Form **990** | **Return of Organization Exempt From Income Tax** | OMB No 1545-0047

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

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

Department of the Treasury Internal Revenue Service

2004 — **Open to Public Inspection**

A For the 2004 calendar year, or tax year beginning JULY 1, 2004, and ending JUNE 30, 20 05

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: **NATIONAL HOCKEY LEAGUE**

Number and street (or P O box if mail is not delivered to street address): **1251 AVENUE OF THE AMERICAS** Room/suite: **47TH FL**

City or town, state or country, and ZIP + 4: **NEW YORK, NY 10020**

D Employer identification number: **98 : 0036067**

E Telephone number: **(212) 789-2000**

F Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

G Website: ▶ **www.nhl.com**

J Organization type (check only one) ▶ ☑ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a			
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ ____ noncash $ ____)			1d	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	30,548,000
	4	Interest on savings and temporary cash investments			4	754,064
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory Real. Exch. Loss	(A) Securities: 8a	(B) Other: (447,918)		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c	(447,918)		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Realized Exch. Loss			8d	(447,918)
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	4,341,923
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	35,196,069
Expenses	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	36,969,574
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	(1,773,505)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	
	20	Other changes in net assets or fund balances (attach explanation) Unrealized Exch Gain			20	1,773,505
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	0

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Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	3,179,714			
26 Other salaries and wages	26	6,917,380			
27 Pension plan contributions	27	2,622,222			
28 Other employee benefits	28	1,200,125			
29 Payroll taxes	29	621,997			
30 Professional fundraising fees	30				
31 Accounting fees	31	569,902			
32 Legal fees	32	8,012,559			
33 Supplies	33	221,647			
34 Telephone	34	450,441			
35 Postage and shipping	35	63,398			
36 Occupancy	36	2,051,910			
37 Equipment rental and maintenance	37	263,429			
38 Printing and publications	38	7,975			
39 Travel	39	1,318,508			
40 Conferences, conventions, and meetings	40	705,371			
41 Interest	41	710,145			
42 Depreciation, depletion, etc. (attach schedule)	42	512,315			
43 Other expenses not covered above (itemize): a	43a				
b See Attached Schedule	43b	7,540,536			
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	36,969,574			

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☑ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $______; **(ii)** the amount allocated to Program services $______; **(iii)** the amount allocated to Management and general $ ______; and **(iv)** the amount allocated to Fundraising $

Part III **Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ TO PERPETUATE HOCKEY IN THE US AND CANADA All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a ...... (Grants and allocations $)	
b ...... (Grants and allocations $)	
c ...... (Grants and allocations $)	
d ...... (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). ▶	

Part IV **Balance Sheets** (See page 25 of the instructions.)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

			(A) Beginning of year		(B) End of year
Assets					
45	Cash—non-interest-bearing			45	
46	Savings and temporary cash investments			46	
47a	Accounts receivable	47a			
b	Less: allowance for doubtful accounts	47b	19,996,662	47c	49,840,896
48a	Pledges receivable	48a			
b	Less: allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		800.000	50	600,000
51a	Other notes and loans receivable (attach schedule)	51a			
b	Less: allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges		5,372,135	53	5,145,214
54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV			54	
55a	Investments—land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation (attach schedule)	55b		55c	
56	Investments—other (attach schedule)			56	
57a	Land, buildings, and equipment: basis	57a 4,423,537			
b	Less: accumulated depreciation (attach schedule)	57b 3,041,562	1,886,921	57c	1,381,975
58	Other assets (describe ▶)			58	
59	**Total assets** (add lines 45 through 58) (must equal line 74)		28,055,718	59	56,968,085
Liabilities					
60	Accounts payable and accrued expenses		21,728,310	60	43,615,866
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	Mortgages and other notes payable (attach schedule)			64b	5,000,000
65	Other liabilities (describe ▶ **See attached schedule**)		6,327,408	65	8,352,219
66	**Total liabilities** (add lines 60 through 65)		28,055,718	66	56,968,085
Net Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			73	
74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)		28,055,718	74	56,968,085

