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Form **990**

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)

2012

OMB No 1545-0047

			ne Treasury e Service	► The organizat	on may have to use	e a copy of this		•	rtına real	urements		Open to Public Inspection			
A				ar year, or tax year beg		o a copy or and		, 2012, and e		- Control of the	06-				
В			plicable	C Name of organization INT		BUS LINE		,			_	Employer identification no.			
		ress ch		Doing Business As							— i	35-2419307			
$\overline{\Box}$												Telephone number			
$\overline{\Box}$		al return PO BOX 772									1	-			
$\bar{\Box}$		nınated		392,046											
	Ame	nded r	etum	City, town or post office, sta TOK, AK 99780							G	Gross receipts \$			
	Appl	lication	pending	F Name and address of prin	cipal officer PAUL	EDWARDS						· · · · · · · · · · · · · · · · · · ·			
				SAME AS C ABO	VE				H(a)	Is this a gro affiliates?	oup return	on for Yes 🛛 No			
	Tax-	exemp	nt status	501(c)(3) 501(c) () <table-cell-columns> (insert no)</table-cell-columns>	4947(a)(1) or	527		Н(b)	Are all affilia	ates inclu	uded? Yes No (see instructions)			
J	Web	site:	▶ N/A						H(c)	If "No," atta Group exer	ich a list nption nu	(see instructions) imber			
ĸ			ganization	Corporation Trust A	ssociation Other	>	L Ye	ear of formation 2	011	M State	of legal o	tomicile AK			
P	art		Summar	у											
		1	Bnefly descri	ibe the organization's mis	sion or most signific	cant activities.	TO PRO	VIDE BUS	TRANPO	RTATIO	ON TH	ROUGHOUT			
ė		;	INTERIOR	ALASKA											
aŭ					· · · · · · · · · · · · · · · · · · ·							_ _			
& Governance															
Š		2	Check this be	ox ▶ 🗌 if the organization	on discontinued its o	perations or d	sposed of m	ore than 25% o	of its net	assets					
∞ ಕ	- [oting members of the gov		•				}	3	5			
es	1	4	Number of in	idependent voting membe	ers of the governing	body (Part VI,	line 1b) •			[4	5			
Ϋ́		5	Total number	r of individuals employed	ın calendar year 20	12 (Part V, line	e 2a) • •			• • • •	5	10			
Activities		6	Total number	r of volunteers (estimate	f necessary) • •					• • • •	6				
•		7a	Total unrelate	ed business revenue fron	n Part VIII, column (C), line 12					7a	0			
		b_	Net unrelated	d business taxable incom	e from Form 990-T,	line 34 · ·	· · · · · · ·		<u>····</u>	• • • •	7b	0			
	-							-	Pi	ior Year		Current Year			
an.				s and grants (Part VIII, lin	•			-		106,		253,448			
ୁ ଅବଦ୍ୟୁତ Revenue			-	vice revenue (Part VIII, Iir	= :					111,	250	138,598			
و در دو در				ncome (Part VIII, column								0			
ृ द है	- 1			ue (Part VIII, column (A), I				_				0			
= =—-	- +			e - add lines 8 through 11						217	372	392,046			
ا زر	- 1			similar amounts paid (Par								0			
_	- 1			to or for members (Part							~	0			
es :	- 1		•	er compensation, employ	•		•	• • • • • •		114,	937	236,268			
xpenses				fundraising fees (Part IX,	• • •	•		F				0			
Š	.			sing expenses (Part IX, c ses (Part IX, column (A),							668	170 070			
) Щ	- 1			ses (Part IX, Column (A), ses Add lines 13-17 (mu			5\	· · · · · · · · · · · · · · · · · · ·				178,879			
2			•	s expenses. Subtract line	•		•	`		175,	767	415,147			
ີ 🖳 -	_	13_	Nevenue les	s expenses. Subtract line	3 10 11 0111 line 12 .				Pagianag	of Current		(23,101) End of Year			
ance	Assets or	20	Total assets	(Part X, line 16) · · ·					Бединиц		767	165,625			
8	988			es (Part X, line 26)							707	42,643			
Fund Blances	= (r fund balances Subtrac	t line 21 from line 26	n	l R.*.			<u> 41</u>	767	122,982			
	art			re Block				. (2) (22)	- O			122,302			
Und	er per	nalties	of penury, I decl	lare that I have examined this ret	um, including accompany	ying schedules and	stetements, and	to the best of my k	nowledge a	ind belief, it	ıs				
true,	corre	ect, and	d complete Decl	aration of preparer (other than o	fficer) is based on all info	mation of which pi	reparer has any i	kinowledge 4 4 10	- 6						
			\	White Colle	1 Later		·· -,		J.		1				
Si	gn			re of officer			1 ,	. 	11		Date				
He	re	[3	MARI		ASURER				-		5	514			
_			Type or	print name and title											
_	_		Print/Type pre	eparer's name	Preparer's signature		. Da	ate	10	Check 🛛	rf PT	IN			
Pa			JOHN E	SCHNEIDER	$oldsymbol{oldsymbol{oldsymbol{eta}}}$.		-01-2014		elf-employe	d	P00401353			
	•	rer	Firm's name		MANAGEMENT	SERVICES			Fam's El	N Þ					
Us	e C	nly	Firm's addres	s PO BOX	420				Phone n						
			<u></u>	Tok AK	99780							3-4264			
May the IRS discuss this return with the preparer shown above? (see instructions)							· · Yes 🛛 No								

