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Form 990-EZ

Department of the Treasury

\$"

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

1303

Open to Public Inspection

Int	emal Reveni	ie Service	► The organi	zation may have to u	se a copy of this return	to satisfy stat	e reporting	requirements			
A	For the	2012 calendar ye	ear, or tax year begi	nning	04-01	, 2012, a	nd endin	g	03-31	, 2013	
В	Check if ap	plicable C I	Name of organization					D Empl	yer ide	ntification numb	er
П	Address ch	ange PA	RK_RIVER HOCK	EY BOOSTERS				45	-0367	338	
П	Name char		nber and street (or P O bo		ed to street address)		Room/su				
П	Initial returi	~ I									
П	Terminated		O BOX 273					17	01190	1-6571	
Ä	Amended r		or town, state or country,	and ZIP + 4				F Group	_ <u></u> -		
ᅢ			·					Numb			
<u>ب</u> G	Application		ARK RIVER, ND  Cash Accrual	Other (specify)	<u> </u>			H Check ▶		ne organization is	
,			Casii 🔲 Accidai	Other (specify)						J	not
١.	Websit		tt \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u> </u>		1 '		Schedule B	
-			k only one) - 🔀 5010		) ◀ (insert no )	4947(a)(1)		<del></del>		Z, or 990-PF)	
K			ization is not a section				_	=	-	•	
		•	Form 990-EZ or For			-orm 990-N	(e-postca	ird) may be requir	ed (see	instructions) But if	f
	the organ	nization chooses t	to file a return, be sui	re to file a comple	ete return						
L			to line 9 to determine	•	•	•	more, or	of total assets (Pa	irt II,		
	line 25, d	<del></del>	are \$500,000 or mo					· · · · · · · · ·		186,	033
	Part I	Revenue, E	Expenses, and (	Changes in N	let Assets or F	und Bala	ances(s	ee the instructions	for Par	t I)	
_		Check if the or	ganization used Scho	edule O to respon	id to any question i	this Part I					X
	1	Contributions, gif	fts, grants, and simila	ir amounts receiv	ed • • • • • •				1		
	2	Program service	revenue including go	vernment fees ar	nd contracts				2	10,	970
	3	Membership due	s and assessments						3	<u> </u>	
	4	Investment incon	ne						4		12
	5a	Gross amount fro	om sale of assets oth	er than inventory		5	a				
	ь	Less cost or other	er basis and sales ex	penses · · ·		5	ь		1		
	į.		m sale of assets other	•	(Subtract line 5b fro	ım line 5a)	• • • •		5c		
26	6	Gaming and fund		,	,	····					
	į.	=	om gaming (attach Sc	chedule G if great	er than						
ۅ۫ڰٚ	.   "			=		6	ا ہ	119,015			
<b>Z</b>			om fundraising events					ributions	1		
MEVENUE C			_	-	adula G if the		- 01 001111	iibations			
		-	events reported on li	, ,		ما	L 1	00 510	1 1		
	_	_	ss income and contrib		- 11 -	6		22,649	-		
	1		enses from gammig ar				c	49,031	-		
O	ď		oss) from garting and	Hundraising ever	O.	d 66 and sut	otract		_		
<b>19</b>		line 6c)		ARAG	<b>⊢</b> ∥			· · · · · · · · · · · ·	6d	92,	633
<b>)</b>	7a	Gross sales of in	ventor viès returns	and allowances	$\mathcal{O}$	• • • • 7		22,029	-		
<b>≥</b>	0	Less was or you	as salady		$S_1 \cdots S_n$		<b>b</b>	15,615	1 1		
∂8 <b>6</b> €	C	Gross profit or (lo	oss) from sales of inv	entory (Subtract	line 7b¦¦from line 7a)		• • • •		7c	6,	414
	8		lescribe in Schedub			• • • • • •	• • • •		8	11,	358
_	9		Add lines 1, 2, 3, 4,					<u> ▶</u>	9	121,	387
	10	Grants and simila	ar amounts paid (list	ın Schedule O)		• • • • • •	• • • •		10		
	11	Benefits paid to	or for members .	<i></i>					11		
	12	Salaries, other of	ompensation, and en	nployee benefits					12	17,	643
95	13	Professional fees	s and other payments	to independent o	contractors				13		195
Expenses	14	Occupancy, rent,	, utilities, and mainte	nance · · · ·					14	45,	760
ă	15	Printing, publicat	tions, postage, and sl	hipping · · · ·					15		
	16	Other expenses	(describe in Schedule	e O)					16	19.	829
	17	Total expenses.	. Add lines 10 through	ıh 16					17		427
_	18	· · · · · · · · · · · · · · · · · · ·	t) for the year (Subtra	<del></del>	<del></del>				18		960
Ş		•	nd balances at beginn		•						<del></del>
200			e reported on prior ye	,					19	74	250
Net Assets	20		n net assets or fund b	•					20		259
Ž	21	-	nd balances at end of		•			<b>&gt;</b>	<del></del>	110	01.0
_			Act Notice see the	<del></del>					21	112,	

