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SCANNED SEP 15 2010

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)

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

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

OMB No 1545-1150 2009

Open to Public Inspection

Α	For the	e 2009 calend <u>a</u>	ar year,	or tax year beg	inning	, and endin	ng					
В		• • • • • •	uea IPS							D Employer identification number		
	Name cl	hanna	label or print or	ALASKA TRAPPERS ASSOCIATION, INC.						9	92-0061598	
Ц	Initial ref		type.	·					Room/suite		Telephone number	
Ц	Termina	iuon	See Specific	PO BOX					1		907-457-1774	
H			Instruc-	City or town, sta	ate or country, and ZIP + 4		99708	_217	,		Group Exemption	
			organia		47(a)(1) nonexempt c	_					Number Dod. X Cash Accrual	
	9 360		-		ule A (Form 990 or 99		ust attaci	•	G Accounting Other (specify)	- .	od. X Cash Accrual	
ī	Websit	te: b ww			opers.org				 		if the organization is not	
<u>J</u>	Tax-exe	empt status (che	eck only one) — X 501	(c) (4) ◀ (insert	t no) 4947(a)(1) or	527	required to 990-EZ, o	attach 990-Pr	If the organization is not Schedule B (Form 990, F)	
K	Check										t more than \$25,000 A	
_					red, but if the organizat							
				•	s receipts, if \$500,000 or i					<u>-</u>	\$ 162,834	
	art I				I Changes in Net	Assets or Fun	<u>d Balan</u>	ices (S	see the instri			
	1	-		ts, and similar am							5,500	
	2	•			overnment fees and co	ontracts	See	G+a+6	ement 1	<u> </u>	2 6,696 3 23,999	
	4	Investment in		d assessments			266	3 La Le	amenc I		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	5a			ale of assets of	her than inventory		5a	Ü		<u> </u>	0,303	
	Ь			isis and sales e	•		5b		-	\dashv		
	c				an inventory (Subtract line	5b from line 5a)		<u></u>		┨,	5c	
9	6	` ,			plicable parts of Schedule		rom gamin	a. check he	ere 🕨 🕱			
en.	a	Gross revenu			•	of contributions	-	•,				
Revenue		reported on h	ne-1)			_	6a	1	80,46	52		
		Eese College 6	xpenses	other than fund	draising expenses	•	6b	•	48,90	00		
1	C				ents and activities (Sub	otract line 6b from li	ne 6a)			6	sc 31,562	
162	79/1	Gross sales	af _l ipvent	ery less returns	s and allowances		7a		22,08			
1							7b	Ш.	32,59)1		
1	_ ^ /	^ ~ ~			ventory (Subtract line	_				7	$r_c = -10,508$	
	®(e Statement	; 2				.′ ⊢	8 17,729	
_	9	Total revenu	re . Add l i	nes 1, 2, 3, 4, 5	ic, 6c, 7c, and 8	FIVED	7				9 81,343	
	10				ach schedule)		اد				5,250	
	11	Benefits paid		•	Charle		2]			-	11 1 700	
3 0 8	12				mployee benefits \	ן אוטבו עו עול) (12 4,708 13 10,788	
penses	13				s to indépendent contr	actors	뛰		•			
EX	15			ties, and mainte	hipping CG		_ }				4,960	
	16	Other expens	ses (des	cribe Se	e Statement	3	ھا				19,881	
	17	•		lines 10 throug		<u></u>		-		. · ·	45,587	
_	18				act line 17 from line 9))					35,756	
ets	19				ning of year (from line		ust agree	with				
Ass		end-of-year fi	igure rep	orted on prior y	ear's return)	, ,,,	Ū			1	255,404	
Net Assets	20	Other change	es in net	assets or fund b	balances (attach expla	nation)	See	State	ement 4	2	20 23,229	
	21	Net assets or	r fund ba	lances at end o	f year Combine lines	18 through 20	•			2	314,389	
P	art II	Balanc	e She	ets. If Total as	sets on line 25, columi	n (B) are \$1,250,00	0 or more	file Form	990 instead of I	orm 9	90-EZ.	
				(See the instru	uctions for Part II.)			(A)	Beginning of year		(B) End of year	
		savings, and in	vestmer	nts .					239,45		292,222	
		nd buildings		One Ob					15.00	${oldsymbol{ ilde{}}}$	23	
		assets (descnb	e ▶ _	see st	atement 5			·	15,97		22,281	
	Total a	•	▶	900 F	 Fatoment 6			.	255,42		25 314,503	
		iabilities (desc			tatement 6			'		_	26 114	
					mn (B) must agree wi		•••••		255,40	<u>/* 2</u>	314,389	