E&A

	990 (2012) INTERIOR ALASKA BUS LINE	35-2419307	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	· · · · · · · · · · · · · · · · · · ·	<u> 🗀</u>
1	Bnefly describe the organization's mission		
	TO PROVIDE BUS TRANPORTATION THROUGHOUT INTERIOR ALASKA		
		<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
•	pnor Form 990 or 990-EZ?	· · · · · · · · · · · Yes 😿	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · · · · · · Yes 🛣	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, as mean	sured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	to others,	
	the total expenses, and revenue, if any, for each program service reported		
40	(Code) (Function C) (Function C) (Power line)		40 \
4a	(Code) (Expenses \$15,147 including grants of \$26,370) (Rever	nue \$253,44	48)
	PROVIDING PUBLIC BUS TRANSPORTATION TO EASTERN ALASKA COMMUNITIES	——————————————————————————————————————	
			
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
		<u></u>	
			-
			
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
			
			
	C) VAV 1 0 20:		
	WAY 1 8 20%		
	1 77 27		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 415,147		

Form 990 (2012)

INTERIOR ALASKA BUS LINE
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 (see instructions)?	2	Χ_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for 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 during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is 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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		i	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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		Χ
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		Х
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
ı	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
(Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
•	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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
t				
	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	<u> </u>	X
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
k		1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any.			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	_	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			,,
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			,,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19	-	X
20a		20a	-	X
(olf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part IV

Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Χ 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 24a 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 24a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Χ 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b 28b X 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 Parti....... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Χ related organization? If "Yes," complete Schedule R, Part V, line 2 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, Χ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

Form 990 (2012) INTERIOR ALASKA BUS LINE Page 5 35-2419307 Part V Statements Regarding Other IRS Filings and Tax Compliance П Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 1c 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 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) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 Χ 4a 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7₽ θ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 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.

			1
а	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\perp
10	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1
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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

D	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 $\cdots\cdots\cdots\cdots\cdots$	
c	Enter the amount of reserves on hand	

13a

14a

14b

14a

b

	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "line"	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			. 🛛
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			
	If there are material differences in voting rights among members of the governing body, or		ŀ	
	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			
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?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_	Λ	
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	Χ	
<u>Sac</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
360	tion b. 1 oncies (This Section & requests information about policies not required by the internal revenue code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	_
b	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	Χ	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Χ_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			ļ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		16a		X
	with a taxable entity during the year?	100		
b	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		
Sec	ction C. Disclosure		-	1
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)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 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,			
	and financial 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 ► JANET PETERSON (907)883-1111 PO BOX 772 TOK, AK 99780			

Form 990 (20		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar	ıd
	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 organization's	e this table for all persons required to be listed Report compensation for the calendar year ending with or within the 's tax year	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of the compensation by 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