,,					
Form 990-EZ (2012) PARK RIVER HOCKEY BOOST	ERS		45-0	3678	938 Page 2
Part II Balance Sheets (see the instructions for Part II)					_
, Check if the organization used Schedule O to respond t	o any question in this P	art II · · · · ·		<u></u>	<u> </u>
		(A) Beg	jinning of year	ļ	(B) End of year
22 Cash, savings, and investments			74,259	22	112,177
23 Land and buildings			0	23	90,047
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			74,259	25	202,224
26 Total liabilities (describe in Schedule O)			0	26	90,005
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		74,259	27	112,219
Part III Statement of Program Service Accompl		structions for Part III		1 1	Expenses
Check if the organization used Schedule O to respond	,		<sup>′</sup> П	IRec	quired for section
What is the organization's primary exempt purpose? PROMOTION				٦,	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ead as measured by expenses. In a clear and concise manner, describe t	ch of its three largest pro	ogram services,		orga	nizations and section 7(a)(1) trusts, optional
persons benefited, and other relevant information for each program to	tle			for o	thers)
28 PROMOTION OF YOUTH HOCKEY PROGRAM IN PARK	RIVER, NORTH				
DAKOTA AREA			···		
(Grants \$ ) If this amount i	ncludes foreign grants,	check here · · ·	▶ 🔲	28a	83,427
29					
	· · · · · · · · · · · · · · · · · · ·			ĺ	1
(Grants \$ ) If this amount is	ncludes foreign grants,	check here · · · ·	▶ 🗍	29a	
30					
		<del></del>			
(Grants \$ ) If this amount in	ncludes foreign grants,	check here	▶□	30a	
<u> </u>	· · · · · · · · · · · · · · · · · · ·			Jua	
			_	04-	
<u> </u>	ncludes foreign grants,		<del></del>	31a	<del> </del>
32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Empl	·			32	83,427
	-	•			· —
Check if the organization used Schedule O to respond	to any question in this i				····· 🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not pald, enter -0-)	(d) Health benefits contributions to emp benefit plans, an deferred compensations.	oloyee d	(e) Estimated amount of other compensation
AMBER NELSON					
PRESIDENT	1		,	0	0
TRAVIS BELL					
VICE PRESIDENT	1	0	,	ol	0
WENDY CARTER	<del></del>			- 1	
SECRETARY	1	0	.[	0	0
JON MARKUSEN	-  <del>-</del>			1	
TREASURER	1			0	0
	<u> </u>	<u>-</u>	<del></del>	-	
MIKE HODNY					•
DIRECTOR	11	0	<b> </b>	- 0	0
JUSTIN LINDELL		1	[	_	_
DIRECTOR	11	0		0	0
AMANDA GOLL				İ	
GAMING MANAGER	10	5,760		_0	0
			1	}	
		1	1	]	
			<u></u>		
			1	]	
	7	1	T		
			l		
		<u> </u>	<u> </u>		
			1	- 1	
	<del> </del>		<del> </del>		

Pai	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	·		
		•	Yes	No
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	33		X
34	Were any significant changes made to the organizing 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		i '	
	change on Schedule O (see instructions)	34		Х
35 a	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)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? if "Yes," complete Schedule C, Part III	35c		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		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		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 outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	]		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · 39a			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations  Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
þ	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 prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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,	1		
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			l
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► JON MARKUSEN  Telephone no ► 701-8		<u> 571</u>	
	Located at ► 6910 139TH AVE NE PARK RIVER, ND ZIP+4 ► 58270		<del></del> .	•
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country  See the instructions for executions and filing requirements for Form TD 5.00.23.4. Beneat of Foreign Book			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	l		
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		v
U	If "Yes," enter the name of the foreign country	426		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			Г
43	and enter the amount of tax-exempt interest received or accrued during the tax year	 i		
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
u	completed instead of Form 990-EZ	44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	-Ta	<b></b>	$\Delta$
	completed instead of Form 990-EZ	44b		Х
_	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770	<del>                                     </del>	
J	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		ļ.
45 -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	$\vdash \vdash$	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	734		
-00	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х
	The state of the s	155		