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): .... $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): .... $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): .... $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): .... $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☑ Yes ☐ No

If "Yes," attach schedule—see page 28 of the instructions. See Attached Schedule

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		✔
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✔
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✔
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✔
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✔	
b	If "Yes," enter the name of the organization ▶ SEE ATTACHED SCHEDULE and check whether it is ☐ exempt or ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions — 81a			
b	Did the organization file Form 1120-POL for this year?	81b		✔
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✔
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✔	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		✔
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		✔
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c 30,548,000			
d	Section 162(e) lobbying and political expenditures — 85d 122,047			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f 122,047			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		✔
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	89b	N/A	

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE

90a List the states with which a copy of this return is filed ▶ NEW YORK

b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 56

91 The books are in care of ▶ JOSEPH DE SOUSA Telephone no. ▶ (212) 789-2000

Located at ▶ 1251 AVENUE OF THE AMERICAS, NY, NY ZIP + 4 ▶ 10020

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					30,548,000
95	Interest on savings and temporary cash investments			14	754,064	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	(447,918)	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b	SEE ATTACHED SCHEDULE					4,341,923
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				306,146	34,889,923

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 35,196,069

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103	ALL OTHER REVENUES ARE SOLEY FOR FUNDING OF EXEMPT ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Craig C. Harnett | 5/15/06

Signature of officer | Date

▶ Craig Harnett ... EVP & CFO

Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
			Phone no ▶ ( )	

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

Part II - Line 42 Schedule of Depreciation	**2005**
Furniture & Fixtures	41,612
Photocopiers	34,852
Other Equipment	337,894
Security System	2,879
Computer & PC's	37,669
Leasehold Improvements	57,409
Total Line 42	$ 512,315

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

Part II - Statement of Functional Expenses

Line 43 - Other Expenses	2005
Travel Agency Fees	20,943
MSG Club Suite	96,783
Officiating Costs	1,513,180
Arbitration Fees	598,765
Player & Liability Insurance	1,853,302
Tickets	17,475
Team Related Expenses	2,199,756
Public & Media Relations	169,109
Security	45,784
European Scouting	225,000
Promotional Merchandise	6,412
Severance Costs	943,617
Miscellaneous	(175,391)
Deferred assessment to teams	25,801
TOTAL - LINE 43	7,540,536

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

Part IV - Balance Sheet

Line 50 - Schedule of Receivables Due From Officers

Note #2:

a. Borrower's name and title; Gary Bettman, Commissioner
b. Original amount; $1,000,000 U.S.
c. Balance Due; **$600,000 U.S.**
d. Date of Note; July 23, 2001
e. Maturity: June 30, 2008
f. Repayment terms; To be included in compensation over term of contract and interest payments only until July 1, 2003
g. Interest rate; IRS Applicable Federal Rate
h. Security provided by borrower; None.
I. Purpose of the loan; Per contract
m. Description and FMV of the consideration furnished by the lender; cash - $600,000 U.S

Total Line 50: $600,000

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

PART IV

Line 57 - Equipment & Furniture		Year Ended June 30, 2005	2004
Furniture & Fixtures		$ 420,491	$1,369,291
Photocopiers		178,460	178,460
Other Equipment		3,169,479	3,417,415
Security System		28,795	28,795
Computers and PC's		114,995	412,208
Leasehold Improvements		511,317	511,317
	Line 57a	4,423,537	5,917,486
Less Accumulated Depreciation	**Line 57b**	(3,041,562)	(4,030,538)
TOTAL	**Line 57c**	$ 1,381,975	$ 1,886,948

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

PART IV

Line 65 - Other Liabilities	Year Ended June 30, 2005	2004
Advances from Member Clubs	3,346,860	3,346,860
Pension Obligations	3,878,703	2,976,581
Rent Credit - Long term	103,084	3,967
Post Retirement Benefit Obligation	1,023,572	
Total	$ 8,352,219	$ 6,327,408

