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Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

**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)

OMB No 1545-0047

Inspection

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

Open to Public

В	Check if applicable	C Name of organization TANANA VALLEY YOUTH SPORTS		D Employer identific	cation number
Γ-	Addres	S EQUIDARION INC			
늗	Name change	D. D.		92-0	158803
F	lnitial lreturn		om/suite	E Telephone number	
Ē	Termin		omisano	·	474-0341
	Ameno			G Gross receipts \$	3,667,311.
	Application			H(a) Is this a group re	· · · · · · · · · · · · · · · · · ·
	pendin	F Name and address of principal officer: KENT KARNS		for affiliates?	Yes X No
		1229 SAINT ANTON DRIVE, FAIRBANKS, AK 9	9712	H(b) Are all affiliates inc	luded? Yes No
1	Tax-exe	empt status: $X$ 501(c)(3) $\Box$ 501(c) ( ) $\blacktriangleleft$ (insert no ) $\Box$ 4947(a)(1) or $\Box$	527	If "No," attach a	list. (see instructions)
J	Websit	e: > HTTP://TANANAVALLEYYOUTHSPORTSFOUNDATIO			
		organization X Corporation Trust Association Other ►	L Year o	of formation 2005 N	State of legal domicile AK
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO PRO			
Activities & Governance		SPONSOR AND SUPERVISE PROGRAMS GENERALLY P			
/err	2	Check this box  If the organization discontinued its operations or disposed	d of more	1 1	
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)	-	3	9
•ಕ	4	Number of independent voting members of the governing body (Part VI, line 1b)	-	. 4	9
ţį	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
₹	6	Total number of volunteers (estimate if necessary)		. 6	9
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12	•-•	7a	0.
_	D	Net unrelated business taxable income from Form 990-T, line 34	<del> :</del>	7b	
	8	Contributions and grants /Part VIII line 1h		Prior Year 85,050.	Current Year 37,000.
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		05,050.	<u> </u>
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		217,031.	205,756.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	203,730.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	302,081.	242,756.
_		Grants and similar amounts paid (Part IX, column (A), lines 4,3)	<del>-  </del>	110,400.	79,095.
	1	Benefits paid to or for members (Part IX, column A), line 4)		0.	0.
G		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
3Se	16a	Professional fundraising fees (PartaX, column (A), line 1793		0.	0.
Expenses	ь.	Total fundraising expenses (Part IX, column (D), line 25)	).		
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,310.	28,410.
		Total expenses. Add lines 13-17 (must equal Part IX) column (A), line 25)		141,710.	107,505.
	19	Revenue less expenses Subtract line 18 from line 12		160,371.	135,251.
26	3		Ber	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,188,455.	3,307,120.
AAS	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,188,455.	3,307,120.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Decaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge	
				7/24/20	9/3
Sig	jn	Signeture of officer		Date	
He	re	KENT KARNS, PRESIDENT			
		Type or print name and title		<del></del>	<del></del>
		Print/Type preparer's name Preparer's signature	- 1	Date Check	PTIN
Pai		DEBRA J. GROSS	$\sim$	7/23/13 self-employe	
	parer	Firm's name RJG, A PROFESSIONAL CORPORATION		Firm's EIN	92-0121157
Use	Only	Firm's address 1100 WEST BARNETTE, SUITE 102			
		FAIRBANKS, AK 99701		Phone no (	907)452-4156
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2012) FOUNDATION, INC.	92-0158803 Page	e <b>2</b> _
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	THE ORGANIZATION WAS FORMED FOR THE PURPOSE OF MAKING		
	OTHER NONPROFIT ORGANIZATIONS IN ORDER TO PROMOTE, ASS		
	SPONSOR AND SUPERVISE PROGRAMS GENERALLY PROMOTING YOU		
	THE FAIRBANKS NORTH STAR BOROUGH, AND THEREBY SUPPORT	THE FAIRBANKS	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes X	No
_	If "Yes," describe these new services on Schedule O.	, Ty (V).	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes XI	No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and	
_	revenue, if any, for each program service reported.		<del></del>
4a	(Code ) (Expenses \$ 79,095. including grants of \$ 79,095.) (RTANANA VALLEY YOUTH SPORTS FOUNDATION, INC. WAS FORMED	evenue \$	_ )
	OF MAKING DISTRIBUTIONS TO OTHER NONPROFIT ORGANIZATION		
	PROMOTE, ASSIST, DEVELOP, SPONSOR AND SUPERVISE PROGRA		
	PROMOTING YOUTH SPORTS WITHIN THE FAIRBANKS NORTH STAI		
	THEREBY SUPPORT THE FAIRBANKS NORTH STAR BOROUGH PARKS		
	DEPARTMENT.	3 & RECREATION	
	DDI AKTRIBAT •		
		<del></del>	
		<del> </del>	
4b	(Code) (Expenses \$ including grants of \$) (F	evenue \$	)
			_ ′
4c	(Code) (Expenses \$) (Figure 1) (Expenses \$)	Revenue \$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 79,095.	- 000 -	<u> </u>
		Form <b>990</b> (20	U12)

