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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 fruist or private foundation)

Sponsoring organizations of dohor 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. All other organizations with gross receipts less than \$200,000 at the pand of the year may use this form

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

_		e 2012 calendar year, or tax year beginning OCT 1, 201	2 and en	nding SEI	? 30,	2013
В	Check if applicab	C Name of organization			D Employer	identification number
	Addr	ess change				
	Name	change JUNEAU FASTPITCH SOFTBALL ASSO	CIATION		94-3	157026
	Initial	return Number and street (or P.O. box, if mail is not delivered to street address	ss)	Room/suite	E Telephone	number
	Term	inated PO BOX 32322			907-	789-1490
	Amer	nded return City or town, state or country, and ZIP + 4			F Group Exe	
	Applic	ation pending JUNEAU, AK 99803		I	Number 1	· ·
G	Accour	nting Method: X Cash Accrual Other (specify)				X if the organization is not
ı	Websit	te: ►N/A				o attach Schedule B
j	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert	no.) 4947(a)(1)	or 527), 990-EZ, or 990-PF).
		If the organization is not a section 509(a)(3) supporting organization or				
	\$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post				
		n, be sure to file a complete return.	,,	(,	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200	.000 or more, or if tota	al assets (Part I	I.	
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			" ▶ \$	68,895.
	art I	Revenue, Expenses, and Changes in Net Assets or I	Fund Balances	(see the instruc		rt I)
_		Check if the organization used Schedule O to respond to any question in this P		,		<u> </u>
_	1	Contributions, gifts, grants, and similar amounts received	471		1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	3,893.
	4	Investment income			4	3,033.
	1 -	Gross amount from sale of assets other than inventory	5a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	1	Less: cost or other basis and sales expenses	5b		_	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line		-		
	6	Gaming and fundraising events	, 61,		- 00	
	a	Gross income from gaming (attach Schedule G if greater than				
Revenue	-	\$15,000)	6a	65,00	12.	
š	Ь	Gross income from fundraising events (not including \$	of contribution		, •	
æ	_	from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)	6ь			
	C	Less: direct expenses from gaming and fundraising events	6c	1 (00.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a			6d	64,902.
	7a	Gross sales of inventory, less returns and allowance ECEIVED	7a			01/302.
	1	Less; cost of goods sold	7b			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u> </u>	·	7c	
	8	Other revenue (describe in Schedule 0) FEB 1 2 2014			8	
	9	Total revenue Add lines 1 2 3 4 5c 6d 7c and 8			9	68,795.
	10	Grants and similar amounts paid (list in Schedule OSDEN, UT	SEE SCHED	ULE O	10	40,000.
4	11	Benefits paid to or for members		- •	11	20,000
<u>2</u>	12	Salaries, other compensation, and employee benefits			12	
nsé,	13	Professional fees and other payments to independent contractors			13	785.
20 20 20	14	Occupancy, rent, utilities, and maintenance			14	5,027.
CD EXpensess)14	15	Printing, publications, postage, and shipping			15	3,02,0
ĭ	16	Other expenses (describe in Schedule O)	SEE SCHED	ULE O	16	19,151.
L	17	Total expenses. Add lines 10 through 16		- •	▶ 17	64,963.
<u>) </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	3,832.
iets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			"	3,032.
ASS		(must agree with end-of-year figure reported on prior year's return)			19	30,618.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20			▶ 21	34,450.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.		-		Form 990-EZ (2012)

