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Form **990-EZ** 

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)

Apr 01 , 2011, and ending

2011

OMB No 1545-1150

\_\_\_\_

Department of the Treasury

A For the 2011 calendar year, or tax year beginning

Soonsoring 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

Open to Public Inspection

Mar 31.**20**12

В	Check applic	k if cable	C Name of organization	D Em	Employer identification number			
$\Box$		ess ch	ange Willow Area Community Organization					
П	Name	chan	ge Inc	92-	-003	4350		
П	nıtıal	return	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tel	ephone	number		
Π.	Term	ınated	PO Box 1027	907	907-495-6633			
H,	Amer	nded re	ctum . City or town, state or country, and ZIP + 4	F Gro	oup Exe	emption		
H	Applic	cation ing	WILLOW AK 99688-		Number ►			
			ng Method X Cash Accrual Other (specify) ▶	H Check▶X if the organization is not				
		site		required to attach Schedule B				
			npt status(check only one) - 501(c)(3) X 501(c)(4 ) ◀ (insert no ) 4947(a)(1) or 527	(Form 990, 990-EZ, or 990-PF)				
		k ▶						
			90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see ins					
			sturn, be sure to file a complete return -		, 50	in the organization energy		
			5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if					
			(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	128,774.		
	art			the inci		s for Part I)		
	ait	•	, , , ,	ine msi	liuction	SIDI Pail (1)		
2012			Check if the organization used Schedule O to respond to any question in this Part I	<del>i</del>	4	17 213		
	- 1	1	Contributions, gifts, grants, and similar amounts received .	·	1	44,348.		
-	ŀ	2	Program service revenue including government fees and contracts	· +	2	44,340.		
_		3	Membership dues and assessments	· ···  -	3	5,508.		
ဌ		4	Investment income S NOV 1 9.2012	٠٠	4	5,500.		
E			Gross amount from sale of assets other than inventory 5a					
_			Less cost or other basis and sales expenses					
ᆸ .		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	L	5c			
Z		6	Gaming and fundraising events	_				
	2	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 30, 18	8.	ŀ			
SCANNED	2	b	Gross income from fundraising events (not including \$ of contribution)	tions	ĺ			
D			from fundraising events reported on line 1) (attach Schedule G if the sum					
			of such gross income and contributions exceed \$15,000) . 6b					
		С	Less direct expenses from gaming and fundraising events 6c 3, 93	7.				
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c	;)	6d	26,251.		
		7 a	Gross sales of inventory, less returns and allowances	Γ		_		
	-	b	Less cost of goods sold					
	- 1		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c			
		8	Other revenue (describe in Schedule O)		8	1,517.		
		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.▶	9	124,837.		
_	$\dashv$	10	Grants and similar amounts paid (list in Schedule O)		10	923.		
		11	Benefits paid to or for members	.	11			
,	,	12	Salaries, other compensation, and employee benefits		12			
	as	13	Professional fees and other payments to independent contractors		13	8,000.		
	<b>2</b> 1		Occupancy, rent, utilities, and maintenance	}	14	78,236.		
ů		14		•	15			
		15	Printing, publications, postage, and shipping	.	16	33,932.		
	- 1	16	Other expenses (describe in Schedule O)	. ▶	17	121,091.		
	_	17	Total expenses. Add lines 10 through 16			3,746.		
1	<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· ··	18	5,740.		
	SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		40	1/0 600		
Š	Net Assets		end-of-year figure reported on prior year's return)	}	19	149,608.		
3	Se	20	Other changes in net assets or fund balances (explain in Schedule O)	ļ	20	(13,385.)		
_		21	Net assets or fund balances at end of year Combine lines 18 through 20	Þ	21	139,969.		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

