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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this roturn to seatify state reporting requirem ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-1150

Open to Public Inspection

			ndar year, or tax year beginning , 2009, and endin	ng		, 20		
В	Check If applicable		C Name of organization		D Employ	er Id	entification	number
	Address	hange	Please use IRS Knights Football Boosters				92-01	64397
Н	Name cha	-	print or	oom/ uite	E Telephoi	ne nu	ımber	
Н	Initial retu _		See DMD 455 DO DOX 975010			/ ۵	02/215	2604
Н	Terminate Amended		Specific PMB 455 PO Box 875910 Instruction City or town, state or country, and ZIP + 4		F Group E		07)715	-2604
	Application pending		Wasilla AK 99687	Number	venih	<b>▶</b>		
			)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G A	counting Me	ethod	X Cash	Accrual
	00000	. 551(5)	a completed Schedule A (Form 990 or 990-EZ).	l	ther (specify)		(	
$\overline{\Gamma}$	Websi	te: ▶	www.knightsboosters.com		heck▶ X if o		nization is <b>no</b>	t required
			tatus (check only one) X 501(c)(3 ) ◀ (insert no.) 4947(a)(1) or 527	ŀ	attach Sch.			
	Check ▶	11	he organization is not a section 509(a)(3) supporting organization and its gross re					<del></del>
	Form 99		or Form 990 return is not required, but if the organization chooses to file a return, b		-			,
			and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-		<b>▶</b> \$	1		7,973
_	art I		venue, Expenses, and Changes in Net Assets or Fund Balanc		ee the instru	ctions		_··
	1		tributions, gifts, grants, and similar amounts received			1		
	2		ram service revenue including government fees and contracts		[	2		77,973
	3		nbership dues and assessments			3		· · · · · · · · · · · · · · · · · · ·
	4		stment income			4		
	5a		s amount from sale of assets other than inventory 5a				_	
	b		cost of the basis and sales expenses					
	,	Gam	or loss from sale of assets other than inventory (Subtract line 5b from line 5a)			5c		
F	. l el		al events and activities (page lete applicable parts of Schedule G). If any amount is from <b>gaming</b> ,	. check	here			
È	R3		strevenge The The United \$ of contributions					
1	1 11-1		rted on line 1)		1			
Ë	ĺ    Ł	Less	direct expenses other than fundraising expenses 6b					
	ه ۱۱ م	Nethi	idente of loss from special events and activities (Subtract line 6b from line 6a)			6c		
	7a	Gross	ss sales of inventory, less returns and allowances					
	b		cost of goods sold					
	0	Gross	ss profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8		er revenue (describe >		·····	8		
	9		Il revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9		77,973
	10		nts and similar amounts paid (attach schedule)			10		
	_   11		efits paid to or for members			11		
)	12		ries, other compensation, and employee benefits		· · · · · · · -	12		
) F	13		essional fees and other payments to independent contractors		-	13		
i	N   44		upancy, rent, utilities, and maintenance		· · · · -	14		
Ì	15		ing, publications, postage, and shipping	. <i>.</i>		15		
•	16		er expenses (describe ▶ See attachment #1			16		76,717
	17		ll expenses. Add lines 10 through 16			17	<del></del>	76,717
	18		ess or (deficit) for the year (Subtract line 17 from line 9).			18		1,256
N E T	A   19		assets or fund balances at beginning of year (from line 27, column (A)) (must agree	e with			- · · <del>-</del>	· · · · · · · · · · · · · · · · · · ·
Ë	돌		-of-year figure reported on prior year's return)			19		2,420
ŀ	T 20		er changes in net assets or fund balances (attach explanation)		_	20		
	5 21		assets or fund balances at end of year. Combine lines 18 through 20		▶ [	21		3,676
P	art II		ance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, fil		n 990 instead	of F	orm 990-EZ	
			(See the instructions for Part II.)	) Begin	ning of year		(B) End o	f year
22		_	is, and investments		2,420	22		3,676
23	Land	and bui	ııldıngs			23		
24	Other	assets	(describe ▶)			24		
25	Total	assets			2,420	25		3,676
26	Total	llabiliti	les (describe ▶)		0	26		0
27	Net as	sets o	or fund balances (line 27 of column (B) must agree with line 21)		2,420	27		3,676
Fo	r Privac	ν Act a	and Paperwork Reduction Act Notice, see the separate Instructions				Form 990	F7 (2009)