DAA

	A TRAPPERS ASSOCIATION,		2-0061598			Page 2	
Part III Statement of P	rogram Service Accomplishments (See the instruct	ions for Part II	l.)	Ex	penses	
What is the òrganization's primary ex	kempt purpose?				Required	for section	
Trapping education and pu	blic awareness	· -			501(c)(3) a	and 501(c)(4)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section							
manner, describe the services provide	ded, the number of persons benefited, or other re	elevant information fo	Г	'	1947(a)(1)	trusts; optional	
each program title.					or others)	
28 General trapping class	es are held each season for Alaska s	students. Speci	.al]			
classes are held for y	ouths. The Alaska Trapper Magazine i	s issued 9 time			1		
	d safety education on trapping in Al						
(Grants \$ 5,2	250) If this amount includes foreign grants, ch	eck here		28	a	44,028	
29							
				$_{\sim}$ \mid	Ì		
(Grants \$) If this amount includes foreign grants, ch	eck here	<u> </u>	29	3		
30							
•	•						
(Coopte &) If this comment well also for a comment with the		_	r,			
(Grants \$) If this amount includes foreign grants, ch	eck nere	> _	30:	1		
31 Other program services (attach : (Grants \$	•			<u>ــا بــ</u>	_ [
32 Total program service expens) If this amount includes foreign grants, ch	eck nere		31a ▶ 32	7	44,028	
	rectors, Trustees, and Key Employees. List ea	ch one even if not co	mnenested (See t		•		
1 Git 14 List of Officers, Di	rectors, trustees, and key Employees. List ea	(b) Title and average	(c) Compensation	(d) Cont		(e) Expense	
(a)	Name and address	hours per week devoted to position	(If not paid, enter -0)		enefit plans &	account and	
Randy Zarnke	Fairbanks	President	enter -oj	delened a	mpensation	other allowances	
PO Box 82177	AK 99708	5.00			ام	0	
Rodney Vesper	Fairbanks	Vice Preside					
PO Box 82177	AK 99708	5.00	٥		o	0	
Dan Tempel	Fairbanks	Secretary					
PO Box 82177	AK 99708	5.00	٥		٥	0	
Randy Zarnke	Fairbanks	Treasurer					
PO Box 82177	AK 99708	5.00	О		0	0	
Nate Pamperın	Fairbanks	Director					
PO Box 82177	AK 99708	5.00	0		0		
Kyle Davison	Fairbanks	Director					
PO Box 82177	AK 99708	5.00	0		0	0	
Lynn Keough	Fairbanks	Director					
PO Box 82177	AK 99708	5.00	0		0	0	
Keith Bayha	Fairbanks	Director					
PO Box 82177	AK 99708	5.00	0		0	<u> </u>	
Jim Masek	Fairbanks	Director	į				
PO Box 82177	AK 99708	5.00			0	0	
							
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						·	
		1	1	l	- 1		

Form 990-F7 (2009)

Form 990-EZ (2009)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
•	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	ŀ		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	ł		
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	•		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
þ	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	{		
b	Gross receipts, included on line 9, for public use of club facilities	ŧ		
40a		ļ.		
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ŀ		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	406		x
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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,	[
	4955, and 4958 Section 501(a)(4) and 501(a)(4) agreement for an unit of tay on line 40a			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	}		
θ	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed AK	400		
42a	List die states man millen a sopy et and tetam to mea	7-45	7-1	774
	PO BOX 82177			
		708-	217	7
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	-		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			7.5
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	1		х
	"Yes," Form 990 must be completed instead of Form 990-EZ	45 om 99	<u> </u>	
	P	om 35	, u-EZ	. (2009)