									₩.
	Check if the organization us	sed Schedule	O to resp	ond to any question in	this Part		· .		<u> </u>
					-	(A) Beginn			(B) End of year
	savings, and investments		•				,105.	22	125,122.
	ind buildings				_		,503.	23	28,503.
24 Other a	assets (describe in Schedule	O)			-	1.40		24	6,063.
25 Total a					.	149	,608.	25	159,688.
26 Total I	iabilities (describe in Schedi	ule O) .			. [			26	19,719.
	sets or fund balances (line						,608.	27	139,969.
Part III	Statement of Program	m Service	Accom	plishments (see the	ne instruc	tions for Part	tIII)		
	Check if the organization us					III	<u> </u>		Expenses
Describe the measured to benefited, a	e organization's primary exem ne organization's program sei by expenses In a clear and c and other relevant informatio	rvice accomp concise manr on for each pr	olishments ner, descri ogram title	for each of its three large be the services provide	gest prog d, the nu			and 5	ured for section 501(c)(3) 01(c)(4) organizations and on 4947(a)(1) trusts, nal for others)
28 Mair	ntenance/operat	tion of	comm	nunity cente	r fo	r event	S		
and	activities for	r the l	ocal	population	of			}	
app:	roximately 2,50	00 peop	ole	-					
(Grants	s\$ 12,000.)	If this amou	ınt ınclude	s foreign grants, check	here .	-	. •	28a	78 <b>,</b> 385.
29 Maii	ntenance/develo	opment	of a	summer/wint	er t	rail sy	stem		
use	d by local res	idents	and t	risitors, an	d lii	nking t	.0		
	er communities								
(Grants				s foreign grants, check	here .		<b>•</b>	29a	41,925.
30	3 1 1 2 3 1 7			o rorongir granto, orrook		•			,
(Grants	c ¢	If this amou	int include	s foreign grants, check	here		<b>▶</b> □	30a	
<u> </u>	program services (describe in			s loreign grants, check	TIETE .	•		304	
•	' '		•	o foreign grants, check	boro	•	▶ □	31a	
(Grant		· · · · · · · · · · · · · · · · · · ·		s foreign grants, check	Hele	•		32	120,310.
	program service expenses List of Officers, Directors					of not compo	nested (s		<del></del>
Part IV	List of Officers, Directors	i, irustees, a	anu ney c	imployees. List each t				111-	
	Check if the organization us		_	· ·					Π΄
	Check if the organization us		_	ond to any question in	this Part	IV.			<u> </u>
	Check if the organization us	sed Schedule	_	oond to any question in (b) Average hours per week	this Part	portable pensation (/1099-MISC)	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
John	(a) Name and addi	sed Schedule	_	oond to any question in (b) Average hours per week devoted to position	this Part	IV.	(d) Contri	butions tenefit pla	o <b>(e)</b> Estimated
	(a) Name and addi	sed Schedule	e O to resp	oond to any question in  (b) Average hours per week devoted to position Chair	this Part	portable pensation /1099-MISC) iid, enter-0-)	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Bo	(a) Name and add Anderson x 107 WILLOW	sed Schedule	_	oond to any question in  (b) Average hours per week devoted to position  Chair 5	(c) Re composition (For, W-2 (If not pe	portable pensation (/1099-MISC)	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Bo: Jane	(a) Name and add Anderson x 107 WILLOW Dale	ress	99688	oond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair	(c) Re composition (For, W-2 (If not pe	IV. portable pensation /1099-MISC) iid, enter-0-)	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Bo: Jane 1 PO Bo:	(a) Name and adding Anderson x 107 WILLOW Dale x 102 WILLOW	ress	e O to resp	oond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair 5	(c) Re composition (For, W-2 (If not pe	portable pensation /1099-MISC) iid, enter-0-)	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Bo: Jane PO Bo: Sue Mo	(a) Name and adding Anderson x 107 WILLOW Dale x 102 WILLOW organ	AK 9	99688	oond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair	(c) Re composition (For, W-2 (If not pe	IV. portable pensation virios9-MISC) iid, enter-0-)  0	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Box Jane PO Box Sue Mo PO Box	(a) Name and adding Anderson x 107 WILLOW Dale x 102 WILLOW organ x 102 WILLOW	AK 9	99688	obond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair  5  Secretary 5	(c) Re composition (For, W-2 (If not pe	IV. portable pensation /1099-MISC) iid, enter-0-)	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Box Jane D PO Box Sue Mo PO Box Vince	(a) Name and adding Anderson  x 107 WILLOW  Dale  x 102 WILLOW  organ  x 102 WILLOW  nt Veit	AK S	99688 99688	cond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair  5  Secretary  5  Treasurer	(c) Re composition (For, W-2 (If not pe	IV. portable pensation pensation pensation pensation pensation pensation  O  O  O	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Box Jane Do Box Sue Mo PO Box Vincer	(a) Name and adding Anderson x 107 WILLOW Dale x 102 WILLOW organ x 102 WILLOW	AK S	99688	obond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair  5  Secretary 5	(c) Re composition (For, W-2 (If not pe	IV. portable pensation virios9-MISC) iid, enter-0-)  0	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
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PO Box Jane Do Box Sue Mo PO Box Vincer	(a) Name and adding Anderson  x 107 WILLOW  Dale  x 102 WILLOW  organ  x 102 WILLOW  nt Veit	AK S	99688 99688	cond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair  5  Secretary  5  Treasurer	(c) Re composition (For, W-2 (If not pe	IV. portable pensation pensation pensation pensation pensation pensation  O  O  O	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
PO Box Jane Do Box Sue Mo PO Box Vincer	(a) Name and adding Anderson  x 107 WILLOW  Dale  x 102 WILLOW  organ  x 102 WILLOW  nt Veit	AK S	99688 99688	cond to any question in  (b) Average hours per week devoted to position  Chair  5  Vice Chair  5  Secretary  5  Treasurer	(c) Re composition (For, W-2 (If not pe	IV. portable pensation pensation pensation pensation pensation pensation  O  O  O	(d) Contri employee be	butions tenefit pla	o (e) Estimated amount of
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for