Form 9	90-EZ (201	2) PARK RIVER HO	CKEY BOOSTERS			45-03678	38	F	age 4
				-				Yes	No
46		organizåtion engage, directly or indirect		rities on behalf of or in op	position				
		dates for public office? If "Yes," comple			· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	46	<u> </u>	X
Par		Section 501(c)(3) organization							
		All Section 501(c)(3) organization	ons must answer ques	stions 47-49b and 52	2, and comp	lete the table	es for	lines	•
		50 and 51							
		Check if the organization used	Schedule O to respon	d to any question in	this Part VI				$\cdot \Box$
								Yes	No
47	Did the	organization engage in lobbying activitie	es or have a section 501(h) e	lection in effect during the	e tax				
	year? If	"Yes," complete Schedule C, Part II		• • • • • • • • • • • • •			47		Х
48	Is the or	ganization a school as described in sec	tion 170(b)(1)(A)(ii)? If "Yes,	" complete Schedule E			48		X
49 a	Did the	organization make any transfers to an e	xempt non-charitable related	d organization?			49a		Χ
b	If "Yes,"	was the related organization a section	527 organization?				49b		
50	Comple	te this table for the organization's five hi	ghest compensated employe	ees (other than officers, d	irectors, trustee	s and key			
	employe	ees) who each received more than \$100	,000 of compensation from t	he organization If there	is none, enter "l	None "			
			(b) Average	(c) Reportable	(d) Health ber				
		(a) Name and title of each employee	hours per week	compensation	contributions to denefit plans, and		Estimate other coi		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensa		other co	препза	COTT
NON	<u>c</u>								
									-
						į			
						]			
						(			
	Total nu	imber of other employees paid over \$10	0,000		·				
51	Comple	te this table for the organization's five h	ghest compensated indepen	dent contractors who eac	- th received more	e than			
	\$100,00	0 of compensation from the organizatio	n If there is none, enter "No	one "					
			a than \$100,000	(b) T	_	(-) (			
(a,	Name and	address of each independent contractor paid mor	e tran \$100,000	(b) Type of servic	е	(c) Com	pensatio	n 	
				!					
NON	<u> </u>								
					i				
				- <u></u> -					
d	Total nu	imber of other independent contractors	each receiving over \$100,000	0 · · · ▶					
52	Did the	organization complete Schedule A? No	te: All section 501(c)(3) orga	nizations and 4947(a)(1)					
	nonexe	mpt charitable trusts must attach a comp	oleted Schedule A · · · ·			• • • • ⊠	Yes		No
Under	penalties o	f perjury, I declare that I have examined this return	, including accompanying schedules	s and statements, and to the bes	t of my knowledge a	and belief, it is			
true, c	orrect, and	complete Declaration of preparer (other than office	er) is based on all information of wh	ich preparer has any knowledge					
		BRANDON LARSON J SC	in Bell		Q	-13-14			
Sig	n	Signature of officer	70-0-7		Date				
Her	e	BRANDON BARSON, TREAST	TREER						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date	Cher	k 🛭 ıf PTII	v .		
Paid		WALLACE RYGH	WALLACE RYGH	08-11-20			2918	nn	
Prep		Firm's name Mortenson and		po-11-20	Firm's EIN		2010		
•	Only	Firm's address P O Box 287	1,1,7,1,1		I WILL S EIN				
ರಾಕ	J.117	Park River ND	58270		Dhora at	701_004	7616		
May	the IRS /	discuss this return with the preparer sho			Phone no	701-284-	Yes	$\Box$	No
EEA		and totall with the preparer sile	above Gee manucholis				res orm 99		
						FC	331	· (	12)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

#### **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.

2012

OMB No 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. Internal Revenue Service See separate instructions. Name of the organization Employer identification number PARK RIVER HOCKEY BOOSTERS 45-0367838 Part I 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) 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 4 hospital's name, city, and state 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) 6 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(yi) (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-Non-funtionally integrated e 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support (see instructions)) Yes No Yes No Yes (A)