D	Int II Balance Sheets (see the instructions for Part II)	ADDOCIALION				
Fa		anond to any augot	ion in this Bort II			T
	Check if the organization used Schedule O to res	spond to any quest			/D\ F	X ad advector
		ļ	(A) Beginning of year	 	(B) E	nd of year
22	Cash, savings, and investments	_	9,947.			13,779.
23	Land and buildings	、	20 671	23		20 671
24	Other assets (describe in Schedule O) SEE SCHEDULE C	′ ⊢	<u>20,671.</u>			20,671.
25	Total assets		30,618.			34,450.
26	Total liabilities (describe in Schedule 0)	<u> </u>	0.			0.
27	Net assets or fund balances (line 27 of column (8) must agree with line 21) Int III Statement of Program Service Accomplishme	nte (coo the instruc	30,618.	27	_	34,450.
Га	Check if the organization used Schedule O to res	•	· .	Ŧ		rpenses for section
Miles			ion in this rait int	<u> </u>	501(c)(3)	and 501(c)(4)
	t is the organization's primary exempt purpose? SEE SCHEDULE C	····				ons and section) trusts; optional
	ribe the organization's program service accomplishments for each of its three largest program er, describe the services provided, the number of persons benefited, and other relevant inform		ses in a clear and concise		for others.	
			MC DV		Т	·
	FUND JUNEAU DOUGLAS HIGH-SCHOOL SOF			-		
	PROVIDING EQUIPMENT, COACHING, TRAV	EL & UMPIKE	FUNDING			
	(Outside the second of the formula o			_		CA 170
•	(Grants \$) If this amount includes foreign (grants, cneck nere	<u> </u>	_	28a	64,178.
29				_		
				_		
	(O-a-t			_,		
	(Grants \$) If this amount includes foreign of	grants, check here		_	29a	
30				_		
				_	ĺ	
,	(Granto \$) If this amount includes foreign	aronta chook horo		—- ₁	20-	
	(Grants \$) If this amount includes foreign (grants, check here		_	30a	
	Other program services (describe in Schedule O)		⊾ [\neg	04-	
	(Grants \$) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)	grants, check here	<u>P</u> _}	_	31a 32	64,178.
	i otal program service expenses (add illies zoa u irough si a)					04.1/0.
3	ort IV List of Officers, Directors, Trustees, and Key E	mployees List each one	aven if not compensated (se	o tha	netructions fo	or Port IVA
<u>ra</u>	irt IV List of Officers, Directors, Trustees, and Key E			e the	nstructions fo	or Part IV)
<u>a</u>	Check if the organization used Schedule O to res	spond to any quest	on in this Part IV		nstructions fo	or Part IV)
<u></u>	Check if the organization used Schedule O to res		(c) Reportable compensation (Forms	d) Hea	nstructions for	or Part IV) (e) Estimated
<u></u>	irt IV List of Officers, Directors, Trustees, and Key E	spond to any questi (b) Average hours	(c) Reportable compensation (Forms	d) Hea	instructions for alth benefits, butions to yee benefit and deferred	or Part IV)
	Check If the organization used Schedule O to res (a) Name and title	spond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Hea	instructions for alth benefits, butions to yee benefit	(e) Estimated amount of other
DA	Check if the organization used Schedule O to res (a) Name and title VE MASSEY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	nstructions for alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
DA PR	Check If the organization used Schedule O to res (a) Name and title VE MASSEY ESIDENT	spond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Hea	instructions for alth benefits, butions to yee benefit and deferred	(e) Estimated amount of other
DA PR CA	Check if the organization used Schedule O to res (a) Name and title VE MASSEY ESIDENT RRIE PUSICH	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	nstructions for the structions for the structions to the struction of the	(e) Estimated amount of other compensation
DA PR CA SE	Check if the organization used Schedule O to res (a) Name and title VE MASSEY ESIDENT RRIE PUSICH CRETARY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	nstructions for alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
DA PR CA SE NO	Check if the organization used Schedule O to res (a) Name and title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN	(b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	alth benefits, butions to yee benefit and deferred bensation 0.	(e) Estimated amount of other compensation
DA PR CA SE NO TR	Check if the organization used Schedule O to resched title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN EASURER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	nstructions for the structions for the structions to the struction of the	(e) Estimated amount of other compensation
DA PR CA SE NO TR GL	Check if the organization used Schedule O to resched title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN EASURER EN ALT	spond to any questi (b) Average hours per week devoted to position 10.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	alth benefits, butions to yee benefit and deferred bensation 0.	(e) Estimated amount of other compensation 0 .
DA PR CA SE NO TR GL	Check if the organization used Schedule O to resched title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN EASURER EN ALT MBER	(b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	alth benefits, butions to yee benefit and deferred bensation 0.	(e) Estimated amount of other compensation
DA PR CA SE NO TR GL ME	Check if the organization used Schedule O to resched title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN EASURER EN ALT MBER UCK GORDON	spond to any questi (b) Average hours per week devoted to position 10.00 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	alth benefits, butions to yee benefit and deferred bensation	(e) Estimated amount of other compensation 0. 0.
DA PR CA SE NO TR GL ME CH ME	Check if the organization used Schedule O to resched title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN EASURER EN ALT MBER UCK GORDON MBER	spond to any questi (b) Average hours per week devoted to position 10.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	alth benefits, butions to yee benefit and deferred bensation 0.	(e) Estimated amount of other compensation 0 .
DA PR CA SE NO TR GL ME CH ME AN	Check if the organization used Schedule O to resched title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN EASURER EN ALT MBER UCK GORDON MBER NIE KINCHELOE	spond to any questi (b) Average hours per week devoted to position 10.00 5.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	alth benefits, butions to yee benefit and deferred bensation O. O.	(e) Estimated amount of other compensation 0. 0. 0.
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DA PR CA SE NO TR GL ME CH ME AN ME JU	Check if the organization used Schedule O to resched title VE MASSEY ESIDENT RRIE PUSICH CRETARY RM COHEN EASURER EN ALT MBER UCK GORDON MBER NIE KINCHELOE MBER N MAIQUIS	spond to any questi (b) Average hours per week devoted to position 10.00 5.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea	alth benefits, butions to yee benefit and deferred beneation O. O.	(e) Estimated amount of other compensation 0. 0. 0.