Page 3

	Part V ) Check if the organization used Schedule O to respond to any question in this Part V			Ш
			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 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 change on Schedule O			
	(see instructions)	34		Χ
35a	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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?			
	If "Yes," complete applicable parts of Schedule N	36		Х
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		
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 tax year covered by this return?	38a		Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter		[	1
а	Initiation fees and capital contributions included on line 9	]		
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction			
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its			1
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958		1	
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 transaction?		1	
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			0= -
42a		-49		970
		88-	•	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	ļ	Х
	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 US?	42c	L	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	-	<b>-</b> [
	and enter the amount of tax-exempt interest received or accrued during the tax year		т.,	1
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			v
	Form 990-EZ	. 44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			17
	of Form 990-EZ	44b	-	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	<b>_</b>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		,,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-	1	
	Form 990-EZ (see instructions)	45b		X_

Form 9	90-EZ(2011) Willow Area Co	mmunity Orga	anization	92-00	034350 Page 4
		-,, <u>-</u> ,			Yes No
	old the organization engage, directly or indi	• • •	=	for in opposition to	46
Part	andidates for public office? If "Yes," complete Section 501(c)(3) organizat			ant charitable truct	
	Section 30 I(c)(3) Organizat	ions and section 4		iipt chantable trusi	.s omy.
	All section 501(c)(3) organizations a	nd section 4947(a)(1) no	nexempt charitable trus	ts must answer question	s 47–49b
	and 52, and complete the tables for	lines 50 and 51			
	Check if the organization used Sche	dule O to respond to an	y question in this Part VI	<u> </u>	<u></u>
					Yes No
	Old the organization engage in lobbying acti		501(h) election in effect of	during the tax	47
•	rear? If "Yes," complete Schedule C, Part II is the organization a school as described in				47
	of the organization a school as described in Did the organization make any transfers to a			uule E	49a
	f "Yes," was the related organization a sect				. 49b
	Complete this table for the organization's fiv	<u> </u>		ifficers, directors, trustee	s and key employees) who
•	each received more than \$100,000 of comp	ensation from the organi	zation If there is none,	enter "None "	
		(b) Title and average	(C) Reportable	(d) Health benefits, contributions to employee	(e) Estimated amount
(a	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation	of other compensation
	paid more than \$100,000	devoted to position	(Forms W-2/1099-WIGC)	Willperisation	
		-			
		1			
		****			
	·			<u> </u>	
	tal number of other employees paid over \$1		<del> </del>		u
	implete this table for the organization's five	-	dependent contractors w	no each received more t	nan \$100,000 of
	mpensation from the organization. If there is				
(a) N	lame and address of each independent con	tractor paid more than \$	100,000 (b) Typ	e of service	(c) Compensation
f To	tal number of other independent contractor	s each receiving over \$1	. ≥ 00,000		
52 Di	d the organization complete Schedule A? <b>N</b>	ote: All section 501(c)(3	) organizations and 4947	7(a)(1) nonexempt	
ch	aritable trusts must attach a completed Sch	edule A	· · ·	····	▶ Yes X No
•	enalties of perjury, I declare that I have examined this retu				ief, it is true,
correct,	and complete Declaration of preparer (other than officer)	is based on all information of wh	ich preparer has any knowledge		· · · · · · · · · · · · · · · · · · ·
				11/14/2	012
Sign	Signature of officer		<u>.</u> .	Date	012
Here	Vincent Veit		Treasure		
	Type or print name and title				
	Print/Type preparer's name	Preparer's sign	ature Da	ate Check	if PTIN
Paid	Vincent Veit CPA			/14/2012 self-emplo	yed
Prepa	Fillistianie VIIICCIIC VCI	CPA		Firm's EIN	<b>&gt;</b>
Use O	Firm's			Phone no	
	address				
	e IRS discuss this return with the preparer				► X Yes   No
BCA		US990E	Z4		Form <b>990-EZ</b> (2011)