(B)

(C)

(D)

(E)

990 or 990-EZ) 2012 PARK RIVER HOCKEY BOOSTERS 45-0367838

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support				•	·	·
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied 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 lines 1 through 3 · · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount					1	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·						
	tion B. Total Support			- <del></del>		···	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		<u> </u>		-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on · · · · · · · · · ·						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	-1
13	First five years If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su	<u> </u>			<del></del>	<del></del>	<del></del>
14	Public support percentage for 2012 (line 6,					14	%
15	Public support percentage from 2011 Sched					15	%
16a	33 1/3% support test - 2012. If the organiz						
	box and stop here The organization qualifi		• • •				· · · · · •
ь	33 1/3% support test - 2011. If the organiz						<b>►</b> □
47-	check this box and stop here. The organiza	*		=			· · · · · • · ·
1/2	10%-facts-and-circumstances test - 2012	_					
	10% or more, and if the organization meets		•		•		
	Part IV how the organization meets the "fac		•	•			. □
_	<b>5</b> ·						· · · · · ·
ь	10%-facts-and-circumstances test - 2011	_				me	
	15 is 10% or more, and if the organization r			·	•	alve	
	Explain in Part IV how the organization mee supported organization			_	•	•	. □
19	Private foundation. If the organization did						· · · · · • · · ·
18	instructions						
	monucions						· · · · · · · <u>-                                     </u>

#### Schedule A (Form 990 or 990-EZ) 2012 Part III Support Sch 990 or 990-EZ) 2012 PARK RIVER HOCKEY BOOSTERS 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)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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				130,456	163,992	294,448
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513 · · · ·				21,766	22,029	43,795
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				152,222	186,021	338,243
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	,					
С	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6)						338,243
	ction B. Total Support			1			
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6 · · · · · · · · · · ·				152,222	186,021	338,243
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				12	12	24
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 · · · · · ·						
С	Add lines 10a and 10b · · · · · · · · · ·				12	12	24
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on • • •						
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) · · · · · · · · · · · ·	0		o	152,234	186,033	338,267
	First five years If the Form 990 is for the or organization, check this box and stop here			n, or fifth tax year as			▶ 🛚
Se	ction C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •	<del></del>		,		
15	Public support percentage for 2012 (line 8, co		•	**		15	99.99 %
16	Public support percentage from 2011 Schedu			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • •	16	99.99 %
	ction D. Computation of Investmen		<u>_</u>				
17	Investment income percentage for 2012 (line		•	.,,	<b>-</b>	17	0.01 %
18	investment income percentage from 2011 Sc				Ļ	18	<u>%</u>
	33 1/3% support tests - 2012 If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization qua	lifies as a publicly s	upported organizat	ion • • • • • •	▶ 🏻
	33 1/3% support tests - 2011. If the organiz line 18 is not more than 33 1/3%, check this line 18 private foundation. If the organization did n	box and stop here	. The organization	qualifies as a public	cly supported organ	nization · · · ·	▶□

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

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization						Employer ide	nuncation number
PARK RIVER HOCKEY BOOSTERS	<del> </del>			·		45-036	7838
Part I Fundraising Activities Form 990-EZ filers are no				swered "Yes" to	Form 990	, Part IV,	line 17.
1 Indicate whether the organization raise				vities. Check all that a	nnlv		
a Mail solicitations	oco rando imougi			of non-government gra			
b Internet and email solicitations				of government grants	21113		
				draising events			
c Phone solicitations		9 🗆	Special fund	araising events			
d  In-person solicitations							
2a Did the organization have a written o						ъ	П
or key employees listed in Form 990,				_		∐ Y€	
b If "Yes," list the ten highest paid indiv		(fundraisers)	pursuant to	agreements under wh	nich the fund	raiser is to	be
compensated at least \$5,000 by the	organization						
	T			<del></del>		<del></del> -	<del></del>
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outions?	(IV) Gross receipts from activity	(v) Amou (or retai fundraisei	ned by) r listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col	(1)	
1				1			
2							
3							
4							
5							
6				· · · · ·			
7							
8							<del></del>
9							
10							
10							
Total							
3 List all states in which the organization				tions or has been noti	fied it is eve	l	·
registration or licensing	, io regiotered or i		mon oominbu	along of fluo been floti	illog it is cac	npt nom	
regionation or mechanig							
							<del>-</del>
							<u> </u>
				· · · · · · · · · · · · · · · · · · ·	<del></del>		
			<del></del>	<del></del>			<del></del>
			<del></del>	· · · · · · · · · · · · · · · · · · ·			
	<del></del>	<del></del>					<del></del>
					<del> </del>		
				·		<del></del>	

