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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Address change Name change Po	:	A I B (For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30 Check if applicable C	, 2013
For BOX 100145 ANCHORAGE, AK 99510 For up Exemption For up Exe		֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Address change	Employer identification number
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Part List Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part i)		Ħ٠		Telephone number
Application profiled A Accounting Method			Ferminated ANCHORAGE, AK 99510	(907) 345-0878
Application pending Cancing Canc			Amended return	Group Exemption
Website: * www.alska Schedule B (Form yebsite: * www.alska Schedule B (Form yebsites)		<u> </u>		Number ►
Tax-exempt status (check only one)		G,		
K Check * if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or rictoral assets (Cert II, line 25, column (B) below) are \$500,000 or more, his form 990 in tested of Form 990-EZ or \$137, 665. Part II: Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Contributions, gits, grants, and similar amounts received 1 12, 963. 2 Program service revenue including government fees and contracts 3 Investment income 5 a Gross amount from sale of assets other than inventory b Less' cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory b Less' cost or other basis and sales expenses c Gain or gloss) from sale of assets other than inventory b Gorss income from gaming (attach Schedule G if greater than \$15,000) c Less direct expenses from gaming and fundraising events a Gross income from fundraising events (not including \$5 to form fundraising events fund fundraising events (not including \$5 to form fundraising events fund fundraising events fundraising events f			000 000 5	
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee tenefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 51, 485.				
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Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 15 3, 065. 16 29, 458. 17 129, 880. 18 7, 785. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 See Schedule O 16 29, 458. 17 129, 880. 18 7, 785.		É	14 Occupancy rest utilities and mointenance	27.02.
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 29, 458. 17 129, 880. 18 7, 785. 19 43, 700. 20 20 21 51, 485.		Š	15 Printing publications, postage and shipping	10/0011
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 51,485.		Š	16 Other expenses (describe in Schedule O	·
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 51,485.			17 Total expenses Add lines 10 through 16	237100.
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 51,485.			18 Excess or (deficit) for the year (Subtract line 17 from line 9)	125/0001
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 51, 485.		Ą	2. Carriery for the year (each act mile 17 flow line 3)	77700.
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 51, 485.		E S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 51, 485.				10,700.
		3		
		RA	A For Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2012)

lizali	Check if the organization used Sched	ule O to respond to any que	stion in this Part II				X
	<u> </u>			(A) Beginnir	ng of year		(B) End of year
22	Cash, savings, and investments			4	<u>3,340.</u>	22	51,324.
23	Land and buildings	See Schedule	. 0			23	
24	Other assets (describe in Schedule O)	bee benedure			<u>505.</u>	24	948.
25	Total liabilities (describe in Schodule (C)	See Schedule	. 0	4	<u>3,845.</u>	25	52,272.
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of co			·	145.	26 27	787.
	tilling Statement of Program Service Acc			4	<u>3,700.</u>	21	51,485. Expenses
	Check if the organization used Schi	edule O to respond to any q	uestion in this Part	III			uired for section 501
What	is the organization's primary exempt purpose? See	Schedule O) and 501(c)(4) nizations and section
Desc meas bene	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	complishments for each of it manner, describe the servic ich program title	s three largest process provided, the nu	ram services mber of perso	, as in a s	1947	(a)(1) trusts, optional thers.)
28	Promote safety in and arou						
	education, research, publi	<u>lshing, and consul</u>	ting	. 			
	707-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7			- 		.	
29	(Grants \$) If this	s amount includes foreign gr	ants, check here			28 a	
29							
	(Grants \$) If this	s amount includes foreign gr	ants, check here			29 a	
30	<u> </u>	<u>_</u>	<u>·</u>	·· -			
		- -			1		
				. 			
		s amount includes foreign gi	ants, check here		•	30 a	
31	Other program services (describe in Sche	-					
	,	s amount includes foreign gi	ants, check here		_ ▶ ⊔	31 a	
_	Total program service expenses (add lin					32	<u>. </u>
Pa	List of Officers, Directors, T Check if the organization used Sch	rustees, and Key Emp	loyees. List each or	ie even if not con	npensated. (see th	ne instructions for Part IV.)
	Check if the organization used oci	(b) Average hours per	Ī	(d) 11a	alth benefits		
	(a) Name and Title	week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS (If not paid, enter -0-	contribution benefit pla	ons to emplo		(e) Estimated amount of other compensation
		position	(II not paid, enter 4)	corr	pensation		·
	AINE_SMITH	-				_	
	esident	3		0.		0.	0.
	UL_BRUSSEAU	3		0.		0.	0.
	VA LATOSO	<u> </u>				<u> </u>	
	ce President	3	6,46	57.		0.	0.
BI	LL ROMBERG						
	cretary	3	1,80	50.		0.	0.
	RK MIRAGLIA						
	MBER			0.	<u> </u>	0.	0.
	CKIE DERRICK					_	
	MBER		<u> </u>	0.		0.	0.
	NDY_WAGNERMBER	-	,	0.		0.	
	T KUCKERTZ)			υ.	0.
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	CKER CHENOWETH	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	- 		<u> </u>	
	ecutive Dir.	12	15,0	15.		0.	0.
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	MBER)	0.		0.	_ 0.
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Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Statement the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	chedule V	Ō	X
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'	722	Yes	No
provide a detailed description of each activity in Schedule O 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they	reflect 33		<u>X</u>
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedu	ıle O 35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	0. 37b	<u>*</u> ***	<u> </u>
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or_ were	3/0		X
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A		
39 Section 501(c)(7) organizations Enter			\$ 1.50 E
a Initiation fees and capital contributions included on line 9	N/A		
b Gross receipts, included on line 9, for public use of club facilities	N/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ►			
section 4911 ► 0 , section 4912 ► 0 , section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	0.		<u>[</u>
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	<u>0.</u>		
 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ► None 	40 e		X
42 a The organization's books are in care of ► TUCKER T. CHENOWETH Located at ► PO BOX 100145 ANCHORAGE AK ZIP + 4 ► 9			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		No X
If 'Yes,' enter the name of the foreign country.▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country	42 c		X
 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 	3 44; 44;		N/A N/A No
c Did the organization receive any payments for indoor tanning services during the year?	44 0	:	$\frac{\hat{x}}{x}$
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 (
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
b 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 Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	'Yes,' 45 I		X