Form 990 (2012) FOUNDATION,

Part IV Checklist of Required Schedules

	•		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
-	during the tax year? If "Yes," complete Schedule C, Part II	4		^
5	ts the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<u> </u>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del> -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		X
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444	1	X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	1
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			١,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l .
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4.7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<del>                                     </del>	
19	Consider Cohodide C. Bod III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u></u>
	100 TO MICE TO A MICE OF SECURITION OF THE SECURIOR OF THE POSITION OF THE		990	(2012

Form 990 (2012) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	es	<u>No</u>
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		
		X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		
Schedule L, Part I	Ì	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	-	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		
of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		
instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<u>X</u>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_	<u>X</u>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<u>X</u>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<u>X</u>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-	
contributions? If "Yes," complete Schedule M	_	<u>X</u>
31 Did the organization liquidate, terminate, or dissolve and cease operations?		
If "Yes," complete Schedule N, Part I		<u>X</u>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
Schedule N, Part II	_	<u> </u>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-	
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_	<u> X</u>
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
Part V, line 1		<u>X</u>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<u> </u>
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	$\dashv$	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
If "Yes," complete Schedule R, Part V, line 2		<u> </u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- [	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	$\dashv$	<u> </u>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	,	
	X	0040

92-0158803

Page 5

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	,		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ,
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	3 - Anna Carlos			
_	to file Form 8282?	7c		X
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del></del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	0.		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	l ,		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

## TANANA VALLEY YOUTH SPORTS

Form 990 (2012)

FOUNDATION, INC.

92-0158803

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion`A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9		100	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	_		Х
3		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		v
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
•	In Schedule O how this was done	40-	х	
13	Did the organization have a written whistleblower policy?	12c	Λ	Х
14	Did the organization have a written document retention and destruction policy?	13		X
15		14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b	,, <del>, ,</del>	Α.
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			17
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion:	•	
	GARY WILKEN - 907-474-0341	,		
	2600 RIVERVIEW DRIVE, FAIRBANKS, AK 99709			