(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	officer I t d n r i d u r i s e v t c i e t d e o	(do not check box, unless officer and a I t d ! t n r i n r d u r s u i s e t s v t c i t i e t t e d e o u i r a o i i r o		K e y e m p l o	ore than one on is both an otor/trustee) K H c e e i o m y g mp h p l e e e o m s n y t s e l a e o t y e e		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) MARTIN MARSHALL TREASUER	5.00	x	n a I	Х	Θ_	ď		0	0	0
(2) PAUL EDWARDS	7,35									
PRESIDENT	5.00	X		X		ļ		0	0	0
(3) SUSAN CARRUTHERS								_	_	_
SECRETARY	5.00	X	-			-	-	0	0	0
(4) JANET PETERSON	40.00			X				54,479	0	0
CHEIF EXCUTIVE OFFICER (5)	40.00			^				54,479		
(6)			-							
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)				\vdash			T	-		

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd l	High	est	Comp	ens	ated Employees (continued)			
(A) Name and title		(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated nount of other ipensati	F
		related organizations below dotted line)	t d nrı dur ıse v t c ı e t d e o u r a o	n r s u t s	f f c e	l e	H c e I o m I o m I n e I	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganization id relate anization	on d
(15)				ľ	 								
(16)													
(17)													
(18)											-		
(19)	-							 					,
(20)													
(21)					ļ <u> </u>								
(22)													
(23)							7						
(24)													
(25)													
1b c	Sub-total							>					
ď	Total (add lines 1b and 1c)							>	54,479	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization		ed abo	ve)	who	rece	eived n	nore	than \$100,000 of	0			
	reportable compensation from the organization											Yes	No
3	Did the organization list any former officer, director				ee, c	or hig	ghest o	comp	pensated				.,
4	employee on line 1a? If "Yes," complete Schedule . For any individual listed on line 1a, is the sum of rej				··· and o	· · othe	r comp	· ·	ation from the		3		X
	organization and related organizations greater than												
5	Individual		from a	• •		 Into	· · ·		· · · · · · · · · · · · · · · · · · ·	• • • • • • •	4		X
3	for services rendered to the organization? If "Yes,"	•		-			•	IIZal	·····		5		X
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compe												
	year (A)								(B)			(C)	
	Name and business address								Description of	services		ensatio	n
								_				-	
													
												_	
	T-Administration 1	<u> </u>	1,		1. 1				1				
2	Total number of independent contractors (including				ııste	o ab	ove) w	vno					

Form 990 (2012) 35-2419307 Page 9 INTERIOR ALASKA BUS LINE Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) (D) (B) (A) Related or exempt function Unrelated business Revenue excluded from tax Total revenue revenue under sections 512, 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1b Fundraising events 1c C 1d Related organizations e Government grants (contributions) · · 1e 226,570 All other contributions, gifts, grants, and similar amounts not included above 1f 26,878 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 253,448 **Business Code** Program Service Revenue 136,772 2a INDIVIDUAL FARES 485000 136,772 485000 1,826 b FREIGHT 1,826 f All other program service revenue g Total. Add lines 2a-2f · · · · · · · · · · · · · ▶ 138,598 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (ı) Real **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a ${f b}$ Less direct expenses ${\ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ b}$ c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less

Business Code

392,046

138,598

0

11a b C

returns and allowances a **b** Less cost of goods sold **b**

Miscellaneous Revenue

e Total. Add lines 11a-11d Total revenue. See instructions

c Net income or (loss) from sales of inventory

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response to any questi				
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		0AP01363	Acutal exhauses	- Appliable
•	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in	,			
•	the United States See Part IV, line 22				
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	206,627	206,627		
6	Compensation not included above, to disqualified	200,027	200,027		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include	·			
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	29,641	29,641		
11	Fees for services (non-employees)	25/012			
	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
c	Accounting				
ď	Lobbying				
6	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion	5,543	5,543		
13	Office expenses	11,043	11,043		
14	Information technology	9,446	9,446		
15	Royalties				
16	Occupancy	20,902	20,902		
17	Travel	2,864	2,864		
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	11,713	11,713		
23	Insurance	21,413	21,413		
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	VEHICLE MAINTENANCE/FUEL	82,874	82,874		
b	SERVICE FEES	4,583	4,583		
С	PROFESSIONAL FEES	8,345	8,345		
d	MISC	153	153		
9	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	415,147	415,147	0	0
26	Joint costs. Complete this line only if the	- <u>-</u>			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2012) IN Part X Balance Sheet