Schedule G (Form 990 or 990-EZ) 2012 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than	\$5,000		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MEGA RAFFLE	GOLF TOURNEY	NONE	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ē		(				
Revenue	1	Gross receipts	12,200	10,449		22,649
Še						,
	2	Less Contributions				
	3	Gross income (line 1 minus				
		line 2)	12,200	10,449		22,649
_						
	4	Cash prizes				
	ŀ	,				
	5	Noncash prizes	4,041	3,670		7,711
		·				
ý.	6	Rent/facility costs				
nse	_	,				·
Direct Expenses	7	Food and beverages · · · · · ·				
É	•	, , , , , , , , , , , , , , , , , , , ,	<del></del>			
Jec.	8	Entertainment				
Δ		Emeralianon				
	9	Other direct expenses · · · · ·				
		Carlot arrest experience		<u> </u>	L	71
	10	Direct expense summary Add lines	4 through 9 in column (d)			( 7,711 )
	11	Net income summary Combine line				14,938
Pa	ırt l					
تا		than \$15,000 on Form 990	_	700 10 10 1111 000, 1 01	try, mro to, or reported	4 111010
_		<u> </u>		(h) Dull tobo(petast		(d) Tatal coming (odd
Ë			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue		j				(, 0 (,,,
æ	1	Gross revenue · · · · · · ·			119,015	119,015
_	Ė	0.000.000.00			115,015	115,015
	2	Cash prizes			9,319	9,319
ses	-		····		3,313	5,515
Direct Expenses	3	Noncash prizes				
Ехр	•	Honodon prizes				
ģ	4	Rent/facility costs			7,175	7,175
۵		rtoniciae inty			7,175	
	5	Other direct expenses			24,826	24,826
	<u> </u>		Yes %	Yes %	☐ Yes %	24,020
	6	Volunteer labor	☐ No	□ No		
	•	10,4,1,00	<u> </u>		<u> </u>	<u> </u>
	7	Direct expense summary Add lines	2 through 5 in column (d)			( 41,320 )
	•	Direct expenses of the times	(a)			( 41,320 /
	8	Net gaming income summary Com	bine line 1 column d and	line 7		77,695
_		The garming moorns cummary com				11,033
9	Fı	nter the state(s) in which the organizat	tion operates gaming activi	ties ND		
2		the organization licensed to operate of				· · · · 🛛 Yes 🗌 No
		"No " avalas-				i i i Kaji i i i i i i i i i i i i i i i i i i
•	- "					<del></del>
		<del></del>		<del> </del>		
102	, <u>.</u>	ere any of the organization's gaming l	Inenses revoked suspende	ed or terminated during the	tay year?	···· Yes 🛛 No
		ere any or the organization's garning i "Yes," explain.		so or terminated during the	tun year	Ins M MO
, r	, 11	. с., схрівії.	<del></del>			
	_					

•				
Sched	ule G (Form 990 or 990-EZ) 2012 PARK RIVER HOCKEY BOOSTERS	45-0367		Page 3
11	Does the organization operate gaming activities with nonmembers?		🛛 Yes 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		☐ Yes 🔯	No
13	Indicate the percentage of gaming activity operated in	į		
а	The organization's facility		100.000	%
b	An outside facility · · · · · · · · · · · · · · · · · · ·	· · 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ► AMANDA GOLL			
	Address ► 106 KENSINGTON AVE PARK RIVER, ND 58270			
1E.	Does the arganization have a contract with a third north from whom the arganization receives gaming			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? • • • • • • • • • • • • • • • • • • •		□ v ⊠	A.
			∐ Yes ⊠	No
ь	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
	amount of garning revenue retained by the third party  \$			
С	If "Yes," enter name and address of the third party			
	N. A.			
	Name •			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
		<u> </u>		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	• • • • • •	☐ Yes 🏻	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Complete this part to provide the explanations require	•		
	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als	so complet	e this	
	part to provide any additional information (see instructions)			
		<u></u>		
_				