Form	990-EZ (2009) ALASKA TRAPPERS ASSOCIATION,	INC. 92	2-0061598			Page 4
Pa	rt VI Section 501(c)(3) organizations and section 4947(a					
,	501(c)(3) organizations and section 4947(a)(1) none	exempt charitable	e trusts must a	inswer question	ns 46-49	9b
	and complete the tables for lines 50 and 51.					
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to		Y	es No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete So	hedule E		48	
49a	Did the organization make any transfers to an exempt non-chantable related or	rganization?			49a	
b	If "Yes," was the related organization a section 527 organization?				49b	
50	Complete this table for the organization's five highest compensated employees	(other than officers,	directors, trustees	and key		
	employees) who each received more than \$100,000 of compensation from the	-		•		
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	accour other all	
			i			
	·					
-	,					
	•					
		1				-
	·		J			
		1	-	<u> </u>		
f	Total number of other employees paid over \$100,000	—	· · · · · · · · · · · · · · · · · · ·	·		
	\$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each independent contractor paid more than \$100,000.		Type of service	(c) C	ompensatio	on
					_	
			<u></u>			
	•					
	Total number of other independent contractors each receiving over \$100,000	<u> </u>				
	Total Name of Cale Mapping Residue Control Con	·				
Sigr	Under penalties of perjury, I declare that I have examined this return, including and belief, his true, corrects and complete Declaration of preparer (other than	accompanying schedule officer) is based on all in	s and statements, and formation of which pre	to the best of my knowled parer has any knowled	wledge Ige	
Here		D	Date			
	Randall Zarnke	Pres	sident			
	Type or print name and title		1 2:			
_	Preparer's Preparer's On On One	Date	Check if self-	Preparer's Ident	fying Number	r (See instr.)
Paid	- 40000 111 21 000	08/12	2/10 employed ▶	. □ P0095	8948	
		tchison, Po		EIN ▶ 9	2-011	6098
Use	Only f self-employed), P.O. Box 70607	· 		Phone		
	address, and ZIP + 4 Fairbanks, AK 99707-	-0607		no ▶ 907	-456-	-6676
May	the IRS discuss this return with the preparer shown above? See instructions	·			X Yes	No
				Fo	m 990-I	EZ (2009)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Nar	me of organization ALASKA TRAPPERS ASSO	OCIATION, INC.		Employer Identific 92-00615	
Pai	t I-A Complete if the organization is exe	mpt under section 501(c)	or is a section	527 organization	
1	Provide a description of the organization's direct and indire	ect political campaign activities in	Part IV		
2	Political expenditures .	•		▶\$	
3	Volunteer hours			_	
Pai	rt I-B Complete if the organization is exe	mpt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organi	zation under section 4955		▶\$_	
2	Enter the amount of any excise tax incurred by organization	on managers under section 4955	1	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?			Yes No
4a	Was a correction made?	•			Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exe			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	tion for section 527 exempt functi	on	_	
	activities			▶ \$ _	
2	Enter the amount of the filing organization's funds contrib	uted to other organizations for se	ction		
	527 exempt function activities			▶ \$ _	
3	Total exempt function expenditures Add lines 1 and 2 Er	nter here and on Form 1120-POL	,		
	line 17b			. ▶\$_	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification r				
	were made For each organization listed, enter the amoun			•	
	contributions received that were promptly and directly del	, , ,		separate segregated	
	fund or a political action committee (PAC). If additional sp	1		T	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0-	promptly and directly
				lands whome, enter o	delivered to a separate
					political organization If none, enter -0-
		-	 		Hone, enter-o-
			+	+	
				 	