	•	Check if Schedule O contains a response to any question in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	31,766	1	14,839
	2	Savings and temporary cash investments	10,001	2	150
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	-	4985(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 instructions) Complete Part II of Schedule L		6	
_	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 162, 349			
	b	Less accumulated depreciation 10b 11,713	,	10c	150,636
	11	Investments - publicly traded securities		11	. 50,5 / 500
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	······································	12	
	13	Investments - program-related See Part IV, line 11	··· ··	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	41,767	16	165,625
	17	Accounts payable and accrued expenses		17	42,643
	18	Grants payable	·····	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
တ္	22	Loans and other payables to current and former officers, directors,			
itie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	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 Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	42,643
	_	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			
es		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	41,767	27	122,982
Bal	28	Temporanly restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ē		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	41,767	33	122,982
	34	Total liabilities and net assets/fund balances	41,767	34	165,625

orm	990 (2012) INTERIOR ALASKA BUS LINE 3	<u>5-241</u>	9307		Pa	ige 12
Pai	rt 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		3	92,0	46_
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	15,1	.47
3	Revenue less expenses Subtract line 2 from line 1	3		(23,1	.01)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			41,7	67
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	04,3	16_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1	22,9	82_
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					<u>. 🔲</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ļ			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · · L	2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on separate basis, consolidated basis, or both					
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		崖	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • •	· · · <u> </u>	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		$\cdots ullet$	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ì			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
EEA			F	orm	990 (2012)

EEA

SCHEDULE A

(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.

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

INT	ERI	OR ALASKA BUS								<u>419307</u>		_
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete this	s part)S	ee instr	uctions.		
The	orgar	nization is not a private	foundation because	se it is (For lines 1 throu	ugh 11, ched	k only one	e box)					
1	\Box	A church, convention	of churches, or as:	sociation of churches de	escribed in s	ection 17	0(b)(1)(A)(i).				
2	$\overline{\sqcap}$	A school described in	section 170(b)(1)	(A)(ii). (Attach Schedule	eE)							
3	Ħ			ice organization describ		n 170(b)(1	1)(A)(iii).					
4	ñ			ed in conjunction with a l				/(Б)(1)(А)(і	ii). Enter t	he		
•	_	hospital's name, city,				•		(-/(·/(·//	,.			
5	П	•		of a college or university	v owned or	nnerated h	v a govern	mental uni	t describe	d in		
5	ш				y owned or	operated b	y a govern	monta an	t describe	V III		
	П	section 170(b)(1)(A)				: 470/h	V4V4V					
6	ᅜ	•	•	governmental unit descr		• •		- 4h -	1-			
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
	_	described in section										
8	Ц	•		170(b)(1)(A)(vi). (Comp								
9	Ш	-	-	(1) more than 33 1/3% o								
		receipts from activitie	s related to its exer	mpt functions - subject to	o certain ex	ceptions, a	and (2) no r	more than	33 1/3% o	fits		
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organ	nization after June :	30, 1975 See section 5	509(a)(2). (C	omplete P	art III)					
10		An organization organ	nized and operated	exclusively to test for p	ublic safety	See secti	on 509(a)(4).				
11		An organization organ	nized and operated	exclusively for the bene	efit of, to pe	form the fo	unctions of	, or to carn	out the			
		purposes of one or m	ore publicly suppor	rted organizations descr	nbed in sect	on 509(a)	(1) or section	on 509(a)(2	2) See se	ction		
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated d Type III-Non-funtion										
											onally integrated	
0		— ··		ganization is not control	lled directly	or indirectl	y by one o	r more disc	ualified pe	ersons		
-	_			er than one or more put								
		or section 509(a)(2)		ion and on the part	,							
f			ceived a written det	termination from the IRS	that it is a	Tyne I Tyr	ell or Tvr	e III suppo	ortina			
•		organization, check the										П
~		•		ation accepted any gift of								_
g		=	o, has the organize	ation accepted any gift o	or continuous	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0, 1,10					
		following persons?	reath, ar indirectly	controls, either alone or	together we	h noreone	described	ın (ıı) and			Yes No	
			•		=	iii persons	uescribeu	iii (ii) and				<u>'</u> —
				ne supported organization							11g(ı)	—
		(ii) A family member	· ·								11g(II)	—
				n described in (i) or (ii) a							[11g(iii)]	
<u>h</u>		Provide the following	information about	the supported organizati		-	1				. J .	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the or	-	(v) Did you	-	(vi) l		(vii) Amount of moneta	у
		O gartization		(described on lines 1-9 above or IRC section		if (i) listed in your the organization in col (i) of your			organızatı (i) organız		support	
				(see instructions))			 	ort?	U	S ?	_	
					Yes	No	Yes	No	Yes	No		
(A)												
										<u> </u>		
(B)												
					Î		,					
(C)					T -			• 1	1			_
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(D)					 		1	jŏ				_
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(=)								<u>}</u>	i.			
			-	-	-		<u> </u>	4 4 7	7		 	—
Tot	-1]		'' ~				
I Ot	ai		I	ı	1	I	1		1	i	1	

