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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this five state reporting requirements.

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

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning				, 2011, and ending , 20									
В	Chec	Check if pplicable		C Name of orga	anızatıon					D Emp	loyer Id	entification number	
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H	Name change Number & street (or P O. box, if mail is not delivered to street				eet addr.)	Room/ suite	E Tele	ohone ni					
Н		nutral return											
Н	Terminated PO Box 3760								(9	07)715-260	4		
	Amended return City or town, state or country, and ZIP + 4 F Group										p Exem	ption	_
	Applı pend	ication ling		Palmer AF	K 99645	•				Num	ber >		
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ı	We	ebsit	e:▶ www.	knightsbo	oosters	.com	-		_ r	equired to	attach s	Schedule B	
J	Tax-	-exe	npt status (ch	eck only one) X	501(c)(3) 5	01(c)()	(insert no) 494	7(a)(1) or	527 (Form 990	, 990-EZ	Z, or 990-PF).	
K	Che	ck 🕨	if the organ	zation is not a se	ection 509(a)(3) supportin	g organization or	a section	527 organ	nization ar	nd its gro	oss receipts are norn	nally
	not	more	than \$50,000	A Form 990-EZ	or Form 990	return is not	required though	Form 990	-N (e-pos	stcard) ma	y be rec	quired (see instruction	ns)
	But	ıf the	organization c	hooses to file a re	eturn, be sure	e to file a cor	mplete return.						
L	Add	d lines	s 5b, 6c, and 7	b, to line 9 to det	termine gross	receipts. If	gross receipts are	\$200,000	or more,	or if total	assets (F	Part II,	
	lıne	25, 0	olumn (B) bel	ow) are \$500,000	or more, file	Form 990 in	stead of Form 99	0-EZ			▶ \$	93,795	,
F	art	П	Revenue,	Expenses, ar	nd Chang	es in Net	Assets or Fi	und Bal	ances (s	see the ins	structions	s for Part I)	
_			Check if the	organization used	d Schedule C	to respond	to any question	ın thıs Par	t I				П
		1	-	, gifts, grants, and									
		2	Program serv	ice revenue inclu	ıdıng governr	nent fees an	d contracts				2	93,79	5
		3		dues and assessr							3	•	
		4	Investment in								4		
		5a	Gross amoun	t from sale of ass	sets other tha			5a					
		b		other basis and s		•		5b			_		
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ì	<u> </u>		-	from gaming (at		le G if greate	er than						
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			Less: cost of		leiums and a	nowances,		7b					
				r (loss) from sale	a a few mantan	of Crabtro et II					┥,	İ	
		8	Other revenue	r (loss) iroin sale		(Subtract ii	ne 76 nom ine 7	а)			7c 8		
		9	Total revenue	e (describe in Sci e. Add lines 1, 2,	necule:O)	70 000		• • • • • •				92.70	
EXP ENSES	+	10	Grante and a	e. Add (((les 1, 2, milar amounts pa	, 3, 4, 30, 60 <u>,</u> 1,2\(\)(a\)\(\)	Billio C					9 10	93,79	
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	- 1	16		es (describe in Se							16	95,50	
_	_	17		es. Add lines 10							17	95,69	
		18		ficit) for the year	-		•				18	-1,90	12
N E T	ASSETS	19		fund balances at									
Ŧ	Ę	00		igure reported or							19	3,35	,5
		20		s in net assets or								<u> </u>	
		21	Net assets or	fund balances at	t end of year.	Combine lin	nes 18 through 20) <u></u>	<u></u>	🕨	21	1,453	<u> </u>

Form **990-EZ** (2011

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 34 Were any significant changes made to the organization organizations have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on lines 2, 6a, and 7a, among others)? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on lines 2, 6a, and 7a, among others)? 35b If "Yes," to line 35a, has the organization fled a Form 990—T for the year? If "No," provide an explanation in Schedule O of Was the organization or school 501(c)(s), 051(c)(s), 051(c)(s), 051(c)(s) organization as costs) of the organization in Schedule O organization in Schedule O organization undergo a liquidation, dissolution, termination, or significant disposition of enables of the organization undergo a liquidation, dissolution, termination, or significant disposition of enables of the properties of the properties of the price of the year? If "Yes," complete Schedule C, Part III. 36c Instrument of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37a 37a 37a 37a 37b 37a			art V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	Pa
33 Did the organization engage in any significant activity in Schedule O 34 Were any significant changes made to the organization of organization of each activity in Schedule O (see instructions) 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 36 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 37 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spicitable parts of Schedule N 37 Did the organization berome from 1120-POL for the year? 38 Did the organization borrow from, or make any loans to, any officer, director, furstlee, or key employee or were any such loans made in a pinor year and still outstanding at the end of the tax year covered by the refurn? 38 Did the organization borrow from, or make any loans to, any officer, director, furstlee, or key employee or were any such loans made in a pinor year and still outstanding at the end of the tax year covered by the refurn? 39 Section 501(c)(2) organizations. Enter amount of tax miposed on the organization during the year under section 4955 ≥ 50 Section 501(c)(3) and 501(c)(4) organization berial to tax imposed on the organization during the year under section 4950 ≥ 50 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization managers or disquisition provides a bank account, section 4950 ≥ 50 Sectio			instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	
detailed description of each activity in Schedule 0 Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unreflated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 1 If "Yes," to line 35s, has the organization to float a Form 990-° To the year? If "No," provide an explanation in Schedule O was the organization as ection 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5) organization subject to section 8033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II II. 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the Instructions. ▶ 37a 37b Did the organization in lie Form 1128-POL for the year? 37c Did the organization file Form 1128-POL for the year? 37d Did the organization file Form 1128-POL for the year? 37d Did the organization or the form 1128-POL for the year? 37e Section 501(c)(2) organizations. Enter 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 tax year covered by this return? 38a bi If "Yes," complete Schedule L, Part I and enter the total amount involved. 38b 5 Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ section 4915 ▶ 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year, year the organization organization any of its prior forms 980 or 980-EZ? If "Yes," complete Schedule L, Part I. 40c 1 Th	s No			00
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39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 38b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 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 41 List the states with which a copy of this return is filed. ▶ NONE The organization's books are in care of ▶ See attachment #3 Telephone no. ▶ Located at ▶ 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Forelgn Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42b If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filling 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. 44a	X	38a		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a pnor year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 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 40c 11 List the states with which a copy of this return is filed. ▶ NONE 12 The organization's books are in care of ▶ See attachment #3 Telephone no. ▶ 21P + 4 ▶ 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; ▶ 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 the U.S.? 42b 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 ou	1			
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		44c	3	C C
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	ţ	44.4		a
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	 x			452
45b Did the organization receive ant payment from or engage in any transaction with a controlled entity within the	╅			
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1			
Form 990-EZ (see instructions)	X	45b		