For	m 990-EZ (2009) Knights Fo	otball	Boosters	92-016439	7			Page 2
P	art III Statement of Program Se	ervice Ac	complishmen	ts (See the instruction	s for Part III.)			Expenses
Wh	at is the organization's primary exempt pur	pose? See	attachme	ent #2				ired for section 501(c)(3)
Des	scribe what was achieved in carrying out th	e organization	on's exempt purpo	ses In a clear and cor	ncise manner,			01(c)(4) organizations and in 4947(a)(1) trusts, optional
des	scribe the services provided, the number of	persons be	nefited, & other re	elevant information for e	ach program	title.	for ot	
28								
	(Grants \$ ) If this	amount incl	udes foreign gran	ts, check here		П	28a	
29						•		
						_		
						_		
	(Grants \$ ) If this	amount incl	udes foreign gran	ts, check here		$\Box$	29a	
30								
						_		
	(Grants \$ ) If this	amount incl	udes foreign gran	ts, check here	•	$\prod$	30a	
31	Other program services (attach schedule)	•						
		amount incl	udes foreign gran	ts, check here		П	31a	
32	Total program service expenses (add lin					<u> </u>	32	0
	art IV List of Officers, Directors					ompe	nsated.	(See the instr for Part IV )
		(b) Tit	le and average	(c) Compensation	(d) Contrib	ution	s to	(e) Expense
	(a) Name and address	devo	urs per week ted to position	(If not paid, enter -0)	employee ben deferred com			account and other allowances
Se	ee attachment #3							
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JVA	09 990EZ2 TWF 33405 Copyrigh	nt Forms (Soft	ware Only) - 2009 TW		1			Form <b>990–EZ</b> (2009)

Pa	The Information (Note the statement requirements in the instructions for Part V)		<del>-</del>	3-
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	changes	34		Х
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			ĺ
	reporting, and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during			
	the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
b	Did the organization file Form 1120-POL for this year?	37ь	]	Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	'	х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	ĺ		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	ŧ		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction	1	1	
	during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	f	1	ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	40b		х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	102		<u> </u>
	organization managers or disqualified persons during the year under sections			
	4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			į
	reimbursed by the organization	ŀ		į
е	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	1	Х
41	List the states with which a copy of this return is filed. ► NONE	400	Ь	
42a	The organization's books are in care of ▶ See attachment #4 Telephone no ▶			
	Located at ► ZIP + 4 ►			
ь	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	No
	account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country: ▶			<del></del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	х
•	If "Yes," enter the name of the foreign country	720	L	_^
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			. г
40	and enter the amount of tax-exempt interest received or accrued during the tax year	• • • •	• • •	<b>▶</b> [
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		162	140
	5	44	1	₩.
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"	144	<del> </del>	X
	Form 990 must be completed instead of Form 990–F7	AF		v
	Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X

<del></del>		tion 4947(a)(1) nonexempt		•	•
for lines 50  46 Did the organization e		direct political campaign act	mutus on bobalf of or	un apparation to condidate	s Yes No
_		ule C, Part I			
		ctivities? If "Yes," complete :			
		n section 170(b)(1)(A)(ii)? If			
		an exempt non-chantable			
		tion 527 organization?			
50 Complete this table fo	r the organization's fi	ve highest compensated er compensation from the org	mployees (other than o	officers, directors, trustees	<del></del>
(a) Name and address paid more that		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
				-	
	-				
f Total number of other	employees paid ove	r \$100,000 . <b>&gt;</b>	<u></u>		<u>.l</u>
compensation from th	e organization. If thei	ve highest compensated in re is none, enter "None"			
NONE	s of each independe	ant contractor paid more tha	111 \$100,000	(b) Type of service	(c) Compensation
	<del></del> ··· .				
d Total number of other	independent contrac	ctors each receiving over \$	100,000		
the best of information		clare that I have examined belief, it is true, correct, and as any knowledge.			
	r print name and title		Presines	Da	te /
Preparer's signature	Mail	exellering	Date 10/5	Check if Prepare	er's identifying no. (See instr.)
Preparer's Firm's name (			dian	EIN	
Use Only If self-emplo address, and	ZIP+4 Wasi]			E Phone no. ▶ 907-376-	
May the IRS discuss this re		er shown above? See instru Forms (Software Only) - 2009 TV			. ▶ Yes X No Form <b>990–EZ</b> (2009)

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

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer Identification number** 92-0164397