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

PART IV

Line 64b - Note Payable	**Year Ended June 30, 2005**	**2004**
Note Payable	5,000,000	-
Total	$ 5,000,000	$ -

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

PART V - List of Officers

Name & Address	Title & Hrs Per Week	Compensation	Contribution to Benefit Plan	Expense Account & Other Allowances	
Gary B. Bettman 1251 Avenue of the Americas New York, NY 10020	Commissioner 40 Hours	2,175,699	14,000	Included in Compensation	Note 1
William Daly 1251 Avenue of the Americas New York, NY 10020	Secretary 40 Hours	656,160	14,000	Included in Compensation	Note 2
Craig C. Harnett 1251 Avenue of the Americas New York, NY 10020	Treasurer 40 Hours	347,855	14,000	Included in Compensation	Note3
Total		3,179,714	42,000	0	

Notes:

1) Gary Bettman received additional compensation of $1,181,730 and Senior Executive Retirement Plan contribution of $400,000 from NHL Enterprises, L.P., a related taxable organization.

2) William Daly received additional compensation of $161,568 and Senior Executive Retirement Plan contribution of $63,445 from NHL Enterprises, L.P., a related taxable organization.

3) Craig Harnett received additional compensation of $204,224 and Senior Executive Retirement Plan contribution of $42,533 from NHL Enterprises, L.P., a related taxable organization.

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

PART VI

Line 80 - RELATED ORGANIZATIONS	EXEMPT	NON-EXEMPT
NHL Enterprises L.P.		X
NHL World Cup of Hockey, L.P.		X
NHL World Cup of Hockey, Inc.		X
NHL Interactive Cyberenterprises, LLC		X
NHL Enterprises, Inc.		X
NHL Enterprises Canada L.P.		X
NHL Enterprises B.V.		X
National Hockey League Enterprises Canada, Inc.		X
NHL Foundation Inc. (Canadian Charity)	X	
National Hockey League Foundation (Private US Foundation)	X	
National Hockey League Pension Society	X	
NHL Emergency Assistance Fund (Canadian Charity)	X	

NATIONAL HOCKEY LEAGUE
YEAR ENDED JUNE 30, 2005
EIN #98-0036067

PART VII

Line 103 - Schedule of Other Revenues	**2005**
Copyright Royalties & other revenue	4,341,923
Total Line 103	$ 4,341,923

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print		
File by the extended due date for filing the return See instructions	Name of Exempt Organization NATIONAL HOCKEY LEAGUE	Employer identification number 98 : 0036067
	Number, street, and room or suite no If a P O box, see instructions 1251 AVENUE OF THE AMERCIAS	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10020	

Check type of return to be filed (File a separate application for each return)

☑ Form 990 ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 5227
☐ Form 990-BL ☐ Form 990-T (trust other than above) ☐ Form 6069
☐ Form 990-EZ ☐ Form 1041-A ☐ Form 8870
☐ Form 990-PF ☐ Form 4720

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ NHL, 1251 AVENUE OF THE AMERCIAS, NY, NY 10020
  Telephone No. ▶ (212) 789-2000 FAX No ▶ (212) 789-2060
- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the **whole** group, check this box ▶ ☐ If it is for **part** of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 20 06.

5 For calendar year ..., or other tax year beginning JULY 1, 20 04, and ending JUNE 30, 20 05.

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN SEEKING PROFESSIONAL HELP IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $ 0

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. $ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Craig C. Hart Title ▶ Sr EVP & CFO Date ▶ 2/15/06

Notice to Applicant—To Be Completed by the IRS

☒ We **have** approved this application. Please attach this form to the organization's return

☐ We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

☐ We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested

☐ Other

RECEIVED FEB 21 2006 EXTENSION OGDEN, UT 0800

APPROVED MAR 1 2006 SUBMISSION PROCESSING FIELD DIRECTOR, OGDEN

Director ______ By ______ Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	
	Name KENNETH CARTISANO, C/O NATIONAL HOCKEY LEAGUE
	Number and street (include suite, room, or apt. no) or a P.O. box number 1251 AVENUE OF THE AMERICAS
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10020