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.

Employer Identification number

OMB No. 1545-0047 2011

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.

Knights Football Boosters 92-0164397

Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 **b** | Type II c Type III-Functionally integrated d Type III-Other 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 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) $\overline{\mathbf{x}}$ and (iii) below, the governing body of the supported organization? 11g(i) $\overline{\mathbf{x}}$ (ii) A family member of a person described in (i) above? 11g(II) (III) A 35% controlled entity of a person described in (i) or (ii) above?....... X Provide the following information about the supported organization(s). (VI) Is the (vII) Amount of (I) Name of supported (II) EIN (III) Type of organization (IV) is the organization (V) Did you notify the organization in col (I) organization in col (I) listed in your organization in col. (I) support (described on lines 1-9 organized in the above or IRC section governing document? of your support? U.S.? (see Instructions)) Yes No Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2011

JVA

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cai	lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	66,310	70,626	77,973	87,356	93,795	396,060
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	66,310	70,626	77,973	87,356	93,795	396,060
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 \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8_	Public support (Subtract line 7c from line 8.)						396,060
	tion B. Total Support			··· ·		·	
	lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	66,310	70,626	77,973	87,356	93,795	396,060
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	:					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975,						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	66,310	70,626	77,973	87,356	93,795	396,060
14	First five years. If the Form 990 is for the or organization, check this box and stop here				-		,
Sec	tion C. Computation of Public Sup	port Percer	ntage	,		<u> </u>	
15	Public support percentage for 2011 (line 8, c			lumn (f))		15	100.00 %
16	Public support percentage from 2010 Sched					16	**************************************
_	tion D. Computation of Investmen	t Income Pe	ercentage	<u> </u>		<u> </u>	
17	Investment income percentage for 2011 (line			13. column (fl)		17	0.00 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17						%
19a							
b	not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization						
-							_
20	line 18 is not more than 33 1/3 %, check this Private foundation. If the organization did in		_	•			ZUO11 ▶

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

Knights Football Boosters

Employer Identification number

92-0164397

Awards Banquet 966 Bank Fees 117 Camps 21661 Checks 176 Concession 7390 Discount Cards 5000 Field Time 1042 Football equip 6406 Jerseys 15676 License 50 Lock In 1660 Meals 7258 Pizza Sale Expense 1454 Speed Training 1000 Spirit Shack 2017 Spiritwear Expense 6235 Stipends 6312 Travel 7777 Utilities 234 Video 2425 Printing 199 senior gift program 260

Copyright Forms (Software Only) - 2011 TW

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III	
Open to Public Inspection For calendar year 2011 or tax period beginning	, and ending
Name of Organization Knights Football Boosters	Employer Identification Number 92-0164397
Primary Purpose	
Provision of football program to all area youth.	

L0531F

11_EOEZGR105

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 99	0-EZ Page 2,	Part IV		
Open to Public				
Inspection For calendar year 2011 or tax	c period beginning	, and e	ending	E-t-Almah
Name of Organization	-		92-01643	ification Number
Knights Football Boosters	(R) Average hours per	(C) Compensation		
(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def comp	(E) Expense account & other compensation
Kirk Bricker	President			
Palmer, AK 99645 Lee Pritchett	Vice	0	0	0
, AK	President		0	0
Jennifer Anthony	Secretary	0	0	U
, Pamela Doan	Treasurer	О	o	0
, AK		o	0	0
	<u>L</u>	L	<u> </u>	

990 BOOKS ARE IN CARE OF

Attachment	<u>3</u> - 990-EZ Page_3, Part V, Lir	ne 42a								
Open to Public										
Inspection	<u> </u>	, and ending								
Name of Organization										
	otball Boosters	92-0164397								
Part V - Line 42a										
Individual Name or Business Name	<u>.</u>	Pam Doan								
Street Address										
U S Address Zip code or	99687 city Wasilla	State <u>AK</u>								
Foreign Address										
City	·····									
Province or	State									
Country .		<u> </u>								
Postal code										
Phone Num	ber	(907) 357-4997								
Fax Number	r									