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

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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.

2011

OMB No 1545-0047

Open to Public Inspection

Willow Area Communit	v Organi	zati	on				34350
Eundraining Activities C				ered "Yes" to Form 990			
Form 990-EZ filers are not							
1 Indicate whether the organization r				llowing activities Check	k all that apply		**-
a Mail solicitations		e│	Solicita	ation of non-governmen	t grants		
b Internet and email solicitations		fΧ	Solicita	ation of government gra	nts		
c Phone solicitations		gΧ	Specia	I fundraising events			
d In-person solicitations		_					
2 a Did the organization have a written	or oral agreem	ent with a	any indiv	idual (including officers,	, directors, truste	es or key	employees listed in
Form 990, Part VII) or entity in con	nection with pro	fessiona	l fundrais	sing services?			Yes X No
b If "Yes," list the ten highest paid in	dividuals or entit	ties (fund	Iraisers)	pursuant to agreements	s under which the	fundraise	er is to be compensated
at least \$5,000 by the organization							
(i) Name and address of individual	(ii) Activity	(iii) Do		(iv) Gross receipts	(v) Amount par	d to (or	(vi) Amount paid to
or entity (fundraiser)			r have dy or	from activity	retained by) fui	ndraiser	(or retained by)
			rol of		listed in col	(i)	organization
			utions?				
1		Yes	No				
		1					
2							
3							
			1				
4							
		İ					
5							
6							
			ļ				
7							_
8							
						1	
9							
10							
						1	
							_
Total			•		1		
3 List all states in which the organization	is registered or	licensed	to solici	t contributions or has be	een notified it is e	exempt fro	om registration or licensing
					· ——		

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more 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

