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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Ā	For the 20	13 calend	dar year, or tax year beginn	ing	. 201	3, and endir	10		
	Check if apple	-	C	3	,		1	D Employer Identific	ation Number
	Address		ALASKA OUTDOOR CO	NINCTI. TNC				92-00736	
	Name ch	-	310 K ST #200	oners, inc.			-	E Telephone number	
	Initial ret	_	ANCHORAGE, AK 995	501				907-376-2	2012
	Terminat							307 370 7	2313
	Amended							G Gross receipts \$	220 242
	\vdash	on pending	F Name and address of principal	officer	-		H(a) Is this a	group return for subor	239,342.
	Applicati	on pending	SAME AS C ABOVE	onice			i		
	Tax-exemp	nt etatue	501(c)(3) X 501(c) (4) ◀ (insert no.)	4947(a)(1)	or 527	If 'No,'	subordinates included? attach a list (see instru	uctions)
<u>'</u>	Website				[434/(a)(1)	01 327	-		
K	Form of ord		ASKAOUTDOORCOUNCI			1		exemption number	377
		-		Association Other		L Year of forma	tion 195!	State of leg	al domicile AK
Pa	art I S	ummar	y he the organization's missi	on or most significant	activities:	DDOMORT	COTTIVE	TETC CMARS	00 1710
	1 3/7/1	NACEME	be the organization's mission	TOTTEE AND DO	ACTIVITIES	PROMOTE	POTENT	TEC FOR HE	OF ALASKA
Activities & Governance	MA AT		NT OF FISH AND WI THROUGH EDUCATION						
Ē	1.0		FEFFORTS WHERE NE		TIND TIE	TISTUTITA	F LVOCE	SSEST FILE FO	717116
ě	2 Che		ox F If the organization		rations or di	sposed of m	ore than 2	5% of its net asse	
ဗ	3 Nun		oting members of the gover					3	7
ન્ય જ	4 Num	nber of in	dependent voting members	of the governing bod	y (Part VI, I	ine 1b)		4	7
ij	5 Tota		r of individuals employed in		Part V, line	2a) .		. 5	3
≨	6 Tota		r of volunteers (estimate if i		• • •			6	175
Ă			ed business revenue from F					7 a	13,226.
	b Net	unrelated	d business taxable income t	rom Form 990-13 line	34			7 b	0.
	18 Con	tributions	s and grants (Part VIII, linger	11/5 10/			P	rior Year	Current Year
<u>a</u> j.	19 Pro	aram ser	vice revenue (Part VIII, Ime	2011			, 	28,563.	38,797.
Ę.	10 Inve	estment ii	ncome (Part VIII, column (4	lines 3 4 and 7d)			'	21,521.	18,976. 354.
ě	11 Oth	er reveni	ue (Part VIII, column (A), lir	nes \$ 6d. 8c. 90 10c.	and 11e)		-	149,136.	123,211.
4	12 Tota	al revenu	e - add lines 8 through 11	must equal Part VIII.	column (A)	line 12)		199,632.	181,338.
			similar amounts paid (Ran I						101,000.
	14 Ber		to or for members (Part I)	7 - 1 7 Y	•				
Expenses 07	3 15 Sala	-	er compensation, employee		lumn (A). Iır	nes 5-10)	<u> </u>	102,819.	105,953.
ZŽ	16a Pro		fundraising fees (Part IX, o	7	• • • • • • • • • • • • • • • • • • • •	•		202,023.	100/300.
ē	h Tot		sing expenses (Part IX, col	• • • •		10 700		14 5 1 3 × × 1	~ 3
Ĕ	17 04		=	-		12,723	<u>• </u>		
	1		ses (Part IX, column (A), lii				ļ	80,317.	74,078.
	1		ses. Add lines 13-17 (must		(A), line 25	")		183,136.	180,031.
-8	21	venue les	s expenses. Subtract line 1	8 from line 12		• • • •		16,496.	1,307.
Net Assets o	일 20 Tot	al accate	(Part X, line 16)				Beginni	ng of Current Year	End of Year
¥.	20 Tot		es (Part X, line 26)			•	-	105,727.	102,568.
ž,	21 100			01 form large 00				18,962.	14,496.
			or fund balances. Subtract li	ne 21 from line 20		• •	·]	86,765.	88,072.
_	_		re Block						
COL	der penalties o mplete Declar	of perjury, I of ation of prep	declare that I have examined this reti parer (other than officer) is based on	urn, including accompanying all information of which prepa	schedules and arer has any kn	statements, and owledge	to the best of	my knowledge and beli	ef, it is true, correct, and
_					 -				
C	ian	Signa	ture of officer) ,			<u>l</u>	ate	1.1.
Н	ign ere	RTT	LL IVERSON $oldsymbol{\mathcal{L}}$		4		DDEC	IDENT /O	16/15
••			or print name and title	7	11	10/10	PRES	IDENI (/ 0/ (-
-		Print/Type	preparer's name	Preparer's agpeture	Han 10	Date /	1	Check If	PTIN
D	ai.d		SCHIKORA	Wittel	7	> /// /€	11/1	Clieck ["	
	aid reparer	Firm's nar		HIKORA, P.C.			/ ' /	self-employed	P00621197
	se Only	Firm's add						Firm's FIN > 02	.0064622
٥	<i>y</i>	Funts add							0064623
N.4	ay the IDC	discuss	FAIRBANKS, A		netrustions*	·	<u> </u>	Phone no (907	
			this return with the preparer Reduction Act Notice, see						X Yes No
B.	MA FOTPA	DerWork	REDUCTION ACT NOTICE, SEE	me separate instructi	ons.	· -	TEEA0113L 1	1/08/13	Form 990 (2013)