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization	n nor any related	orga	anıza	tion	cor	npe	nsat	ed any current officer, o	director, or trustee.		
(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average	(do	not c				one	Reportable	Reportable	Estimated	
	hours per	box	, unie cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	-	<del></del>			1,003	,	from	from related	other	
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	88	<b>2</b>			nsate		(W-2/1099-MISC)	(** 2 1000 111100)	organization	
	organizations	Tage 1	ם		86	E				and related	
	below	Individual trustee	Institutional trustee	뉽	Key employee	Highest compensated employee	ē			organizations	
	line)	2	Ins	Officer	š	물통	쥰				
(1) GARY WILKEN	1.00	ļ	İ						_	_	
DIRECTOR		X				ļ		0.	0.	0.	
(2) JIM DIERINGER	1.00	ļ	1			}					
DIRECTOR	<del> </del>	X				<u> </u>		0.	0.	0.	
(3) AELIN ALLEGOOD	2.00	<u>۔</u> ۔ ا				ł				_	
TREASURER	2-00	Х		X	<u> </u>	<u> </u>		0.	0.	0.	
(4) KENT KARNS	2.00	١		١							
PRESIDENT	1 00	X	-	Х	<u> </u>	ļ	<u> </u>	0.	0.	0.	
(5) LANCE PARRISH	1.00									_	
DIRECTOR	1 00	X			<u> </u>		_	0.	0.	0.	
(6) RAMONA REEVES	1.00	١.,	ŀ	,,		Ì					
VICE PRESIDENT	1 00	X	ļ	X	ļ. <u>.                                   </u>	<u> </u>		0.	0.	0.	
(7) RICHARD SCHOK	1.00	١,,									
SECRETARY	1 00	X				<u> </u>		0.	0.	0.	
(8) KARL KASSEL	1.00	٠,	·					_	_	_	
DIRECTOR	1.00	X						0.	0.	0.	
(9) MIKE BORK	1.00	X			ŀ			0.	0.	_	
DIRECTOR		^	<u> </u>			├-		0.		0.	
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Form 990 (2012)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	• (A) Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	C) Ition more rson		one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	of
	<u>.</u>	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
			_											
			-											
	Sub-total  Total from continuation sheets to Part V	II. Section A		<u> </u>	<u> </u>	<u> </u>	<b>▶</b>	<u>L</u>	0.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but in	·		liste	ed a	bove	e) wi	ho r	0 . received more than \$100	0,000 of reportabl	0. e	1		0.
	compensation from the organization											<del></del>	Yes	No
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> For any individual listed on line 1a, is the s	such individual			-	•						3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	," cc	mpl	ete S	Sche	edul	e J	for such individual	-		4		X
Sec	rendered to the organization? If "Yes," constitution B. Independent Contractors	nplete Schedui	le J i	for s	uch	per	son		<del>.</del>			5		X
1	Complete this table for your five highest compensation. Report compensation for	•								•	pens	sation	from	
	(A) Name and business			ONI		VILII	Of W	iu ii	(B) Description of		(	(Compe	C) nsatio	n
		<del> </del>												
													-	
													<del>.</del>	
2	Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li O	ste	d above) who received r	nore than			000	

Form 990 (2012)

Form 990 (2012) Part VIII

FOUNDATION, INC.

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1Ь b Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 37,000 g Noncash contributions included in lines 1a-1f \$ ▶ 37,000 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 62,190. 62,190. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 3,568,121. b Less: cost or other basis and sales expenses 3,424,555. 143,566. c Gain or (loss) d Net gain or (loss) 143,566. 143,566 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 242,756. 143,566 0 62,190. 232009 12-10-12

FOUNDATION, INC.

## Form 990 (2012) FOUNDATION, IN Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and				······································
	organizations in the United States See Part IV, line 21	79,095.	79,095.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	İ	ŀ		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				, , , , , , , , , , , , , , , , , , , ,
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		İ		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		<u> </u>		
а	Management				
ь	Legal	584.		584.	·
С	Accounting	4,494.		4,494.	
d	Lobbying	· ·		·	
е	Professional fundraising services See Part IV, line 17			, , , , ,	
f	Investment management fees	21,523.		21,523.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A) amount, list line 11g expenses on Sch O )				
12	Advertising and promotion		"		
13	Office expenses		-		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,519.		1,519.	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O')				
а	BANK FEES	146.		146.	
ь	POSTAGE	144.		144.	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	107,505.	79,095.	28,410.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

FOUNDATION, INC.