			1		
		1			

011	30 U8/12/2010 11 29 AM						
Sche	edule C (Form 990 or 990-EZ) 2009 AL	ASKA TRAPPE	RS ASSOCIAT	rion, in	C. 92-	006159	98 Page 2
Pa	et II-A Complete if the organiz	zation is exempt	under section 50	1(c)(3) and	filed Form 576	8 (election	on
	under section 501(h)).	 					
	Check if the filing organizat						
<u> </u>	Check ▶ ☐ if the filing organizat	_		ontrol" provis	ions apply.		
	Limits on Lol "The term "expenditures"	bying Expendite	ures		(a) Filing organization's to	ntals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pu					-	
h	Total lobbying expenditures to influence a le			·			
c	Total lobbying expenditures (add lines 1a a			ļ-			
d	Other exempt purpose expenditures		• •	ļ			
0	Total exempt purpose expenditures (add lir	es 1c and 1d)					
f	f Lobbying nontaxable amount. Enter the am	•	g table in both	Ī			
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontar	xable amount is:				***************************************
Į	Not over \$500,000	20% of the amount or	n line 1e				
ļ	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000				
-	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	f the excess over \$1,000,0	00		-	
ļ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of t	the excess over \$1,500,00	0			
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25%	•		-			
	Subtract line 1g from line 1a. If zero or less			.	 -		
i	Subtract line 1f from line 1c. If zero or less,			L			
j	If there is an amount other than zero on eith	ner line 1h or line 1i, d	id the organization file	Form 4720 repo	rting		
	section 4911 tax for this year?	<u>-</u>					Yes No
		4-Year Averagin	ng Period Under S	Section 501(h)		
	(Some organizations tha	it made a section	n 501(h) election	do not have	to complete a	ill of the f	five
	columns bel	ow. See the inst	ructions for lines	2a through	2f on page 4.)	
	Lobi	oving Expenditu	res During 4-Year	r Averaging	Period		·,.
	Calendar year (or fiscal year		. *1				
	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d)	2009	(e) Total
							
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount					7	
	(150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
0	Grassroots ceiling amount						
-	(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	iled Fo	orm 5	5768			raye .
	' (election under section 501(h)).	(a	1)		(b	<u> </u>	
		Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
a	Volunteers?	\vdash					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-					
C	Media advertisements?	-					
d	Mailings to members, legislators, or the public?	\vdash					
6	Publications, or published or broadcast statements?	\vdash					
T	Grants to other organizations for lobbying purposes?	 					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	 					
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	-			-		
:	Other activities? If "Yes," describe in Part IV Total Add lines 1c through 1i						
33 J	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	†					
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	f f					·········
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or	sect	ion			
	501(c)(6).	,,,,,					
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3		X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or	sect	ion			
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I	ine 3 is	ans	wered			
	"Yes."						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political						
	expenses for which the section 527(f) tax was paid).		_				
a	Current year	}	2a				
b	Carryover from last year	}	2b				
_	Total	ŀ	2c		 		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	}	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
	t IV Supplemental Information	•					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line	e 1ı.					
	complete this part for any additional information.	•					
		••		•		•	
						•	
		_					
				•			

Schedule C (Form 990 or 990-EZ) 2009 ALASKA TRAPPERS ASSOCIATION, INC.

92-0061598

Page **4**

Part IV Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2009

Open To Public Inspection

Name of the organization ALASKA TRAPPERS A	SSOCIATION	, I	NC.		Employer identif 92 – 00615	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	e if the organizati	ion ar	nswe	ered "Yes" to Form	990, Part IV, line	e 17.
Indicate whether the organization raised funds through				neck all that apply		
a Mail solicitations				ernment grants		
b Internet and email solicitations	f Solicitation		-	-		
c Phone solicitations	g Special fur	_		-		
d In-person solicitations	g opoda, tar	idididii	.g 010	,		
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	with any individual (in	cluding	office	ers, directors, trustees undraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization	(fundraisers) pursuan	t to agı	eeme	ents under which the fund	Iraiser is	
(i) Name of individual	(ii) Activity	(iii) Du	fund- have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custo	dy or	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
		 			·	
					<u> </u>	
		┼—				
					<u> </u>	
		L				
Total			<u> </u>	<u></u>		
3 List all states in which the organization is registered or registration or licensing.	licensed to solicit fun	ds or h	as be	en notified it is exempt fr	om	
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92-0061598

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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Fur Auction (add col (a) through None col (c)) (total number) (event type) (event type) Revenue 71,926 71,926 Gross receipts Less Chantable contributions Gross revenue (line 1 71,926 71,926 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 48,353 48,353 Other direct expenses 48,353 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 8,536 8,536 Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs 547 547 Other direct expenses Yes 100.00 % % Yes Yes X No Volunteer labor 547 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 7,989 Yes No Enter the state(s) in which the organization operates gaming activities: X Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain: X Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain. X 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer chantable gaming?