	990 (2013) ALASKA OUTDOOR COUNCIL, INC.	92-007368	4	Page 2
Par	'			———
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	PROMOTE SCIENTIFIC STATE OF ALASKA MANAGEMENT OF FISH AND WILDLIF			
	OPPORTUNITIES FOR USES BY ALL ALASKANS THROUGH EDUCATION, REGULAT	ORY_AND_LE	GISLA	TIVE
	PROCESSES, EMPLOYING LOBBYING EFFORTS WHERE NECESSARY.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior	r	_	_
	Form 990 or 990-EZ?		Yes	X 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 ser	vices?	Yes	X No
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measure	ed by ex	penses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and alloca	itions to	•
	others, the total expenses, and revenue, if any, for each program service reported			
				
4 a		evenue \$)
	DEVELOPED & DISTRIBUTED EDUCATIONAL INFORMATION CONCERNING FISH &			
	MANAGEMENT, LAND USE AND ACCESS ISSUES. ALL STATE RESIDENTS BENEF	ITTED.		
			-	
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		·		
41	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$		```
41	(Code) (Expenses ψ) (1)	.cvcnac -		
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4	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
				
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		- -	- -	
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			. 	-
			- -	
	1011			
4	d Other program services. (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)
	e Total program service expenses ► 139,076.		F#	000 (2012
BA	A TEEA0102L 07/02/13		rorm	990 (2013

	·		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	Х	
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		Х
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	-	
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		Х
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 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .	9		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		Х
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.	**		,
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
1	b 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	11 b		Х
•	c 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.	11 c		Х
-	d 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	11 d		x
1	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	<u> </u>
	f 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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		x
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		х
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	х	
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
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 t		

Form 990 (2013) ALASKA OUTDOOR COUNCIL, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.	24c		
ď	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
ŀ	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? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
,	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	†	X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	X	
BA	<u> </u>	Forr	n 990	(2013