INTERIOR ALASKA BUS LINE 35-2419307

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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sec	tion A. Public Support				······································	 					
membership fees received (Co not include any "unusual grants") 226,570 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57 226,57	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
organization's benefit and either paid to or expended on its behalf 1 or expended on the behalf 2 or expended or expended on the behalf 2 or expended or expended or expe	1	membership fees received (Do not					226,570	226,570				
timble by a governmental unit to the organization without charge	2	organization's benefit and either paid										
S 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)	3	furnished by a governmental unit to the										
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)	4	Total. Add lines 1 through 3 · · · · ·					226,570	226,570				
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	The portion of total contributions by										
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		each person (other than a										
Inter 1 that exceeds 2% of the amount shown on line 11, column (f)		governmental unit or publicly										
shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 226, 57 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 13 First five years (if the Form 990 is for the organization's first, second, third, fourth, forfifth 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 from 2011 Schedule A, Part II, line 14 15 Public support percentage from 2012 (line 6, column (f) divided by line 11, column (f)) 14 100.00 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 9- Vibic support percentage from 2011 Schedule A, Part II, line 14 15 0- 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 17 a 10%-facts-and-circumstances test - 2012. If the organization qualifies as a publicly supported organization in Part IV how 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. 15 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 16 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		supported organization) included on										
Section B. Total Support Amounts from line 4 Cale and ary year (or fiscal year beginning in) Amounts from line 4 Cale and ary year (or fiscal year beginning in) Amounts from line 4 Cale and ary year (or fiscal year beginning in) Amounts from line 4 Cale and ary year (or fiscal year beginning in) Amounts from line 4 Cale and ary was an income from interest, dividends, payments received on securities loans, renis, royalties and income from similar sources Net lincome from unrelated business activities, whether or not the business is regularly carned on Cliber income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Caross receipts from related activities, etc (see instructions) 12 Caross receipts from related activities, etc (see instructions) 13 Caross receipts from related activities, etc (see instructions) 14 Computation of Public Support Percentage Limit 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 Limit five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Computation of Public Support Percentage Limit five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 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 Dividication first		line 1 that exceeds 2% of the amount			İ		1					
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4		shown on line 11, column (f)										
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4	6	Public support. Subtract line 5 from line 4 · ·						226,570				
7 Amounts from line 4	Sec	tion B. Total Support										
Section C. Computation of Public Support Percentage 19 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2012 (line 6, column (f) divided by line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. 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, check this box and stop here. 8 Private foundation. 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, check this box and stop here.	Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
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12 Gross receipts from related activities, etc (see instructions) 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 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2011 Schedule A, Part II, line 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	10	loss from the sale of capital assets										
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Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	ee instructions)				12	<u>365,168</u>				
Public support percentage from 2011 Schedule A, Part II, line 14		organization, check this box and stop here		<u> </u>	th, or fifth tax year a	as a section 501(c)(:	3) • • • • • • • • • • • • • • • • • • •	, >				
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	14	Public support percentage for 2012 (line 6,	column (f) divided	by line 11, column	(f)) · · · · ·		14 10	0.00 %				
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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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a	33 1/3% support test - 2012. If the organization	ation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, chec	k this					
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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	33 1/3% support test - 2011. If the organization	ation did not check	a box on line 13 o	or 16a, and line 15							
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		check this box and stop here. The organiza	tion qualifies as a	publicly supported	organization			▶ 🔲				
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10%-facts-and-circumstances test - 2012	. If the organization	n did not check a b	oox on line 13, 16a,	or 16b, and line 14	IS					
organization		10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in										
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Part IV how the organization meets the "faci	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization · · · · · · · · · · · · · · · · · · ·										
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	b	15 is 10% or more, and if the organization in	eets the "facts-an	d-circumstances"	test, check this box	and stop here.						
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 · · · · · · · · · · · · · · · · · · ·	18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	, 17a, or 17b, checl	k this box and see		_				
		instructions	<u> </u>	· · · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · • 📙				