<u>Forn</u>	990-EZ (2012) JUNEAU FASTPITCH SOFTBALL ASSOCIATION 94-315			Page 3
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	nis Pa	rt V	\mathbf{x}
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (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)?	35a	<u></u>	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			İ
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		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:			
	Initiation fees and capital contributions included on line 9 39a N/A	4		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4	ļ	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		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			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
_	organization •O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	١.,		\ _{3.5}
44	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed ► AK The organization's books are in care of ► NORMAN COHEN Telephone no. ► 907-58	26_1	940	
72 a	Located at \triangleright 739 5TH STREET, JUNEAU, AK			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	7900	<u> </u>	
•	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		!	Yes	No
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	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c_		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
		Form 9	90-EZ	(2012)

orm 990-EZ	(2012) JUNEAU FASTPITCH SOI	FTBALL ASSOCI	ATION	-	<u>94-3157</u>	<u>026</u>		Page 4
	organization engage, directly or indirectly, in political camp	paign activities on behalf of o	r ın oppositioi	n to candidates for pe	ublic office?		Yes	No
Part VI	Section 501(c)(3) organizations only				.	46	l	X
rait VI	All section 501(c)(3) organizations must answer qu	ections 47.40h and 50 s	and complete	the tables for line	o 50 and 51			
	Check if the organization used Schedule O to resp		-	the lables for line	15 30 and 31			
	SHOOK II THO OF GAME AND HOUSE OF TOOL	ond to any question in th	no r art vi	 			Yes	No
7 Did the	organization engage in lobbying activities or have a section	1 501(h) election in effect du	ring the tax ve	ar? If "Yes." complete	Sch. C. Part II	47		х
	rganization a school as described in section 170(b)(1)(A)(i					48		X
	organization make any transfers to an exempt non-charitat					49a		Х
b If "Yes,"	was the related organization a section 527 organization?					49b		
	te this table for the organization's five highest compensate		cers, directors	s, trustees and key er	nployees) who e	ach re	ceived i	more
than \$1	00,000 of compensation from the organization. If there is n			I	<u> </u>			
	(a) Name and title of each employee paid more than \$100,000	(b) Averag		(C) Reportable compensation (Forms	(d) Health benefit contributions to	1) Estim ount of	
		per week u		W-2/1099-MISC)	employee benefit plans, and deferre	٠.١	mpens	
	NONE				compensation	+-		
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	imber of other employees paid over \$100,000		▶					
	te this table for the organization's five highest compensate	d independent contractors w	ho each recei	ved more than \$100,	000 of compens	ation f	rom the	}
	ation. If there is none, enter "None." NONE nd address of each independent contractor paid more than	¢100 000	(h) Tuna a	100000	(-)			
(a) Name a	nd address of each independent contractor paid more than	φ100,000	(b) Type o	I SELVICE	(6)	Compe	ensatio	<u>'</u>