Sche	edule G (Form 990 or 990-EZ) 2009	ALASKA	TRAPPERS	ASSOCIATION,	INC.	92-006159	8	F	age 3
3 a b 4	Indicate the percentage of gaming active The organization's facility An outside facility Provide the name and address of the pand records		res the organization	n's gaming/special events t	_	13a 100.00 % 13b %		Yes	No
	Name ALASKA TRAPPERS A PO BOX 82177 Address FAIRBANKS	ASSOCIATIO	N, INC			AK 99708-2177			
5a	Does the organization have a contract v	with a third party	from whom the org	anization receives gaming			150		x
b	If "Yes," enter the amount of gaming rev amount of gaming revenue retained by		y the organization	> \$		and the	15a		
С	If "Yes," enter name and address of the	third party:					-		
	Name ►								
	Address ▶ .						-		
6	Gaming manager information:						-		
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Director/officer Em	ployee	Independen	t contractor					
7	Mandatory distributions:								
а	Is the organization required under state retain the state gaming license?	law to make cha	ntable distributions	from the gaming proceeds	to		17a	x	
b	Enter the amount of distributions require			10 001	spent		110		

Schedule G (Form 990 or 990-EZ) 2009

01130 ALASKA TRAPPERS ASSOCIATION, INC.

92-0061598

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description			Amount
Membership	dues	\$	23,999
Total		\$	23,999

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

	Description	 Amount
Pull	tabs	\$ 17,729
	Total	\$ 17,729

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Pull tabs Pulltab costs	\$ 1,503
Expenses Other operating expenses Telephone Supplies Travel Conference and meetings Fairbanks schools expenses Fling event Expenses Bank service charges Credit card processing fees Insurance Total	7,174 527 445 2,539 914 1,658 282 56 2,590 2,193 \$ 19,881

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount	
Kenai Chapter checking added to books Unrealized gain	\$ 	1,560 21,669
Total	\$	23,229

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning Description of Year		 End of Year
Accounts Receivable Inventories for Sale or Use	\$	239 15,735	\$ 22,281
		15,974	 22,281

01130 ALASKA TRAPPERS ASSOCIATION, INC. 92-0061598 Federal Statements

FYE: 12/31/2009

92-0061598

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Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description		Beginning of Year		
Payroll liabilities	\$_	21	\$	114
	_	21		114

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form **8868** (Rev. 4-2009)

 If you are 	filing for an Automatic 3-Month Extension, complete only Part I and check this box		
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously filed For		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation	required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete		
Part I only			
	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensione tax returns.	ion of	
Electronic Fi	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	e to file	
	irns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886		
electronically	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,	group	
returns, or a c	omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part	II) of For	m
8868. For mo	e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofit	s.	
Type or	Name of Exempt Organization	Employ	er identification number
print			
File by the	ALASKA TRAPPERS ASSOCIATION, INC.	92-0	061598
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.		
return. See	PO BOX 82177		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	FAIRBANKS AK 99708-2177		
	f return to be filed (file a separate application for each return):		□
X Form 9	The state of the s		Form 4720
Form 9			Form 5227
Form 9	—		Form 6069
Form 9	00-PF Form 1041-A		☐ Form 8870
Telephon If the orga If this is for the whole a list with the 1 I reque until (for the	anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box If it is for part of the group, check this box and a		ting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	i accoun	ung penod
	y nonrefundable credits. See instructions.	3a	2
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	 ~	
b If this a		1	
	nts made. Include any prior year overpayment allowed as a credit.	3b	1 S
payme	nts made. Include any prior year overpayment allowed as a credit. e Due, Subtract line 3b from line 3a, Include your payment with this form, or, if required,	3b	
payme c Balanc	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	36	
payme c Baland deposit		3b 3c	\$

DAA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.