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

(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)

Sec	ction A. Public Support						
Cale	endar 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	Gross receipts from admissions, merchandise sold or services performed, 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 under sec 513 · · · ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6 · · · · · · · · ·						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		-				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						i
C	Add lines 10a and 10b · · · · · · · · ·			<u> </u>			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on			, 65;		,	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				MAY 12	1014 	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the org organization, check this box and stop here	<u> </u>		n, or fifth tax year as	` ' '	•	▶ 🔲
Se	ction C. Computation of Public Su	pport Percei	ntage				
15	Public support percentage for 2012 (line 8, co		•			15	9/
16	Public support percentage from 2011 Schedu				<u> </u>	16	9/
_	ction D. Computation of Investmen						
17 18	Investment income percentage for 2012 (line Investment income percentage from 2011 Sci		·	olumn (f))		17	9/
19a	33 1/3% support tests - 2012. If the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the organization of the support tests - 2012, if the support tests - 2012, if the organization of the support tests - 2012, if						▶ 🔲
b	33 1/3% support tests - 2011. If the organizatine 18 is not more than 33 1/3%, check this b	ation did not ched	ck a box on line 14 o	or line 19a, and line	16 is more than 33	1/3%, and	▶□
20	Private foundation. If the organization did no	•	-	•	• • • •	<u>.</u>	<u></u> •

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► See separate instructions.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

► Complete if the organization is described below.

Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III					
Nam	e of organization				Employer	identification r	umber
IN	ITERIOR ALASKA BUS LINE				35-241		
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or is	s a section	527 orga	anization.	
1	Provide a description of the organization's						
2	Political expenditures · · · · · · · ·						
3	Volunteer hours				•		160_
Da	rt I-B Complete if the organi	zation is exempt under section	n 501(c)(3)				
1	Enter the amount of any excise tax incurre				D C		
2	Enter the amount of any excise tax incurre	ed by crannization managers under section	on 4055		, J		
3	If the organization incurred a section 4955						No.
4a	Was a correction made?						⊠ No
b	If "Yes." describe in Part IV					. 🗀 163	22 140
		zation is exempt under section	on 501(c), exc	ept section	501(c)(3).	
1	Enter the amount directly expended by the	e filing organization for section 527 exem	pt function	· ·		·	
	activities · · · · · · · · · · · · · · · · · · ·				▶ \$		
2	Enter the amount of the filing organization						
	527 exempt function activities				S	_	
3	Total exempt function expenditures Add I	ines 1 and 2 Enter here and on Form 11	20-POL,				
	line 17b				S		
4	Did the filing organization file Form 1120-	POL for this year?				· 🗌 Yes	☐ No
5	Enter the names, addresses and employe	r identification number (EIN) of all sectio	n 527 political orga	anizations to whi	ch the filing	9	
	organization made payments For each or	ganization listed, enter the amount paid	from the filing orga	ınızatıon's funds	Also ente	r	
	the amount of political contributions receive	red that were promptly and directly delive	ered to a separate	political organiza	ation, such		
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	rovide information	n in Part I	V	
	(a) Name	(b) Address	(c) EIN	(d) Amount p filing organi funds If none,	ation's	(e) Amount of contributions red promptly and delivered to a political organi none, ente	ceived and directly separate zation If
(1)							
(2)						- <u></u>	
(3)							
(4)							
(5)							
(6)							