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 23,973. 51,009. Cash - non-interest-bearing .... . ... 2 Savings and temporary cash investments Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 40,000. 39,000. Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 3,124,482. 3,217,111. Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 3,188,455. 3,307,120. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,188,455. 3,307,120. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 3,188,455. 3,188,455. 3,307,120. 3,307,120. 33 Total net assets or fund balances Total liabilities and net assets/fund balances

OIII	350 (2012)				
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2 <b>,</b> 7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,18		
5	Net unrealized gains (losses) on investments	5	<1	6,5	86.
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,30	<u>7,1</u>	20.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		j		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:		ł		
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	l	l

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

TANANA VALLEY YOUTH SPORTS FOUNDATION, INC.

Employer identification number 92-0158803

ranı	neason	or Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.		
The organ	ızation is not a	private foundation	because it is. (For lines 1	1 through 1	11, check	only one b	ox.)			
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)			
2 🗌	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)	(A)(iii).			
4	A medical res	earch organization	operated in conjunction	with a hos	pital desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and state	e:								·
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or or	perated by	a governr	mental uni	t describ	ped in
		(b)(1)(A)(iv). (Comple		•	,	•	ŭ			
6			ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).			
7		•	eives a substantial part					r from the	general	public described in
		b)(1)(A)(vi). (Comple				<b>3</b>			3	<b>P</b>
8 🗌	•		ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗔	•		eives: (1) more than 33 1		•	rom contri	butions. m	nembershi	o fees. a	and aross receipts from
	_		nctions - subject to certa		• •		•			•
			axable income (less sect							
		<b>509(a)(2).</b> (Complete	•		•			,		
10			perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	I).		
11 X	_		perated exclusively for th	•	-			-	v out the	e purposes of one or
	_	-	ations described in section						=	• •
			organization and comple		-			·		
	a Type I	· · · · · · · · · · · · · · · · · · ·		ype III - Fui	_		c	Typ	e III - No	n-functionally integrated
е 🔙		-	it the organization is not							
			han one or more publicly							
f			ten determination from t						,,,,	· // /
		ganization, check th				, . , , , , , , , ,				. X
g		-	organization accepted an	nv aift or co	ontribution	from any	of the follo	owing pers	sons?	•
Ū			irectly controls, either al							y, Yes No
			upported organization?					-	,	11g(i) X
	-	- ·	n described in (i) above?			•	_			11g(ii) X
		·	person described in (i) o		∍?					11g(iii) X
h			about the supported or						•	<u> </u>
		<b>3</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	,					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	u notify the	(vi) Is	the	(vii) Amount of monetary
	nızatıon	(11) 2.114	(described on lines 1-9	în col (i) lis	•		ion in col	organization (i) organiz	on in col	support
				governing	document?	(i) of you	r support?	ÜS	?	33664
			(see instructions))	Yes	No	Yes	No	Yes	No	1
FAIRB	ANKS		IRC SECTION							
NORTH	STAR B		509(A)(1)	Х		X		Х		71,595.
	-									
							ĺ			
		<del></del>	i e	1		<del>                                     </del>	<del> </del>	<del></del>	<del> </del>	<del>                                     </del>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

71,595.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ...... b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Commy dridde this toold noted by	iow, picaso comp	note i care inj			<del></del>	
Section A. Public Support	<del></del>				T	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					_	
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				<u> </u>	<b>-</b>	
ization's benefit and either paid to						
·						
or expended on its behalf				<del> </del>		<del></del>
5 The value of services or facilities	ļ					ĺ
furnished by a governmental unit to	ļ					1
the organization without charge		_		<del>                                     </del>		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						1
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					<u> </u>	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	<del></del> -		r .	1	<u> </u>	L
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	(a) 2008	(b) 2009	(0) 2010	(u) 2011	(6) 2012	(i) iolai
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties				ŀ		
and income from similar sources						
b Unrelated business taxable income		•				
(less section 511 taxes) from businesses						
acquired after June 30, 1975			<u>                                       </u>	j		
c Add lines 10a and 10b						
11 Net income from unrelated business	-					
activities not included in line 10b,						1
whether or not the business is regularly carried on						
12 Other income. Do not include gain						1
or loss from the sale of capital						
assets (Explain in Part IV.)						<del> </del>
13 Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>			
14 First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ration,
check this box and stop here						<u> </u>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2012 (li	ne 8, column (f) di	ivided by line 13, o	column (f))		15	
16 Public support percentage from 2011	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box ar						
						and
b 33 1/3% support tests - 2011. If the	-					. —
line 18 is not more than 33 1/3%, che			•			
20 Private foundation. If the organization	n did not check a	box on_line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Inspection