				-		Yes	NO
46 Did th candid	e organization engage, directly or indirect dates for public office? If 'Yes,' complete	tly, in political campa Schedule C, Part I	nign activities on behalf o	f or in opposition to	46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizatio for lines 50 and 51.		questions 47-49b and	d 52, and complete	the table	es	
	Check if the organization used Schedule	e O to respond to any	question in this Part VI				
47 Did the	e organization engage in lobbying activities	or have a section 501(l	a) election in effect during	the tax year? If 'Yes.'		Yes	No
comp	lete Schedule C, Part II				47		X
	organization a school as described in se ne organization make any transfers to an			dule E	48 49 a		X
	s,' was the related organization a section		e related organization		49 b		
50 Comp	lete this table for the organization's five high	nest compensated emp	loyees (other than officers,	directors, trustees and k	кеу		
emplo	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
None							
		-					
51 Comp	number of other employees paid over \$1 blete this table for the organization's five highersation from the organization. If there is	hest compensated inde	pendent contractors who e	ach received more than s	\$100,000 of		
<u> </u>	Name and address of each independent contractor paid		(b) Type	of service	(c) Corr	pensati	on
None_			_				
			_				
			_				
					1		-
			-				
	I number of other independent contractor						
char	the organization complete Schedule A? National Itable trusts must attach a completed Sch	nedule A			► XYe	s	No
Under penalti true, correct,	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than offic	er) is based on all information	nedules and statements, and to the of which preparer has any know				
Cian	Signature of officer	milli		11-27-3	2013		
Sign Here	BLAINE SMITH Type or print name and title			President			
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid	Vaughn Fowler	Vaugha Fowle		Check if self employed	P013381	53	
Preparer		OWLER & HUNSA	KER, CPA'S	Errm's EIM	26_150	116	1
Use Only	Firm's address > 726 K ST ANCHORAGE, AK S	99501-3331		Phone no (9	26-150 07) 279	-653	
May the If	RS discuss this return with the preparer s		tructions		► X Y		No
	<u> </u>		 		Form 9	90.F7	(2012

72-1580840

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Form 990-EZ (2012) ALASKA AVALANCHE SCHOOL

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule A (Form 990 or 990-EZ) 2012

Open to Public: Inspection:

Employer identification number ALASKA AVALANCHE SCHOOL 72-1580840 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross 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 organization after June 30, 1975 See section 509(a)(2). 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly 11 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. Type III - Functionally integrated d | Type III — Non-functionally integrated Type 1 c l By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (i) of your support? (vii) Amount of monetary (i) Name of supported organization (iv) Is the (vi) Is the organization in column (i) organized in the US? organization in olumn (i) listed in your governing document? Yes No Yes Nο Yes No (A) **(B)** (C) (D) **(E)** Total

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

Part II 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.)