	edule C (Form 990 or 990-EZ) 2012 INTERIOR ALAS	VA BUS LINE	dan and the PA	1/2/2/ 2 41: 1	35-2419:	30 / Page Z
Pi	art II-A Complete if the organization	ıs exempt uı	naer section 501	i(c)(3) and filed	Form 5/68 (elect	ion under
	section 501(h)).					
١	Check ▶ ☐ If the filing organization belongs to a	• •	•		mbers	
	name, address, EIN, expenses, and					
3	Check ▶ ☐ If the filing organization checked bo			<u> </u>	T	
		ying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public opi	nion (grass roots l	obbying) · · · ·			
b		• •				
С	Total lobbying expenditures (add lines 1a and 1b)	• • • • • • • •				·
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c	and 1d) · · · ·				
f	Lobbying nontaxable amount. Enter the amount from	om the following ta	ble in both			-
	columns			_		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is :		
	Not over \$500,000	20% of the an	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000]	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000	}	
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i	Subtract line 1f from line 1c If zero or less, enter -					
i	If there is an amount other than zero on either line	1h or line 1i, did ti	ne organization file Fo	orm 4720	<u> </u>	
Ī			=			☐ Yes ☐ No
		· · · · · · · · · · · · · · · · · · ·			···	
	4-' (Some organizations that n		eriod Under Section		II of the five	
				ough 2f on page 4.)		
	Lobby	ng Expenditures	During 4-Year Aver	aging Period	T	
	Calendar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	beginning in)	(a) 2003	(6) 2010	(0) 2011	(4) 25 12	(0) 10141
	Degining in)					
2a	Lobbying nontaxable amount					
	Loodying normandore unrount					
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
c	Total lobbying expenditures					
_	- Total lobbying experiulities	· • • • • • • • • • • • • • • • • • • •		<u></u>		
d	Grassroots nontaxable amount					
				 		
6	Grassroots ceiling amount			1	1	
	(150% of line 2d, column (e))		 	 		
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

EEA

Schedule C (Form 990 or 990-EZ) 2012 INTERIOR ALASKA BUS LINE Page 3 35-2419307 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? C Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). b 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying Taxable amount of tobbying and political expenditures (see instructions) Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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SCHEDULE,D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization		Employer identification number
INT	TERIOR ALASKA BUS LINE		35-2419307
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccount	s: Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	d	
	funds are the organization's property, subject to the organization's exclusive legal control?		· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	sed	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos	se	
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form	990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	Preservation of land for public use (e.g., recreation or education)	torically ii	mportant land area
	Protection of natural habitat Preservation of a certif	ified histo	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conser	vation
	easement on the last day of the tax year		
	·	Γ	Held at the End of the Tax Year
а	Total number of conservation easements	[2a
b	Total acreage restricted by conservation easements	[2b
С	Number of conservation easements on a certified historic structure included in (a)	[2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	Г	
	historic structure listed in the National Register]	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified to the conservation easements modified to the conservation easements modified to the conservation easements are conservation easements.	organızatı	ion during the
	tax year	•	-
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?	<u>.</u>	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	ing the ye	ear
		*2" ·.	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	ne year	į
	►s feet with	127	()
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h	h)(4)(B)	**************************************
	(i) and section 170(h)(4)(B)(ii)?	 	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	statemen	t, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ts that de	scribes the
	organization's accounting for conservation easements		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	r Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	ent and b	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	n in furthe	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these	e items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	and balan	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	n in furthe	erance of
	public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	,	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

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	ule D (Form 990) 2012 INTERIOR ALASKA		rt Uistariaal T	recourse or O	35-24193	
3	t III Organizations Maintaining C Using the organization's acquisition, accession, a					ets (continued)
•	collection items (check all that apply)	aria cuitor records, or	icon any or the folio	wing that are a digin	modification of the	
а	Public exhibition	d ∏ Loa	n or exchange prog	rams		
b	Scholarly research	e D Oth	-			
C	Preservation for future generations		<u></u>			
4	Provide a description of the organization's collect	tions and explain ho	w they further the or	rganization's exempt	purpose in Part	
	XIII.			.gp.	F P	
5	During the year, did the organization solicit or red	ceive donations of ar	t. historical treasure	es, or other similar		
	assets to be sold to raise funds rather than to be					· 🗌 Yes 🗎 No
Pa	rt IV Escrow and Custodial Arran	gements. Com	plete if the org	anization answe	red "Yes" to Forn	n 990, Part IV,
	line 9, or reported an amount o					
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions or	other assets not		
						. Yes No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ng table			
					Amo	unt
C	Beginning balance			[1c	
d	Additions during the year			[1d	
θ	- wanted the year			_	1e	····
f	Ending balance				1f	
2a	Did the organization include an amount on Form	990, Part X, line 217	• • • • • • • •			. Yes No
b	If "Yes," explain the arrangement in Part XIII Che				<u> </u>	
Pa	rt V Endowment Funds. Complete	of the organizat	ion answered "	Yes" to Form 99	00, Part IV, line 10)
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions				 	
С	Net investment earnings, gains, and					
	losses				 	
d	Grants or scholarships			 	ļ	
8	Other expenditures for facilities and					
_	programs					
f	Administrative expenses				<u> </u>	
g	End of year balance				<u></u>	I
2	Provide the estimated percentage of the current	•	ne 1g, column (a)) h	neld/as RECI		
a	Board designated or quasi-endowment	%		18/		
b	Permanent endowment \(\bigs\) \(\bigs\)	0.4		121 MAY		
С	Temporarily restricted endowment	<u></u> %		A PAY 12	2 2011	
•-	The percentages in lines 2a, 2b, and 2c should e	•			2014	
3a	Are there endowment funds not in the possession	n of the organization	tnat are nelo ano a	iaministerea for the		Van Na
	organization by					Yes No
	(i) unrelated organizations					3a(i)
L	(ii) related organizations		ebodulo D2			3a(ii)
b 4	If "Yes" to 3a(ii), are the related organizations list					3b
P ₂	Describe in Part XIII the intended uses of the orget VI Land, Buildings, and Equipm			e 10	-	
<u>. a</u>	Lanu, Dununys, and Equipi	ient. See Form	JJU, Fait A, IIII	IC 10.		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		162,349	11,713	150,636
e Other				
Total. Add lines 1a through 1e (Column (d) must equal For	m 990, Part X, column (3), line 10(c)) · · ·		150,636