1a Entier the number reported in Box 3 of Form 1096. Enter -0 -if not applicable Entier the number of Forms W.G. included in line 1a Enter -0 -if not applicable Colf this organization comply with bablog withholding ucles for reportable payments to vendion and recording grambling) without provided in line 1a Enter -0 -if not applicable Colf this organization comply with bablog withholding ucles for reportable payments to vendion and recording and colf the calendar year ending with or within the year covered by this return 2 Enter the number of employees exported on form W-3. Transmittal of Wage and Tax State ments, filed for the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit if all each one is reported on line 2b, dut the organization file all returns of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit if lines and carries and the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit if lines and carries and a sum of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit of lines 1a file and 1a and 1a sum of the sum of the sum of the sum of the forms 1a and 1a a	Check if Schedule O contains a response or note to any line in this Part V			П					
1a Enter the number reported in Box 3 of Form 1096, Enter 40. If not applicable 1s 10 10 10 10 10 10 10	The state of the s		Voc	No					
b Enter the number of Forms W-25 included in line 1a Enter-0 -if not applicable Cold the organization construction backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Waga and Tax State—ments, filed for the calendar year ending with or within the year covered by this return 3 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business organization and section of the file of the cale	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	11	163	140					
c Dut the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners. If the running is the running is the running is the running in the running is	•	 -							
(gambling) winnings to prize winners? 2 a 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 3 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit of the standard program of the file of the calendary year and the organization have unreleated business organizations are designed to the organization have unreleated business organization are designed to the organization have an interest in, or a signature or other authority over, a lab if Yes' is not the farmed organization and the organization have an interest in, or a signature or other authority over, a lab if Yes' enter the name of the foreign country. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and program organization and the twas or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and any organization file form 8886-17 5 a Was the organization and that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and any organization file form 8886-17 5 a Was the organization and the very solicitation and express statement that such contributions or gits were not tax deductible? 5 a Was the organization and the organization file form 8886-17 6 a Doas the organization and any organization and party to goods and services provided to the poyor. 5 b If Yes, and the organization notify the donor of the value of the goods or services provided? 6 b X 7 organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution or appropriation of the value of the goods or	· · · · · · · · · · · · · · · · · · ·	씍							
memsts, filed for the calendar year ending with or within the year covered by this return	(gambling) winnings to prize winners?	1 c	X						
b) It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a It if yes has if titled a from \$50.1 for the year? If file to live 3b, provide an explanation an Schedule 0. 3 a At any time during the calendary year, did the organization have unreless account, or other financial account). 4 a At any time the name of the foreign country. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicle any contributions that were not tax deductible as charitable contributions? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicle any contributions that were not tax deductible as charitable contributions? 6 b If Yes, did the organization nucleu with every solicitation an express statement that such contributions or gifts were not tax deductible. 7 b If Yes, did the organization nucleu with every solicitation an express statement that such contributions or gifts were not tax deductible. 8 b If Yes, did the organization standary excels a payment in excess of \$75 made party as a contribution and partly for goods and services provided? 9 b If Yes, did the organization standary excels a payment in excess of \$75 made party as a contribution and partly for goods and services provided? 10 b If Yes, did the organization standary excels provided to the post of the solicitation are greater and the payment of the value of the goods or services provided? 10 b If the organization is such as a payment of the value of the go	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If Yes' has it filed a form 990. To fine year? If the line 3b, provide an epilanation in Schedule 0. 3 b X 4 a 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 brain account, securities account, or other financial accounts) b If Yes, enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twe or not acceptable to a contributions? 5 b If Yes, indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b If Yes, indicate the manual gross receipts that are normally greater than \$100,000, and did the organization state that were not tax deductible contributions under section 170(c). 6 b If Yes, indicate the manual received aductible contributions under section 170(c). 7 b If Yes, indicate the number of Forms 8282 filed during the year 6 b If Yes, indicate the number of Forms 8282 filed during the year 7 c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 g If the organization more and a contribution of qualified intellectual property, did the organization file a Form 1094 contract		ـــا ا	ا ر	İ					
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 a 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)? 5 a Did If Yes, find the name of the foreign country. 5 a Was the organization or april to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts. 5 b Was the organization have party to a prohibited tax shelter transaction of the responsibility to a prohibited that shelter transaction at any time during the tax year? 5 b D any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c O Sea the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 c O Repair that the contribution of the shelt are normally greater than \$100,000, and did the organization and services provided to the payanization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible as charitable contributions and partly for goods and services provided to the payanization include with every solicitations under section 170(c). 8 b Terms (and the organization notify the donor of the value of the goods or services provided? 9 c Did the organization received a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 10 but the organization in the year, appreniums, directly or indirectly, to pay premiums on a personal benefit contract? 11 bid the organization in the year pay remiums, directly or indirectly, on a personal benefit contract? 12 bid the organization in the year paymentum, directly or indirectly, on a personal benefit contract? 13 bid the organization		- 20	^						
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a Initiation fees and capital contributions included on Part VIII, line 12 10a 5 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 15 If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a 13b 13b 13c 14a Did the organization is licensed to issue qualified health plans 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		- 1	+	┼					
a Initiation fees and capital contributions included on Part VIII, line 12	·	9	-	-					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a 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? 12 if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		1.							
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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 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	· · · · · · · · · · · · · · · · · · ·	,							
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? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X				1					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	against amounts due or received from them)								
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		12	а	1					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			İ	1					
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	· · · · · · · · · · · · · · · · · · ·		-						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		13	a						
which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b	Note. See the instructions for additional information the organization must report on Schedule O								
c Enter the amount of reserves on hand	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		`						
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X									
		14	a	X					
		<u> </u>	-						