Schedule G (Form 990 or 990-EZ) 2012

EEA

#### **SCHEDULE O**

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number PARK RIVER HOCKEY BOOSTERS 45-0367838 01. Description of other revenue (Part I, line 8) DESCRIPTION AMOUNT MISCELLANEOUS REVENUE 11,358 02. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT DEPRECIATION FROM 4562 866 ADVERTISING 142 BANQUET 244 STAFF/COACH/OFFICIALS 3,662 MEETING EXPENSE 310 HOCKEY TOURNEY EXPENSE 3,833 MISCELLANEOUS EXPENSE 10,772 03. Description of total liabilities (Part II, line 26) END OF YEAR BEGINNING OF YEAR CATEGORY NOTE PAYABLE 0 90,005

Form **4562** 

## Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2012

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return

Attachment Sequence No 179

Name(	s) shown on return			Business or activity to	which t	this form relates			Identifying number
PAF	K RIVER HOCKEY BO	OOSTERS	1	FORM 99	0EZ	3 - 1			45-0367838
Pai	t I Election To Expens	se Certain Pr	operty Unde	r Section 17	9	•	-		
L	Note: If you have any list					1			
1	Maximum amount (see instruction			<del></del>				1	
2	Total cost of section 179 property	,						2	
3	Threshold cost of section 179 proj				. i			3	
4	Reduction in limitation Subtract li	•		•	•			4	
5	Dollar limitation for tax year Subti								
_	separately, see instructions · · ·			•		-		5	
6	(a) Description of			b) Cost (business us		T			
_	(a) Description of	property		b) Cost (business us	e only)	(c) Ele	cted cost		-
						<del> </del>			
7	Listed property Enter the amount	from line 20			7				
8	Total elected cost of section 179 p								
	Tentative deduction Enter the sm							8	
9								9	
10	Carryover of disallowed deduction Business income limitation Enter	•						10	
11								11	
12	Section 179 expense deduction A		•			1		12	
13	Carryover of disallowed deduction				13				
Par	Do not use Part II or Part III below		<del></del>						<u> </u>
			•				sted pro	perty)	(See instructions)
14	Special depreciation allowance for		•						
	during the tax year (see instruction	•						14	
15	Property subject to section 168(f)(			• • • • • • • •				15	
16	Other depreciation (including ACR						<u> </u>	16	
Pai	t III   MACRS Depreciat	ion (Do not inc	lude listed prop	erty) (See instru	ctions	)			
			Se	ction A					
		•							
17	MACRS deductions for assets pla					• • • • • •		17	
17 18	If you are electing to group any as	sets placed in ser	vice during the	ax year into one	or mor	re general		17	
	If you are electing to group any as asset accounts, check here	sets placed in ser	vice during the	ax year into one	or mor	re general	Д		
	If you are electing to group any as	sets placed in ser	vice during the t	ax year into one	or mor	re general	Д		tem
	If you are electing to group any as asset accounts, check here Section B - Asset	sets placed in ser	vice during the t	ax year into one  2 Tax Year Usin eciation ent use (d) Reco	or mor	re general ▶ General Dep	reciatio	n Syst	
	If you are electing to group any as asset accounts, check here	sets placed in ser	vice during the force During 201	ax year into one  2 Tax Year Usin cration ent use (d) Reco	or mor	re general	Д	n Syst	tem  (g) Depreciation deduction
	If you are electing to group any as asset accounts, check here Section B - Asset	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use (d) Reco	or mor	re general ▶ General Dep	reciatio	n Syst	
18	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use (d) Reco	or mor	re general ▶ General Dep	reciatio	n Syst	
18 	If you are electing to group any as asset accounts, check here Section B - Asset  (a) Classification of property  3-year property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use (d) Reco	or mor	re general ▶ General Dep	reciatio	n Syst	
18 	If you are electing to group any as asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use (d) Reco	or mor	re general ▶ General Dep	reciatio	n Syst	
18 	If you are electing to group any as asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use (d) Reco	or mor	re general ▶ General Dep	reciatio	n Syst	
18 	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use (d) Reco	or mor	re general ▶ General Dep	reciatio	n Syst	
19a b c d e	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use (d) Reco	g the (	re general ▶ General Dep	reciatio	n Syst	
19a b c d e f	If you are electing to group any as asset accounts, check here Section B - Asset (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use ions)  (d) Recorperior	g the (	re general ▶ General Dep	reciatio (f) Meth	n Syst	
19a b c d e f	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	sets placed in ser  s Placed in Serv  (b) Month and year placed in	vice during the to the control of th	ax year into one  2 Tax Year Usin cration ent use ions)  (d) Recorperior  25 yr	g the (	re general  General Dep e) Convention	reciatio (f) Meth	n Syst	