of the organization TANANA VALLEY YOUTH SPOR FOUNDATION, INC.  General Information on Grants and Assistance  Does the organization maintain records to substantiate the amount of	LLEY YOUT N, INC. nd Assistance		or assistance, the	orantees' ellaibility	/ for the grants or ass	TS Em	Employer identification number 92-0158803
tan cec	Does the organization maintain ecolos to substantiate the criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for month.		funds in the United	States.			X Yes No
13 13	vernments and	Grants and Other Assistance to Governments and Organizations in the United States. Comrecipient that received more than \$5,000. Part II can be dublicated if additional space is needed.	e United States. C	omplete if the orgaled.	anization answered ")	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	IV, line 21, for any
il	( <b>9</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
6	92-0096061	501(C)(3)	71,595.	0			SKI TRAIL IMPROVEMENTS
0	90.0399012	501(C)(3)	7,500.	.0			PURCHASE OF LAWN/GROUNDS MAINTENANCE EQUIPMENT FOR ESTER COMMUNITY PARK
Š ₹	Enter total number of section 501(c)(3) and government organizate Enter total number of other organizations listed in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ne line 1 table				
See	For Paperwork Reduction Act Notice, see the Instructions for For	ions for Form 990.		i			Schedule I (Form 990) (2012)

TANANA VALLEY YOUTH SPORTS

Schedule I (Form 990) (2012) FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

92-0158803

ation (f) Description of non-cash assistance			Ittional information.	OF				
(e) Method of valuation (book, FMV, appraisal, other)			n (b), and any other add	THE BOARD O				
(d) Amount of non- cash assistance			I, line 2, Part III, columi	MONITORED BY	ATIONS.			
of (c) Amount of cash grant			tion required in Part	FUNDS IS M	RECIPIENT ORGANIZATIONS.			
(b) Number of recipients			provide the informat	OF GRANT FUNDS				
(a) Type of grant or assistance			Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.		IA COMMUNICATI			

Schedule I (Form 990) (2012)

#### 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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

TANANA VALLEY YOUTH SPORTS

Employer identification number 92-0158803

FOUNDATION, INC.	92-0130003
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
WITHIN THE FAIRBANKS NORTH STAR BOROUGH.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
NORTH STAR BOROUGH PARKS & RECREATION DEPARTMENT.	
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990	WAS PROVIDED TO
AND REVIEWED BY THE ORGANIZATION'S PRESIDENT, V. PRESIDEN	T AND TREASURER,
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTER	EST SITUATIONS
ARE BROUGHT FORTH TO AND DISCUSSED BY THE BOARD OF DIRECT	ORS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
DOCUMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	·

#### Form **8868**

(Rev. January 2013)