Calendar year (or fiscal year beginning in) - 1 office, grate, centributions, and microbial processes of the personal processes of the corporation benefit and either paid to or expended either paid to expended eit	Sect	ion A. Public Support						
Trest reviewed to the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and the paid to expended on the paid to ex	begir	nning 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 or expended on its behalf or expended on its behalf or expended or organization without charge 4 Total. Add lines 1 through 3 26,734. 29,933. 6,542. 10,689. 12,963. 86,861. The portion of total contributions by each person contribution contributi	1	membership fees received. (Do not	26,734.	29, 933.	6,542.	10,689.	12,963.	86,861.
facilities furnished by a governmental unit to the governmental unit to graph person of total contributions by each person 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 By a support By and stop here. The organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization will be a support By and stop here. The organization qualifies as a publicly supported organization will be support By from Fat IV how the roganization qualifies as a publicly supported organization will be referred by and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization until By		organization's benefit and either paid to or expended		:				0.
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			nization did not ch	eck a box on line	13, 16a, 16b, 17a			

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)

Sect	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in) 🟲 📗	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants')						
	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
	Gross receipts from activities						
	that are not an unrelated trade or business under section 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						
	Total. Add lines 1 through 5						
7 a	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	FW4-2 - 7388		\$\$.5-500 FA: 111	2.18		***
	7c from line 6)		Africa de la companya	1985			
	tion B. Total Support				T		
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources						
t	Unrelated business taxable				_		
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
•	: Add lines 10a and 10b				-	ĺ	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						<u> </u>
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in					1	
12	Part IV) Total support. (Add Ins 9, 10c, 11, and 12)			-	 		
14			ation's first seco	nd third fourth o	ı or fifth tax vear as	a section 5016)(3) —
	organization, check this box and						► []
	tion C. Computation of Pu						
15	Public support percentage for 2			ne 13, column (f))	—	5 % 6 %
16	Public support percentage from						6 %
<u>Sec</u>	tion D. Computation of Inv Investment income percentage				ımn (fl)	1 1	7 %
18	Investment income percentage	· ·			Jiiii (1 <i>))</i>	<u> </u>	8 %
	a 33-1/3% support tests — 2012.				and line 15 is mor		
13	is not more than 33-1/3%, chec	k this box and ste	op here. The orga	nization qualifies	as a publicly supp	orted organiza	tion
	b 33-1/3% support tests — 2011. Ine 18 is not more than 33-1/3°	If the organization	did not check a	box on line 14 or	line 19a, and line	16 is more than	n 33-1/3%, and
20	Private foundation. If the organ						
	vate rountation. It the organ		CON G DOX OIL IIIIC	. 1, 150, 01 150, 1		. 555 11150146001	<u>·</u>

Schedule A	(Form 990 or 990-EZ) 2012	ALASKA	AVALANCHE	SCHOOL		72-1580840	Page 4
Partiv	Supplemental Information Part II, line 17a or 17b (See instructions).	ation. Com o; and Part	plete this pai III, line 12. A	rt to provide Also comple	the explanations in the this part for any	required by Part II, lii additional information	ne 10; n.
					·		
				-		. 	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

ALASKA AVALANCHE SCHOOL	72-1580840
Form 000 E7 Port III Organization's Primary Event Purpose	
Promote safety in and around the mountain environment through	education, research,
publishing, and consulting	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit (
(a) Did the organization, during the year, receive any funds	, directly or
indirectly, to pay premiums on a personal benefit contract?	No No
(b) Did the organization, during the year, pay premiums, dire	ectly or
indirectly, on a personal benefit contract?	No
	-