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d Tatalas		- 0400 000						
	imber of other independent contractors each receiving over	•	(a)(4) nanawa		·····			
	organization complete Schedule A? Note: All section 501(c	,, , ,		•	⊾ □	X Ye	. <u>.</u>	
Inder penalties	ple trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, including accom reparer (other (han officer) is based on all information of which prepare	panying schedules and statemen	ts, and to the be	est of my knowledge and	belief, it is true, co		d compl	No lete
	YIMA	a rias ary knowledge			2/1/1	V -		
Sign Here	Signature d'officer				Date	1		
	NORMAN COHEN, TREASURER							
	Type or print name and title							
	Print/Type preparer's name Preparer'	s signature	Date	Check X] if PTIN			
Paid		arla S. Pouck		self- employ	/ed			
Preparer	DARLIA 3. BUCK, CFA		02/04		P00			
Use Only	P DCIMITIO & DOCK, I	LLC, CPA'S			► 92-01			
	Firm's address ► 8800 GLACIER HWY	-		Phone no.	(907)	78	9-9	868
May the IDC	JUNEAU, AK 99801							7
viay LITE INS	discuss this return with the preparer shown above? See ins	SILUCTIONS				X Ye		No (2012)
					1	OHII 9	90-EZ ((ZU IZ)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Part Reason for Public Charly Status (All organizations must complete this part) See instructions.	Name of	the organizat	ion						E	mployer	identificat	ion nu	mber
The organization is not a private foundation because it is: (For fines I through 11, check only one box) A school described in section 170(b)(1)(A)(ii), (Attan's Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A normal organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii), A normal 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)(ii), (Complete Part II)		 -	JUNEAU	FASTPITCH SC	FTBAL	L ASS	OCIAT	ION		9	4-3157	026	:
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	Part i	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t) See inst	tructions.				
A achool described in section 170(b)(1)(A)(ii), (Attach Schedule E) A nonparation coperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 5 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)(vi), (Complete Part II) organization operated government or governmental unit described in section 170(b)(1)(A)(vi), (Complete Part II) 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) 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). (Complete Part III) organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that described in section organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations for 509(a)(1) or section 509(a)(2). The function organization organiza	The organ	iization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
A hospital or a cooperative hospital service organization 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)(iii). Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II) A community trust described in section 170(b)(1)(A)(iii). (Complete Part II) A community trust described in section 170(b)(1)(A)(iii). (Complete Part II) A community trust described in section 170(b)(1)(A)(iii). (Complete Part II) A community functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxables encome (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organization and periated exclusively to test for public safety. See section 509(a)(4). An organization organization adportance devicusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations and complete lines 11 te through 11h. a ☐ Type II b ☐ Type II certify that the organization and complete lines 11 te through 11h. a ☐ Type II b ☐ Type III certify that the organization or controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations of section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III III (III) ☐ Type III III (III) ☐ Type III (III) ☐ T	1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	rıbed ın se	ction 170	(b)(1)(A)(i)).				
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; 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)(iii). Complete Part II.) A condition of the described in section 170(b)(1)(A)(iii). Complete Part II.) A community trust described in section 170(b)(1)(A)(iii). Complete Part II.) A community trust described in section 170(b)(1)(A)(iii). Complete Part II.) A community trust described in section 170(b)(1)(A)(iii). Complete Part II.) 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). Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(3). See section 509(a)(3). Check the box that describes the type of supporting organization described in section 509(a)(3). See section 509(a)(3). Check the box that describes the type of supporting organization is active formation of the following persons of the frain function managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II. Type II. or Type III. III. I provide the following information about the supported organization (described in lines 1-9). See account of the purpose of a person described in (i) above? I provide the following information about the support	2	A school des	cribed in section 17	'0(b)(1)(A)(ii) . (Attach Sc	chedule E)								
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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv), (Complete Part II.) An organization organization and complete less section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). Complete Part III.) An organization organization and complete lines 11 et intrough 11h. a	з 🖳	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