1 Gross receipts 2 Less Charitable contributions 3 Gross income (line 1	(event type)	(b) Event #2	(c) Other events	(d) Total events
contributions	(Otonic typo)	(event type)	(total number)	(add col (a) through col (c))
contributions		(crom type)	(total Hambor)	55. (6)/
contributions				
i				
3 Gross income (line 1				
manage (mag 2)				
minus line 2)				
4 Cash prizes				
5 Noncash prizes				
S Continuity conta				
ă <b>6</b> Rent/facility costs		<u> </u>		
6 Rent/facility costs 7 Food and beverages				
0				
8 Entertainment	•			
9 Other direct expense				
'	ary Add lines 4 through 9 in col	lumn (d)	. •	
<u>'</u>	Combine line 3, column (d), an		<b>•</b>	
	nplete if the organization answei	red `Yes" to Form 990, Part IV,	line 19, or reported more that	an \$15,000 on Form 990-EZ
line 6a	(a) Dines	/h) Dulliabe/setest	(a) Other	(d) Total service (add
and	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue		billiga/progressive billige		cor (a) through cor (b))
1 Gross revenue	2,195.	15,598.	12,336.	30,129.
	1 000			1 000
2 Cash prizes	1,000.			1,000.
S Noncash prizes .				
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs				
4 Rent/facility costs				
		3,937.		2 027
	X Yes 100.0%		X Yes 100.0%	3,937.
5 Other direct expense		H	kr  162 TOO.OW	이
5 Other direct expense	I H		No No	t.
Other direct expense     Volunteer labor .	No No ary Add lines 2 through 5 in col		No	4,937.
5 Other direct expense 6 Volunteer labor . 7 Direct expense summ	No	lumn (d)	No	4,937. 25,192.
5 Other direct expense 6 Volunteer labor 7 Direct expense summ 8 Net gaming income s	No lary Add lines 2 through 5 in columnary Combine line 1, column	lumn (d) n d, and line 7	No	4,937. 25,192.
5 Other direct expense 6 Volunteer labor 7 Direct expense summ 8 Net gaming income s 9 Enter the state(s) in whice	No lary Add lines 2 through 5 in columnary Combine line 1, column in the organization operates game	lumn (d) n d, and line 7 ling activities AK	No	25,192.
5 Other direct expense 6 Volunteer labor 7 Direct expense summ 8 Net gaming income s 9 Enter the state(s) in which a is the organization licens	No lary Add lines 2 through 5 in columnary Combine line 1, column	lumn (d) n d, and line 7 ling activities AK	No	4,937. 25,192. X Yes \( \) No
5 Other direct expense 6 Volunteer labor 7 Direct expense summ 8 Net gaming income s 9 Enter the state(s) in whice	No lary Add lines 2 through 5 in columnary Combine line 1, column in the organization operates game	lumn (d) n d, and line 7 ling activities AK	No	25,192.
5 Other direct expense 6 Volunteer labor 7 Direct expense summ 8 Net gaming income s 9 Enter the state(s) in which a is the organization licens b if "No," explain	No lary Add lines 2 through 5 in columnary Combine line 1, column in the organization operates gamed to operate gaming activities in	lumn (d) n d, and line 7 ling activities AK n each of these states?		
5 Other direct expense  6 Volunteer labor  7 Direct expense summ  8 Net gaming income s  9 Enter the state(s) in whice  a is the organization licens  b if "No," explain  10a Were any of the organization	No lary Add lines 2 through 5 in columnary Combine line 1, column in the organization operates game	lumn (d) n d, and line 7 ling activities AK n each of these states?		25,192.
5 Other direct expense 6 Volunteer labor 7 Direct expense summ 8 Net gaming income s 9 Enter the state(s) in which a is the organization licens b if "No," explain	No lary Add lines 2 through 5 in columnary Combine line 1, column in the organization operates gamed to operate gaming activities in	lumn (d) n d, and line 7 ling activities AK n each of these states?		
5 Other direct expense  6 Volunteer labor  7 Direct expense summ  8 Net gaming income s  9 Enter the state(s) in whice  a is the organization licens  b if "No," explain  10a Were any of the organization	No lary Add lines 2 through 5 in columnary Combine line 1, column in the organization operates gamed to operate gaming activities in	lumn (d) n d, and line 7 ling activities AK n each of these states?		

Sche	dule G (Form 990 or 990-EZ) 2011 Willow Area Community Organization 92-0034350 Page	3
11	N7	
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?	)
13	Indicate the percentage of gaming activity operated in	
а	The organization's facility	<u>%</u> _
	An outside facility	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name▶ Vincent Veit	_
	Address▶PO Box 269 WILLOW AK 99688-	_
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	No
	Name ▶	_
	Address▶_	
16	Gaming manager information	
	Name▶ Jane Newman	_
	Gaming manager compensation ▶ \$	
	Description of services provided ▶Member in charge of gaming	_
	☐ 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?	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 ▶\$ 22,712.	-
Pa	Supplemental Information.Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	_
		-
		-
		-
		-
		-
		-
		-
		_
		_
		_
		_
	Schedule G (Form 990 or 990-EZ) 2011	

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **2011** 

> Open to Public Inspection

Employer identification number

Willow Area Community Organization	92-0034350
Other assets: Equipment	
Liabilities: Grants to be paid out and rental deposits	
Other expenses:	
Program service expenses	
Miscellaneous	
Office expense	
Permits	
Other changes in Net Assets:	
Adjustment for incorrect prior year accounting	
Other revenue:	
Miscellaneous income	
	1

#### Form **8868**

(Rev January 2011)