Form 990-EZ, Part I, Line 16 Other Expenses	2012	Schedu	ule O - Supplemental I	nformation	Page 2
Advertising and Promotion	Client 80840		ALASKA AVALANCHE SCHO	OOL	72-1580840
Other Expenses Advertising and Promotion \$ 1,0 BANK CHARGES/INVESTMENT FEES 1 CONTRACT LABOR 1 CREDIT CARD FEES 2,8 Depreciation 4 DONATION 5 EQUIPMENT RENTAL 1,0 EQUIPMENT REPAIR 9,1 Insurance 9,1 LICENSES AND PERMITS 3,1 MISCELLANEOUS 2,2 Office Expenses 3,7 PROGRAM EXPENSE 2,4 Travel 7 Total \$ 505. Miscellaneous \$ 505. Form 990-EZ, Part II, Line 24 Other Assets Beginning Ending Form 990-EZ, Part II, Line 26 \$ 505. \$ 505. Total Liabilities Beginning Ending ACCRUED PR LIABILITY \$ 145. \$ 145.	11/07/13				10 51 AM
CONTRACT LABOR CREDIT CARD FEES. Depreciation DONATION SEQUIPMENT RENTAL EQUIPMENT RENTAL Insurance ILICENSES AND PERMITS MISCELLANEOUS Office Expenses Form 990-EZ, Part II, Line 24 Other Assets Form 990-EZ, Part II, Line 26 Total Liabilities Beginning Ending	Form 990-EZ, Part I, Other Expenses	Line 16			
LICENSES AND PERMITS 3,1 MISCELLANEOUS 2,2 Office Expenses 3,7 PROGRAM EXPENSE 2,4 Travel 2,7 Total \$ 29,4 Form 990-EZ, Part II, Line 24 Miscellaneous Beginning Ending \$ 505. \$ Form 990-EZ, Part II, Line 26 Total Liabilities Beginning Ending ACCRUED PR LIABILITY \$ 145. \$	CONTRACT LABOR CREDIT CARD FEES Depreciation DONATION EQUIPMENT RENTAL EQUIPMENT REPAIR		S	\$	1,003. 1. 165. 2,866. 424. 500. 1,054. 29.
Other Assets Beginning Ending \$ 505. Total \$ 505. Form 990-EZ, Part II, Line 26 Total Liabilities Beginning Ending ACCRUED PR LIABILITY \$ 145. \$ 145. \$	LICENSES AND PER MISCELLANEOUS Office Expenses PROGRAM EXPENSE	MITS		Total <u>\$</u>	3,164. 2,280. 3,704. 2,458. 2,700. 29,458.
Miscellaneous Total \$ 505. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Form 990-EZ, Part II, Other Assets	, Line 24		•	
Beginning Ending ACCRUED PR LIABILITY \$ 145. \$	Miscellaneous				Ending \$ 948. \$ 948.
ACCRUED PR LIABILITY \$ 145. \$	Form 990-EZ, Part II Total Liabilities	, Line 26			
	ACCRUED PR LIABI	LITY		s 145.	Ending \$ 787. \$ 787.
		-	-		-

6/30/13	:	2012 Fed		al Boc	k Dep	leral Book Depreciation Schedule	ion S	chedu	<u>e</u>				-	Page 1
Client 80840				ASKA	AVALAN	ALASKA AVALANCHE SCHOOL	HOOL						72.	72-1580840
11/07/13	1		9	Cur 70	Special	Prior 179/ Rogie	Prior Dec Ral	Salvage / Rasis	Depr.	Prior				10 51 AM Current
No. Description	Date Date Date Sold Sold	e Cost/ d Basis	를 함 임	Bonus	Allow.	Sp. Depr.	Depr.	Reducto	Basis	Depr.	MethodLifeRate_	_ lufe_	Rate	Depr.
Form 990/990-PF														_
1 POWER POINT PROJECTOR	1/02/09	1,4	1,469						1,469	1,469				0
2 COMPUTER	1/15/09	6	948						948	948	200DB HY	က	,	0
	12/01/10	6	606						606	404	200DB HY	က	.14810	135
4 OPTIMA 1692 DLP PROJECTOR	1/31/13	∞	298	j					867		200DB HY	က	.33330 - -	582
Total		4,1	4,193	0	0	0	0	0	4,193	2,821				424
Total Depreciation		4,193	%		0	0	0		4,193	2,821			I	424
-			!											
Grand Total Depreciation		4,1	4,193	0	0	0	0	0	4,193	2,821			U.	424
<u></u>														
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