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.) A referral, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantal part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(7) or section 509(a)(8). See section 509(a)(3). Check the box that describes the type of supporting organization described in section 509(a)(7) or section 509(a)(8). See section 509(a)(3). Check the box that describes the type of supporting organization described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization in one or more publicly supported organizations described in a section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III is not following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (b) above? (ii) A family member of a person de	4 📙	A medical re	search organization (operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nam	ne,
section 170(b)(1)(A)(iv). Complete Part II) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Table 3. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) 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 goss investment income and unrelated business taxable income (less section 510(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11 fe through 11h. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 fe through 11h. a Type II b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated describes the type of supporting organization and complete lines 11 fe through 11h. for the organization organization and complete lines 11 fe through 11h. for the organization organization and complete lines 11 fe through 11h. a Type II b Type III organization and complete lines 11 fe through 11h. for through the organization and complete lines 11 fe through 11h. for through the organization and complete lines 11 fe through 11h. for through the organization and complete lines 11 fe through 11h. for through thr													
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section 170(b)(1)(A)(xi). (Complete Part II) A community trust described in section 170(b)(1)(A)(xi). (Complete Part II) Graynaration that normally receives. (1) more than 33 173% 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 33 173% 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). (Complete Part III) 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 to carry out the 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 11s through 11h. a Type I b Type II c Type III C Type III The intentionally integrated D Type III Non-functionally integrated D Type III Type II D Type II Type II D Type II Type II Type II Type II Type II Type II		A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).					
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a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated 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 section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box								2) See sec	ction 509	(a)(3). Ch	eck the box	that	
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 section 509(a)(2). If the organization received a written determination from the IRS that it 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? (i) 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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iii) A 35% controlled entity of a person described or granization (s) (iii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) Isted in your organization in col. (ii) organized in the U.S.? Yes No Yes No Yes No Yes No Yes No Total						_		_	, — T	III . N.		11	
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f the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) 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? (ii) A family member of a person described in (i) above? (iii) A 55% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC sections) (iv) Is the organization organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (e												
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Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) 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? (iii) A family member of a person described in (i) above? (iii) A 355% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	•					at it is a Ty	po i, Type	ii, or Type	7 111				
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(iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) of your support? Yes No Yes No Yes No Total					J		•		. (7	,	· ·		1
(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (organization) (ii) Name of supported organization organization (described on lines 1-9 above or IRC section) (see instructions)) Total		(ii) A family	member of a persor	n described in (i) above?	•					•			
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organization (described on lines 1-9 above or IRC section (see instructions)) Total	h	Provide the f	ollowing information	about the supported or	ganization	(s)							
organization (described on lines 1-9 above or IRC section (see instructions)) Total													
organization (described on lines 1-9 above or IRC section (see instructions)) Total (described on lines 1-9 above or IRC section (see instructions)) (i) of your support? (i) of your support? (i) of your support? (i) organized in the U.S.? (i) of your support? (i) organized in the U.S.?	(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	u notify the	(vi) l:	s the	(vii) Amoun	t of mo	netarv
Total				(described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	(i) organi	zed in the	1		,
Total						docament,	(i) oi you	Support	0.8	5.?			
				(000 1110110110110))	Yes	No	Yes	No	Yes	No			
					 					-			
					 					 			