Part VII	Investments - Other Securities	s. See Form 990, Part X, line	12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year market	
(1) Financial	denvatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				<u> </u>
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
(I)		•		····
Part VIII	b) must equal Form 990, Part X, cot (B) line 12) Investments - Program Relate		e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuatii Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				_ .
	b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Pa			
	<u> </u>	(a) Description		(b) Book value
(1)		(a) Cookington		<u>\-/ -</u>
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)	(h)tl Form 000 Port Vl (P) In	45 \		
Part X	on (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)			_	7
(3)			-	
(4)				
(5)			⊣ " <i>'</i> [t. '	•. •
<u>(6)</u> <u>(7)</u>				
(8)	- 		⊣ ```	
(9)			┥	
(10)			7	
(11)			7	
	b) must equal Form 990, Part X, col (B) line 25)	>	7	
	SC 740) Footnote In Part XIII, provide the text	of the footnote to the organization's	financial statements that reports the or	rganization's
	certain tax positions under FIN 48 (ASC 740)			<u> [</u>

	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	35-2419307 r Return	Page 4
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	1 1	
b	Donated services and use of facilities		
c	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII)		
9	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	_{2e}	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	\dashv \mid	
c	Add lines 4a and 4b	- 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	1 7 1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	- 	
a	Donated services and use of facilities		
b	Prior year adjustments	-	
	Other losses		
C	Other (Describe in Part XIII)	-	
d	Add lines 2a through 2d	_	
9	Subtract line 2e from line 1	2e	
3	4 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	⊣ ₄.	
c	Add lines 4a and 4b	4c	
5 [Bo	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and		
	V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi	luonai	
Intorr	mation		
			
EEA		Schedule D ((Form 990) 2012



SCHEDULE O ' (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number INTERIOR ALASKA BUS LINE 35-2419307 01. Members or stockholder classes and rights (Part VI, line 6) MEMBER HAVE EQUAL RIGHTS 02. Form 990 governing body review (Part VI, line 11) THE GOVERNING BODY REVIEWS ALL MAJOR FIANACIAL MATTERS 03. Officer, director, etc mailing address (Part VI, line 9) THE OFFICERS AND DIRECTORS MAINTAIN THEIR OWN MAILING ADDRESSES 04. CEO, executive director, top management comp (Part VI, line 15a) THE TOP OFFICALS SUCH AS THE CEO HAVE THEIR COMPENSATION DETERMENINED BY THE BORAD OF **DIRECTORS** 05. Other officer or key employee compensation (Part VI, line 15b EXECUTIVE CEO AND AND TOP OFFICALS OF ORGANIZATIONMARE REVIEWED AND THEIR COMPENSATION AWARD ACCORDILY. 06. Governing documents, etc, available to public (Part VI, line 19) THE DOCUMENTS ARE MADE AVAILIBLE TO THE PUBIC VIA THE COMPANYS WEBSITE 07. Explanation of other changes in net assets or fund balances (Part XI, lin PROGRAM REQUIRED THE FORCING OF THE ACCOUNT BALANCES