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

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (pin page 2 of this form)  Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8688 Electronic filing (a-file). You can electronically file Form 8688 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-1), or an additional (not automatic) 3-month extension of time Volume 10 file (6 months for a corporation required to file Form 990-1), or an additional (not automatic) 3-month extension of time Volume 10 file (6 months for a corporation required to file Form 990-1), or an additional (not automatic) 3-month extension of film 80 file form 990-1 file form 990-1 and requesting an automatic 6-month extension. Fore those and complete Part Lonly  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or print it is a file form 990-1 and requesting an automatic 9-month extension. For box and complete Part Lonly  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or print it is better than a file of the return and this application will not be a file of the return and this application will not be a file of the return that this application is for (file a separate application for each return).  Difference of the return that this application is for (file a separate application for each return).  Or form 990-1 (see A01(a) or 408(a) trust)  Form 990-1 (see A01(a)	internal Revenue	e Service	a coparate a			
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 for request an extension fedured to file Form 990-T), or an additional (not automatic) 3-month extension of time to file for months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of films to file any of the forms listed in Part I or Part II with the exception of Form 8970, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format deee instructions. For more details on the electronic filing of this form, stat wave in goverfile and click on e-file for Charites & Nonprofiles  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  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Pripe or Print File Vine Comment of the Pripe Part I only  Number, street, and room or suite no. If a P O box, see instructions  WILLOW A REAL COMMUNITY Organization  Print File Vine Comment of Print File Vine C	<ul><li>If you ar</li></ul>	e filing for an Automatic 3-Month Extension	, complete only	Part I and check this box		. • X
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format forms from 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format forms from 700 forms from 700 forms and 700 forms from 700 forms	<ul><li>If you ar</li></ul>	e filing for an Additional (Not Automatic) 3-l	Month Extension	, complete only Part II (on page 2 of this	form)	
required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit wave iris govietile and click on e-file for Charites & Nonprofits.    Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed)	Do not com	iplete Part il unless you have already been g	ranted an automa	itic 3-month extension on a previously filed	Form 8868	
of time to file any of the forms listed in Part I or Part III with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wast waw in govietile and click on e-file for Charlies & Nonprofits.    Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed)   A coppration required to file Form 990-Tain draycesting an automatic 6-month extension - check this box and complete Part I only   ▶	Electronic f	filing (e-file). You can electronically file Form	8868 if you need	a 3-month automatic extension of time to f	ile (6 months for a corp	oration
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, yest view is govified and clock one-file for Chardise & Nonprofits.  Part   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 all other corporation (including 11/20°C filers), partnerships. REMICS, and frusts must use Form 7004 to request an extension of time to file income tax returns.  Name of exempt organization   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   92 – 0.034.350    Number, street, and room or suite no. If a P.O. box, see instructions   Willow Area Community Organization   Willow Area Community Organization   92 – 0.034.350    Return Island Area Community Organization   P.O. Box Orga	required to f	île Form 990-T), or an additional (not automat	ric) 3-month exten	sion of time. You can electronically file For	m 8868 to request an e	extension
Automatic 3-Month Extension of Time. Only submit organal (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   All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns   Type or   Name of exempt organization   Willow Area Community Organization   Security Willow Area Community Organization   P2-0034350   Willow Area Community Organization   P2-003450   Willow Area Community Organization   P2-003450   Willow Area Community Organization   P2-003450   Willow Area Community Organization   P	of time to file	e any of the forms listed in Part I or Part II with	n the exception of	Form 8870, Information Return for Transfe	ers Associated With Ce	rtain
Automatic 3-Month Extension of Time. Only submit orginal (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  All other corporations (including 1120-C filers), partierships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Name of exempt organization  Number, street, and room or suite no If a PO box, see instructions  Willow Area Community Organization  Number, street, and room or suite no If a PO box, see instructions  WILLOW AK 99688-  Enter the Return code for the return that this application is for (file a separate application for each return).  Other form 900-Enter organization  Return Application  Is For Code  Form 990-B. Other organization  Form 990-B. Other organization  Other organization  Return Application  Form 990-B. Other organization  Form 990-B. Other organization  Other organization  Return Application  Form 990-B. Other organization  Form 990-B. Other organization  Other organization  Other organization  Form 990-B. Other organization  Other organization  Other organization  Form 990-B. Other organization  rganization  Other organization organization organization or anization or organization organiz	Personal Be	nefit Contracts, which must be sent to the IRS	S in paper format	(see instructions) For more details on the	electronic filing of this	