19a b c d e f	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental	sets placed in ser  s Placed in Serv  (b) Month and year placed in	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Usin (d) Recorperior (actions) (25 yr 27 5	g the (	re general  General Dep e) Convention	reciatio (f) Meth	n Syst	(g) Depreciation deduction
19a b c d e f	If you are electing to group any as asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property	sets placed in ser  S Placed in Serv  (b) Month and year placed in service	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Usin clations (d) Recorperior  25 yr 27 5 y 27 5 y	g the (	General Dep  Convention  MM  MM	(f) Meth	n Syst	
19a b c d e f	If you are electing to group any as asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	sets placed in ser  S Placed in Serv  (b) Month and year placed in service	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Usin cotation continue cotation cotat	or mor	MM MM MM MM MM	(f) Meth	n Syst	(g) Depreciation deduction
19a b c d e f	If you are electing to group any as asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real	sets placed in ser  S Placed in Serv  (b) Month and year placed in service	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Usin cotation continue cotation cotat	or mor	MM MM MM MM MM	(f) Meth	n Syst	(g) Depreciation deduction
19a b c d e f g h	If you are electing to group any as asset accounts, check here Section B - Asset (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property Residential rental property  Nonresidential real property  Section C - Assets	sets placed in ser  S Placed in Serv  (b) Month and year placed in service	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Using control one dentuse control o	or mor	MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	n Syst	(g) Depreciation deduction
19a b c d e f g h	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year	sets placed in ser  S Placed in Serv  (b) Month and year placed in service	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Using contained to the contai	g the covery (covery the A	MM	S/L	n Syst	(g) Depreciation deduction
19a b c d e f g h	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year	sets placed in services	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Using control one dentuse control o	g the covery (covery the A	MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	n Syst	(g) Depreciation deduction
19a b c d e f g h 20a b c C Par	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year	sets placed in services  S Placed in Services  (b) Month and year placed in services  2012-11  S Placed in Services	ice During 201 (c) Basis for depri (business/investmonly-see instructions)	2 Tax Year Using contained to the contai	g the covery (covery the A	MM	S/L	n Syst	(g) Depreciation deduction
19a b c d e f g h  20a b c Pal	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  Listed property Enter amount fro	sets placed in services  S Placed in Service  (b) Month and year placed in service  2012-11  S Placed in Service	vice during the following control of the following solution only-see instructions of the following solution of the followi	2 Tax Year Usin certations (d) Recorperior  25 yr 27 5	g the covery (covery the A	MM	S/L	n Syst	(g) Depreciation deduction
19a b c d e f g h 20a b c C Par	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  T IV Summary (See instructed property Enter amount fro Total. Add amounts from line 12,	sets placed in services  S Placed in Service  (b) Month and year placed in service  2012-11  S Placed in Service  Lictions ) In line 28	yice during the form of the fo	2 Tax Year Usin cotation 2 Tax Year Usin cotation 2 Tax Year Usin 2 Tax Year Usin 2 Tax Year Usin 2 Tax Year Usin 3 Tax Year Usin 3 Tax Year Usin 4 Usin 3 Tax Year Usin 4 Tax Year Usin	or mor	MM	S/L	n Syst	(g) Depreciation deduction  866
19a b c d e f g h  20a b c Pal	If you are electing to group any as asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  Listed property Enter amount fro	Sets placed in service  SPlaced in Service  (b) Month and year placed in service  2012-11  SPlaced in Service  2012-11  Including the service	yice during the to the control of th	2 Tax Year Usin contains 2 Tax Year Usin contains 2 Tax Year Usin 2 Tax Year Usin 2 25 yr 27 5 y 27 5 y 27 5 y 27 5 y 40 yr 20 in column (g), corporations - se	or mor	MM	S/L	n Syst	(g) Depreciation deduction

ame	, p	HOOMEN BOOGESS			FEIN		
	Multi-Form	HOCKEY BOOSTERS  Description	Date	Basis	Method	Life 4	15-0367838 Deduction
rm Z	1	ICE PLANT	20121101	90,047	ARP	39	2,309
		TOTAL					2,309