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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

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

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C

Name of organization

ALASKA TRAPPERS ASSOCIATION INC

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 82177

City or town, state or country, and ZIP + 4

FAIRBANKS, AK 997082177

D

Employer identification number

92-0061598

E

Telephone number

(907) 457-1774

F

Group Exemption Number

G Accounting Method

☒ Cash

☐ Accrual

Other (specify) _____

H

Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

☒ WWW.ALASKATRAPPERS.ORG

J Tax-exempt status

(check only one)—

☐ 501(c)(3)

☒ 501(c)(4)

☐ (insert no)

☐ 4947(a)(1)

☐ 527

K

Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 179,906

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10,594
	2	Program service revenue including government fees and contracts	2	12,926
	3	Membership dues and assessments	3	15,552
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	49,722
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	c	Less direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	29,453
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8	Other revenue (describe in Schedule O)	9	118,247
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	5,000
	10	Grants and similar amounts paid (list in Schedule O)	11	
	11	Benefits paid to or for members	12	6,324
	12	Salaries, other compensation, and employee benefits	13	17,155
Net Assets	13	Professional fees and other payments to independent contractors	14	
	14	Occupancy, rent, utilities, and maintenance	15	21,161
	15	Printing, publications, postage, and shipping	16	9,546
	16	Other expenses (describe in Schedule O)	17	59,186
	17	Total expenses. Add lines 10 through 16	18	59,061
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	410,588
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	14,318
	20	Other changes in net assets or fund balances (explain in Schedule O)	21	483,967
	21	Net assets or fund balances at end of year Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	398,993	22	464,809
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	11,636	24	19,247
25 Total assets	410,629	25	484,056
26 Total liabilities (describe in Schedule O)	41	26	89
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	410,588	27	483,967

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TRAPPING EDUCATION AND PUBLIC AWARENESS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.
28 GENERAL TRAPPING CLASSES ARE HELD EACH SEASON FOR ALASKA STUDENTS. SPECIAL CLASSES ARE HELD FOR YOUTHS. THE ALASKA TRAPPER MAGAZINE IS ISSUED 9 TIMES A YEAR WITH ETHICAL AND SAFETY EDUCATION ON TRAPPING IN ALASKA.
(Grants \$ 5,000) If this amount includes foreign grants, check here

29

(Grants \$) If this amount includes foreign grants, check here

30

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28a39,574

29a

30a

31a

3239,574

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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	Yes
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	Yes
c	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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed AK		
42a	The organization's books are in care of ALASKA TRAPPERS ASSOCIATION INC Telephone no (907) 457-1774 Located at PO BOX 82177 FAIRBANKS, AK ZIP + 4 997082177		
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 account)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable 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	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 organization. If there is none, enter "None "				
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$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	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	☐ Yes ☐ No
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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.

Sign Here	***** Signature of officer		2013-09-09 Date		
	RANDALL ZARNKE TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature LAURIE GIECK	Date 2013-09-09	Check ☐ if self-employed	PTIN
	Firm's name ▶ KOHLER SCHMITT & HUTCHISON PC			Firm's EIN ▶	
	Firm's address ▶ PO BOX 70607 FAIRBANKS, AK 997070607			Phone no (907) 456-6676	

May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
			<u>FUR AUCTION</u> (event type)	<u>(event type)</u>	<u>(total number)</u>		
	1	Gross receipts . . .	75,502			75,502	
	2	Less Contributions . .					
	3	Gross income (line 1 minus line 2) . . .	75,502			75,502	
Direct Expenses	4	Cash prizes . . .					
	5	Noncash prizes . .					
	6	Rent/facility costs . .					
	7	Food and beverages .					
	8	Entertainment . . .					
	9	Other direct expenses .	50,635			50,635	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(50,635)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					24,867

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue		20,561	7,604	28,165
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		1,449	1,861	3,310
	6 Volunteer labor	☐ Yes _____ ☒ No	☐ Yes _____ ☒ No	☐ Yes _____ ☒ No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				3,310
8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				24,855

9 Enter the state(s) in which the organization operates gaming activities AK

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☒ Yes ☐ No

13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	27 000 %
b	An outside facility	13b	73 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  ALASKA TRAPPERS ASSOCIATION INC

Address  PO BOX 82177
FAIRBANKS,AK 997082177

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☒ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ 13,734 and the amount of gaming revenue retained by the third party  \$ 31,983

c If "Yes," enter name and address of the third party

Name  EMERALD ISLE

Address  910 OLD STEESE
FAIRBANKS,AK 99701

16 Gaming manager information

Name  EMERALD ISLE

Gaming manager compensation  \$

Description of services provided  MULTI BENEFICIARY OPERATOR

☐ Director/officer ☐ Employee ☒ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ 36,426

Part IV 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).

Identifier	Return Reference	Explanation
REQUIRED DISTRIBUTIONS PER STATE LAW	SCHEDULE G PAGE 3 PART III LINE 17B	ALASKA 36426

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
ALASKA TRAPPERS ASSOCIATION INC**Employer identification number**

92-0061598

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 156 OTHER OPERATING EXPENSES 2,087 TELEPHONE 363 SUPPLIES 168 BUSINESS LICENSE 175 TRAVEL 1,350 CONFERENCE AND MEETINGS 855 FAIRBANKS SCHOOLS EXPENSES 1,875 BANK SERVICE CHARGES 133 INSURANCE 1,254 NON-INVESTMENT DEPRECIATION 1,130 TOTAL 9,546
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAIN ON INVESTMENT 16,660 LOSSES ON SALE OF INVESTMENT -2,342
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 11,636 9,978 COMPUTER 0 899 LESS ACCUMULATED DEPRECIATION 0 180 EQUIPMENT 6,378 15,878 LESS ACCUMULATED DEPRECIATION 6,378 7,328 IMPROVEMENTS 1,156 1,156 LESS ACCUMULATED DEPRECIATION 1,156 1,156 TOTAL 11,636 19,247
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	PAYROLL LIABILITIES 41 89

TY 2012 Compensation Explanation**Name:** ALASKA TRAPPERS ASSOCIATION INC**EIN:** 92-0061598

Person Name	Explanation
RANDY ZARNKE	
JIM MASEK	
MIKE KOLASA	
JOE LETARTE	
KEITH BAYHA	
DAN TEMPEL	
ROSS BEAL	
DAN NELSON	
MATT CULLEY	

Additional Data

Software ID:
Software Version:
EIN: 92-0061598
Name: ALASKA TRAPPERS ASSOCIATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RANDY ZARNKE  TREASURER	5 00	0		
JIM MASEK  VICE PRESIDE	5 00	0		
MIKE KOLASA  SECRETARY	5 00	0		
JOE LETARTE  PRESIDENT	5 00	0		
KEITH BAYHA  DIRECTOR	5 00	0		
DAN TEMPEL  DIRECTOR	5 00	0		
ROSS BEAL  DIRECTOR	5 00	0		
DAN NELSON  DIRECTOR	5 00	0		
MATT CULLEY  DIRECTOR	5 00	0		