								İ					
					-			ļ		+			
			 		 	-		<u> </u>	ļ	+			
								İ					
	· ·				 			<u> </u>	 	 			
	Total												
LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2012		Paperwork Re	duction Act Notice	, see the Instructions f	or	.	1	·	Schedu	e A (For	m 990 or 99	30-F71	2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 JUNEAU FASTPITCH SOFTBALL ASSOCIATION 94-3157026 Page 2

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.) (f the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants ")	10,640.	10,160.	15,630.	13,840.	3,893.	54,163.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	İ					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	:					
	the organization without charge						
4	Total. Add lines 1 through 3	10,640.	10,160.	15,630.	13,840.	3,893.	54,163.
5	The portion of total contributions					1	
	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)			,		*	
	Public support. Subtract line 5 from line 4						54,163.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	10,640.	10,160.	15,630.	13,840.	3,893.	54,163.
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						54,163.
12	Gross receipts from related activities,	, etc (see instruction	ons) .			12	11,374.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stor	here					
	ction C. Computation of Publ					. ,	
	Public support percentage for 2012 (olumn (f))			100.00 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	<u>99.99 %</u>
16a	33 1/3% support test - 2012. If the	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization			•	▶ [X]
b	33 1/3% support test - 2011. If the	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	iis box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	us box and stop h	ere. Explaın ın Par	t IV how the organ	ıızatıon
	meets the "facts-and-circumstances"	•	•				. ▶□
b	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the				•		
	organization meets the "facts-and-cire				-		. ▶∐
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s •
					Sche	dule A (Form 990	or 990-F7\ 2012

232022 12-04-12

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 be Section A. Public Support	low, please com	plete Part II)					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	1 /	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	<u> </u>	(5) 2000	(0) 2010	(4) 2011		0,20,2	(I) I Otal
membership fees received. (Do not					Ì		
include any "unusual grants ")							
·				-	 		
2 Gross receipts from admissions, merchandise sold or services per-							
formed, or facilities furnished in							
any activity that is related to the				•			
organization's tax-exempt purpose					ļ <u>.</u>		
3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513					L		
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities				-	 		
furnished by a governmental unit to		1					
the organization without charge	<u>,</u>						
6 Total. Add lines 1 through 5					ļ		
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons			-				
b Amounts included on lines 2 and 3 received				1			
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)							
Section B. Total Support		•			·		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011		e) 2012	(f) Total
9 Amounts from line 6	(2) 2000	(6) 2003	(6) 2010	(4) 2011	+ - 1	6/ 2012	(i) IUIAI
10a Gross income from interest,						····	
dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources					<u> </u>		
b Unrelated business taxable income					1		
(less section 511 taxes) from businesses					l		
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business							
activities not included in line 10b,		1					
whether or not the business is regularly carned on		1					
12 Other income Do not include gain		 		 			
or loss from the sale of capital							
assets (Explain in Part IV.)		 		 	 		
13 Total support. (Add lines 9, 10c, 11, and 12)				L	L		
14 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501	(c)(3) organız	ation,
check this box and stop here							. ▶
Section C. Computation of Public	Support Pe	rcentage			, .		·····
15 Public support percentage for 2012 (lin	ie 8, column (f) d	livided by line 13, o	olumn (f))		15		9
16 Public support percentage from 2011 S	Schedule A, Part	III, line 15			16		g
Section D. Computation of Invest	lment Incom	e Percentage					
17 Investment income percentage for 201			ne 13, column (f))		17		g
18 Investment income percentage from 20					18		g
19a 33 1/3% support tests - 2012. If the o	•		on line 14, and line	e 15 is more than 3		% and line 1	
more than 33 1/3%, check this box and						, o, who mid i	55
	•			•		n 22 1/20/	
b 33 1/3% support tests - 2011. If the o	=					•	AIIU
line 18 is not more than 33 1/3%, chec		-				_	?
20 Private foundation. If the organization	uid not check a	box on line 14, 19	a, or 19b, check t	· · · · ·			
232023 12-04-12				Sch	adula	A /Form 90	0 or 000-E7) 20:

SGHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

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Name or the organization	FASTPITCH SOFTBALL	ΔS	ടററ	TATTON	94-3157	ntification number
•	Complete if the organization answe					
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) pursi	tion of tion of fundra (includ	non-g gover using ding o	overnment grants inment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					<u> </u>	
			<u> </u>			
Total 3 List all states in which the organization	on is registered or licensed to soliciti	contrib	Lution:	s or has been notified	d it is exempt from re	egistration
or licensing.						
			_			
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990)-EZ.		Schedule G (Fori	m 990 or 990-EZ) 2012

232081 01-07-13

Pa	rt l					
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
enueveu			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts				
	_	·				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
l	4	Cash prizes				
	5	Noncash prizes				
	5	Noncash phzes				
	6	Rent/facility costs	<u> </u>			
	7	Food and beverages				
	8	Entertainment				
1	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	(
1	11	Net income summary. Combine line 3, column				
a	rt l		answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
7		\$15,000 on Form 990-EZ, line 6a		T		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col (a) through col. (
	1	Gross revenue		1,139,560.		1,139,560
	2	Cash prizes		870,253.		870,253
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		204,405.		204,405
	6	Volunteer labor	Yes % No	Yes%	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 through			<u> </u>	(1,074,658
					. •	
1	8	Net gaming income summary Combine line 1	, column d, and line 7			64,902
	Ent	er the state(s) in which the organization operat	es gamino activities: 🏅	K		
		he organization licensed to operate gaming act				X Yes N
		No," explain		•		
	_					
		re any of the organization's gaming licenses re Yes," explain		- ,		Yes X
_	_					
=	2 01	-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2

Schedule G (Form 990 or 990-EZ) 2012 JUNEAU FASTPITCH SOFTBALL ASSOCIATION 94-3	157026	Page 3
11 Does the organization operate gaming activities with nonmembers?	X Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	X Yes	L∐ No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
b An outside facility	13b 100	<u>.00 %</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ► NORMAN COHEN		
Address ► 739 5TH STREET - JUNEAU, AK 99801		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization > and the amount of gaming revenue retained by the third party > .		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address >		
16 Gaming manager information:		
Name ► <u>NORMAN COHEN</u>		
Garning manager compensation > \$		
Description of services provided ▶ COLLECTS FUNDS		
		
X Director/officer Employee Independent contractor		·
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	X Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$\bigselow\$ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.	• • •	-
		-
		
	· ———	
232083 01-07-13 Schedule G (Form	990 or 990-	EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Employer identification number

JUNEAU FASTPITCH SOFTBALL ASSOCIATION	1	3157026
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:		
ACTIVITY CLASSIFICATION: PROGRAM SUPPORT		
GRANTEE NAME: JUNEAU SCHOOL DISTRICT		
GRANTEE ADDRESS: 10014 CRAZY HORSE DR. JUNEAU, AK 998	01	
GRANTEE RELATIONSHIP: NONE	· -· ·	
PROPERTY DESCRIPTION: CASH		
AMOUNT GIVEN:		40,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
OTHER PROGRAM EXPENSE		1,718.
INSURANCE		828.
UNIFORMS		5,871.
EQUIPMENT		5,350.
TRAVEL		3,075.
EQUIMENT REPAIR		2,309.
TOTAL TO FORM 990-EZ, LINE 16		19,151.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG.	OF YEAR	END OF YEAR
INVESTMENT IN MCA GAMING PARTNERSHIP	20,671.	20,671.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FUND HIGH-SCHOOL SOFTBALL PROGRAM	JUNEAU DOU	JGLAS

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Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization Employer identification number JUNEAU FASTPITCH SOFTBALL ASSOCIATION 94-3157026 FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.