3) organizations only. All section 5 | 01(c)(3) organizations mu | st answer question | ns 46-49 and co | mplete t | he | |
|------------------------|--|--|--|---|-----------------------|--|--------------|-------|
| | | tables for lines 50 and 51 | | | | | | |
| | | e organization engage in direct or indirect political campaign activities or | behalf of or in opposition to | candidates for public | | | es | No |
| | | P If "Yes," complete Schedule C, Part I | | | | 46 | - | |
| | | e organization engage in lobbying activities? If "Yes," complete Sche | | | | 47 | | |
| | | organization operating a school as described in section 170(b)(1)(A)(ii) | · · | tule E | | 48 | _ | |
| | | e organization make any transfers to an exempt non-charitable related or | rganization? | | | 49a | | |
| | | ;" was the related organization(s) a section 527 organization? | | | | 49b | | |
| | | lete this table for the five highest compensated employees (other than of | ficers, directors, trustees and | key employees) who | o each received m | ore than s | B100 | 0,000 |
| | OT CO | mpensation from the organization. If there is none, enter "None" | | | | | | |
| | | (a) Name and address of each employee paid more than \$100,000 N/A | (b) Title and average hours per week devoted to position | (c) Compensation (D) Contributo employ benefit plar deferred compensation | | e (E) Expense & account and other allowand | | and |
| | | | - | | | | | |
| | | | | | - | | | |
| 51 | Comp | er of other employees paid over \$100,000 lete this table for the five highest compensated independent contractors e, enter "None" N/A | | | | | | |
| | | (a) Name and address of each independent contractor paid more the | nan \$100,000 | (b) Type of se | rvice (| c) Compe | <u>nsatı</u> | on |
| | | | | | | _ | | |
| | | | | - | | | | |
| | | | | - | | | | |
| Total : | numb | er of other independent contractors each receiving over \$100,000 | > | | | | | |
| Sign Here | | Under penalties of penalty of oaare that I have examined this return, including accorded, and complete designation of predater (other than officer) is based on all information of officer | ompanying schedules and stateme ormation of which preparer has an | nts, and to the best of m knowledge | ny knowledge and be | lief, it is tru | e, | |
| | | Type or print name and title | | | | | | |
| Paid Prepa Use 0 | | Preparer's signature Dowle S Buck | 12/4/09 em | ployed X | parer's Identifying N | umber (See | instr |) |
| USE U | Firm's name (or yours if self-employed). address, and ZIP+4 SCHMITZ & BUCK, CPA'S, LLC Phone P 100 | | | | ne 🕨 | 907-789-9868 | | |
| May t | ne IRS | 6 discuss this return with the preparer shown above? See instructions | | | ▶ [| X Yes | | No |

| FORM 990-EZ | OTHER EXPENSES | | STATEMENT | 1 |
|---|-------------------|------------------|--------------|-----|
| DESCRIPTION | | | AMOUNT | |
| FIELD LIABILITY INSURANCE SUPPLIES FEES | | | 7,1 2,0 | |
| TOTAL TO FORM 990-EZ, LINE 16 | | | 9,3 | 62. |
| FORM 990-EZ | OTHER ASSETS | | STATEMENT | 2 |
| DESCRIPTION | | BEG. OF YEAR | END OF YEA | AR |
| BALL INVENTORY & EQUIPMENT OTHER DEPRECIABLE ASSETS | | 4,000. 7,627. | 1,50 5,99 | |
| TOTAL TO FORM 990-EZ, LINE 24 | | 11,627. | 7,49 | 98. |
| FORM 990-EZ OCCUPANCY, RENT | , UTILITIES AND M | MAINTENANCE | STATEMENT | 3 |
| DESCRIPTION | | | AMOUNT | |
| DEPRECIATION OTHER EXPENSES | | | 2,42 | |
| TOTAL TO FORM 990-EZ, LINE 14 | | | 7,3 | 71. |

| FORM 990-EZ | INFORMATION REGARDING TRANSFERS ST ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | | | | 4 |
|-------------|---|-----|-------|-------|----|
| DIRECTLY O | GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT? | [|] YES | 5 [X] | NO |
| • | GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?. | . [|] YES | 5 [X] | NO |

990-EZ PG 2

STATEMENT

TO FACILITATE ONGOING AMATEUR SOFTBALL FOR THE RESIDENTS OF JUNEAU, ALASKA