A comparation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or Variety Search (1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or Variety Search (1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Population Search (1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Population Search (1120-C filers), partnerships, REMICs, and trusts in must use Form 900-10 and 1120-100-100-100-100-100-100-100-100-100		ww irs gov/efile and click on e-file for Charities	s & Nonprofits			
Application   Return   Application   Service	Part I	Automatic 3-Month Extension of	Time. Only s	submit original (no copies needed)		<del></del>
Type or print   Name of exempt organization   Property   Name of exempt progranization   Property   Name of exempt progranization   Property   Name of exempt progranization   Property	A corporatio	n required to file Form 990-T and requesting a	an automatic 6-mo	onth extension - check this box and comple	ete Part I only	. ▶ 📙
Type or print Part   Name of exempt organization   Willow Area Community Organization   92-0034350	All other cor	porations (including 1120-C filers), partnership	ps, REMICs, and	trusts must use Form 7004 to request an e	xtension of time	
Mumber, street, and room or suite no If a P O box, see instructions	to file incom	e tax returns				
Number, street, and room or suite no. If a P O box, see instructions PO BOX 1027 City, town or post office, state, and ZIP code. For a foreign address, see instructions WILLOW AK 99688−  Enter the Return code for the return that this application is for (file a separate application for each return).  Application Is For Code Is For Code Form 990.  Application Ser Code Is For Code Form 990.  Code Is Form 1041-A.  Code Form 990.  Code Is Form 1041-A.  Code Form 990.  Form 990.  Form 990.  Form 990.  Form 990.  Form 990.  Form 8870  Form 8870  If this is for the whole group, check this box  Form 8870  If this is for form yellow for ye			_			on number
The books are in the care of ▶ Vincent Veit CPA Telephone No ▶ 90.7 495-7970 FAX No ▶  If the organization so For a for place of business in the United States, check this box ▶ ☐ If request an automatic 3-month (6 months for a corporation) refurn for the organization's return for the extension is for the organization's return for Language in accounting period  If the xx year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return  Is this application is for Form 990-FF or 990-FF or 990-FF, 4720, or 6069, enter any refundable credits and estimated tax payments made linculde any prory serving remarks of form in a 1 include your payment with this form, if required.	•	Willow Area Community	y Organiz	ation	92-0034350	
City, town or post office, state, and ZIP code	due date for filing your	•	PO box, see inst	ructions		
Enter the Return code for the return that this application is for (file a separate application for each return)		City, town or post office, state, and ZIP cod	e For a foreign a	iddress, see instructions		
Enter the Return code for the return that this application is for (file a separate application for each return)			<b>.</b>			
Application Is For Code Sor Form 990 11 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 99 Form 990-FP 04 Form 592-7 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 112  The books are in the care of Vincent Veit CPA Telephone No V907-495-7970 FAX No V 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 V 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 V 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 V 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 V 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 V If this is for a Group Return, enter the organization number the extension is for the organization's return for the organization of time until NOV 1520 12 _ , to file the exempt organization return for the organization named above The extension is for the organization's return for  If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Initial retur						
Is For   Code   C	Enter the Re	eturn code for the return that this application is	s for (file a separa	te application for each return)		. 01
Is For   Code   Is For   Code   Seron   Code   Seron   Code   Seron   Code   Seron	Application		Return	Application		Return
Form 990 B.			Code	Is For		Code
Form 990-EZ    03   Form 4720   09   Form 990-PF   04   Form 5227   10   Form 990-T (sec 401(a) or 408(a) trust)   05   Form 6069   11   Form 990-T (trust other than above)   06   Form 8870   12   The books are in the care of ▶ Vincent Veit CPA   Telephone No ▶ 907-495-7970   FAX No ▶   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 ▶	Form 990		01	Form 990-T (corporation)		07
Form 990-PF	Form 990-B	L	02	Form 1041-A		08
Form 990-T (sec 401(a) or 408(a) trust)    Form 990-T (trust other than above)   D6   Form 8870   12	Form 990-E		03	Form 4720		09
The books are in the care of ► Vincent Veit CPA Telephone No ► 907-495-7970 FAX No ►  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 the sign and attach a list with the names and EINs of all members the extension is for levek this box ► If it is for part of the group, check this box ► In request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOV 15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for  □ calendar year 20 or □ X tax year beginning Apr 01 , 20 11 , and ending Mar 31 , 20 12  If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  □ Change in accounting period  3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,		<del></del>	04	Form 5227		10
The books are in the care of ▶ Vincent Veit CPA Telephone No ▶ 907-495-7970 FAX No ▶  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 the NOV 15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ calendar year 20 or ▶ X tax year beginning Apr 01 , 20 11 , and ending Mar 31 , 20 12  If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period  3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,	Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11
Telephone No ▶ 907-495-7970 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box			06	Form 8870		12
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