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

			<del></del>		<del></del>				
•	re'filing for an Automatic 3-Month Extension, complete	-			•	X			
-	re filing for an Additional (Not Automatic) 3-Month Ex								
	omplete Part II unless you have already been granted a								
	c filing (e-file). You can electronically file Form 8868 if y								
•	o file Form 990-T), or an additional (not automatic) 3-moi								
	file any of the forms listed in Part I or Part II with the exc	•							
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this f	orm,			
	irs.gov/efile and click on e-file for Charities & Nonprofits								
Part	Automatic 3-Month Extension of Time	e. Only s	ubmit original (no copies ne	eded).					
A corporat	tion required to file Form 990-T and requesting an autor	natic 6⋅mc	onth extension - check this box and	complete					
Part I only	·				🕨				
	orporations (including 1120-C filers), partnerships, REM me tax returns.	ICs, and to	rusts must use Form 7004 to reques	t an exten	sion of time	·			
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification numb	er (EIN) or			
print	TANANA VALLEY YOUTH SPORTS								
	FOUNDATION, INC.				92-015880	3			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 61312	ee instruc	tions.	Social sed	curity number (SSN	)			
return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  FAIRBANKS, AK 99706								
	PAIRDANNS, AN 99700								
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Application		Return	Application		······································	Return			
ls For	<del></del>	Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07			
m 990-		02	Form 1041-A			08			
	0 (individual)	03	Form 4720		· · · · · · · · · · · · · · · · · · ·	09			
Form 990		04	Form 5227			10			
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	T (trust other than above)	06	Form 8870			12			
rom 990	GARY WILKEN	1 00	FOIII 8670			1			
	oks are in the care of > 2600 RIVERVIEW	DRIV		99709					
-	one No. ► 907-474-0341		FAX No. ▶						
	rganization does not have an office or place of busines								
<ul><li>If this is</li></ul>	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	lf this is for	the whole group, c	heck this			
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	<u>f all memb</u>	ers the extension is	for.			
	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extension				
	AUGUST 13, 2013 to file the exemp								
	or the organization's return for:								
	or the organization's return for:  X calendar year 2012 or	an	d ending						
	or the organization's return for:	, an	d ending						
<b>▶</b> [	tax year entered in line 1 is for less than 12 months, c	<del></del>		Final return	_ ·				
<b>▶</b> [	or the organization's return for:  X calendar year 2012 or tax year beginning	<del></del>		Final return	_ ·				
<ul><li>▶ [</li><li>≥ [</li><li>2 If th</li><li>3a If th</li></ul>	the organization's return for:  X calendar year 2012 or tax year beginning  e tax year entered in line 1 is for less than 12 months, c Change in accounting period  is application is for Form 990-BL, 990-PF, 990-T, 4720,	heck reas	on: Initial return			•			
2 If th 3a If th	the organization's return for:  X calendar year 2012 or tax year beginning  e tax year entered in line 1 is for less than 12 months, compared in accounting period  is application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions.	heck reas or 6069, e	on: Initial return Inter the tentative tax, less any	Final return	 n \$	0.			
2 If th  3a If th  non b If th	the organization's return for:  X calendar year 2012 or tax year beginning  e tax year entered in line 1 is for less than 12 months, c Change in accounting period  is application is for Form 990-BL, 990-PF, 990-T, 4720, or foundable credits. See instructions.  is application is for Form 990-PF, 990-T, 4720, or 6069,	or 6069, e	on: Initial return Inter the tentative tax, less any	За	\$	-			
2 If th  3a If th  non b If th	tax year entered in line 1 is for less than 12 months, concluded in accounting period  is application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions.  is application is for Form 990-PF, 990-T, 4720, or 6069, mated tax payments made. Include any prior year overgents.	or 6069, e enter any	on: Initial return Inter the tentative tax, less any refundable credits and lowed as a credit.			0.			
2 If th  3a If th  non b If th  estir	the organization's return for:  X calendar year 2012 or tax year beginning  e tax year entered in line 1 is for less than 12 months, c Change in accounting period  is application is for Form 990-BL, 990-PF, 990-T, 4720, or foundable credits. See instructions.  is application is for Form 990-PF, 990-T, 4720, or 6069,	or 6069, e enter any payment al	nter the tentative tax, less any refundable credits and lowed as a credit. h this form, if required,	За	\$				