Kn:	ig:	hts Foot	ball Booste	ers				9	2-016	4397			
Pa	rt I	Reason	for Public Char	ity Status (All organ	ızatıons m	ust comple	ete this pai	t) See ins	tructions				
The	orga			ecause it is: (For lines 1	_		•	•					
1	Ц	A church, conv	rention of churches, or	association of churche	es describe	ed in <b>sect</b>	lon 170(b)	(1)(A)(I).					
2	Ц			)(1)(A)(ii). (Attach Sche	-								
3	Ц			ervice organization des									
4	Ш	A medical rese	arch organization ope	rated in conjunction wi	th a hospit	al describe	ed in <b>sect</b> i	lon 170(b)	(1)(A)(III).	Enter th	e hospit	tal's na	me,
_		city, and state	<del></del>										
5			n operated for the ben  ). (Complete Part II)	efit of a college or univ	ersity own	ed or opei	rated by a	governme	ntal unit d	escribed	i ın sect	ion	
6	Ш	A federal, state	, or local government	or governmental unit d	lescribed ii	n section	170(b)(1)(	A)(v).					
7	Ц		n that normally receive (1)(A)(vI). (Complete	s a substantial part of i Part II.)	ts support	from a go	vernmenta	il unit or fr	om the ge	neral pu	blic des	cribed	in
8	П	A community tr	rust described in <b>secti</b>	on 170(b)(1)(A)(vi). (C	omplete Pa	art II )							
9		receipts from a support from g	ctivities related to its e ross investment incon	s (1) more than 33 1/3 exempt functions—subj ne and unrelated busin ne 30, 1975 See section	ect to certa ess taxable	ain except e income (	ions, and ( less sectio	2) no mor n 511 tax)	e than 33	1/3 % 01	_		
10 11		An organization purposes of on	n organized and opera ne or more publicly su	ated exclusively to test to ated exclusively for the oported organizations of ones the type of support	benefit of, described i	to perform	n the functi 509(a)(1) c	ons of, or or section 5	509(a)(2).	See <b>sec</b>	tion		
e		a Type I  By checking thi	<b>b</b> Type is box, I certify that the than foundation mana		Type III-Fu ntrolled dir	nctionally rectly or in	ıntegrated dırectly by	one or mo	<b>d</b> [] Tore disqua	ype III-0 Iified			
f			ion received a written heck this box	determination from the	iRS that i	t is a Type	I, Type II (	or Type III	supporting	g 			. $\sqcap$
g		Since August 1 following perso	_	nization accepted any o	gift or conti	ribution fro	om any of t	the					
		(I) A person w	ho directly or indirect	ly controls, either alone	or togethe	er with per	sons desc	ribed in (ii)	)			Yes	No
				dy of the supported or	_	-					11g(l)		X
		(II) A family me	ember of a person des	scribed in (i) above?							11g(il)		Х
		(III) A 35% con	trolled entity of a pers	on described in (i) or (i	ı) above?,						11g(ill)		X
h				out the supported organ									
(I) N		e of supported ganization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ın col. (İ) lı		organizatio		(vl) ( organizatio organize	n in col <b>(l</b> ed in the	1 1 ' '	Amou	
					Yes	No	Yes	No	Yes	No			
	al												

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE OF OTHER EXPENSES
Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public				
Inspection	For calendar year 2009 or tax period beginning	, and ending		•
Name of Organiza	Employer Identification Number			
Knights F	ootball Boosters	92-0164397		64397
	Description of Other Expenses			Amount

Description of Other Expenses	Amount
Coaches Stipend	13,724
Travel	14,842
All Alaska Camp	15,518
Awards Banquet	1,586
Bank & Merchant Fees	980
Office Supplies	116
Concession Stand	1,337
Concession Supplies	6,612
Football Equipment	11,174
Discount Cards	600
Football Field	288
Linfield Camp	6,816
Lock in	512
PRIDE Camp	885
Calendars	341
Spirit Shack	1,386

76,717 Total

### **PRIMARY EXEMPT PURPOSE**

Attachment	2: page 1 - 990-EZ Page 2, Part III	I
Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending .
Name of Organizati Knights Fo	on otball Boosters	Employer Identification Number 92-0164397
	Primary Purpose	
Provision	of football program to all area you	th.

# **CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 3: page 1 - 99	0-EZ Page 2,	Part IV		
Open to Public				
Inspection For calendar year 2009 or t	ax period beginning	, and	ending	•
Name of Organization				tification Number
Knights Football Boosters		<del></del>	92-01643	
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont. to Employee	(E) Expense Account
	Hrs. per Week	not paid, enter 0)	Ben Plans & Def. Comp	& Other Allowances
Clay Dahl	President			
Palmer, AK 99645		0	[ 0	0
Gerold Johnson	Vice	İ		
4220 E. Greenview Cir	President			
Wasilla, AK 99654		0	0	0
Nannette Summers	Secretary			
,		0	O	0
Anati Kizer	Treasurer			
PO Box 875910				
Wasilla, AK 99687		0	0	0
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### **BOOKS ARE IN CARE OF**

Attachment	: 4 - 990-EZ Page 3, Part V, L	ine 42a	
Open to Public			
Inspection	For calendar year 2009 or tax period beginning	, and ending	
Name of Organizati	don Dotball Boosters		lentification Number
Part V - Line 42a			
<del></del>			<del></del>
Individual Name		Pam Doan	
or			
Business Name			
Street Address			
			······································
U S. Address			
	00.00	3.47	
•	99687 Cnty Wasilla	State AK	
or			
Foreign Address			
City .			
City .			
Province or	State		
110111100 01			<del></del>
Country			
			<u>-</u>
Postal code			
Phone Num	nber ,	(9	07)357-4997
		<u> </u>	
Fax Numbe	er		
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