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Form 990 (2013) ALASKA OUTDOOR COUNCIL, INC. 92-0073684 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a 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 if the governing body delegated broad 1 a 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?... X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? $\overline{\mathbf{x}}$ 5 6 Did the organization have members or stockholders? . . 6 X 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8 a Х **b** Each committee with authority to act on behalf of the governing body? ... 8 b X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? Х 10 a b 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 ... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15_b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization RICK SCHIKORA, CPA 1416 GILLAM WAY FAIRBANKS AK 99701 907-456-1566

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Form 990 (2013)

Form 990 (2012\	ATACIZA	OUTTO	COUNCIL.	TNC
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92-0073684

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				32 00/3001	- agc
Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees, Highes	t Compensated Employees	and.
	Independent Contractors			1	,

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization	THOI dry rela		301112	(C		nnpen:	salec	any current officer, of	ector, or trustee.	
(A) Name and Title	(B) Average hours per	one bo	on (do ox, un er an	not e	check	k more t in is bot or/truste	han n an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours per week (list any hours for related organiza- tions below dotted line)	ector		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BILL IVERSON	8									
PRESIDENT	0	Х		Χ				0.	0.	0.
(2) MELVIN GROVE	3									
SECRETARY	0	X		Χ		ļ <u>.</u>		0.	0.	0.
_(3)_AL_BARRETTE		ļ							ļ	
2ND V PRES	0	X		X				0.	0.	0.
_(4)_ROB_MATHEWS	2								_	1
AT LARGE	0	Х					<u> </u>	0.	0.	0.
_(5) RON_SOMERVILLE	2	١.,		.,						_
3RD V PRES	0	X		X	<u> </u>		-	0.	0.	0.
	$-\frac{1}{0}$,,		v	ļ					
7) GARY STEVENS	0 2	X	\vdash	Х	\vdash	-	-	0.	0.	0.
1ST V PRES		x		Х				0.	0.	
(8) ROD ARNO	20		-	<u> </u>	-	Ì		0.		0.
EXECUTIVE DIREC		t		x				50,000.	0.	0.
(9)								30,000.	<u> </u>	<u> </u>
(10)		-								
(11)			<u> </u>							
(12)										
(13)		<u> </u>								
(14)			-							

Part VII Section A. Officers, Directors,		Key	En			es, a	ınd	Highest Con	pensated Emp	loyees	(contu	nued)
•	(B)	1		((•							
(A) Name and title	Average hours per	liox	, unle	check ess pe	erson	than one of the state of the st	an	(D) Reportable	(E) Reportable	E:	(F) stimated	
				_				the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	com	unt of oth opensations om the	
	week (list any hours for related organiz - tions below dotted line)	direc	nstitutional trustee	Officer	Key employee	ploy	쿒	(2 .03360)	(11-271039 141130)	org	janization d related	n I
	organiza		물	`	g g	le com	~				anization	
	below dotted	Liste	ह्य		%	pens						
	line)	1	8			Highest compensated employee						
(15)								· · · · · · · · · · · · · · · · · · ·				
716)		 		-	ļ		-					
(17)			-	_	-					<u> </u>		
		-										
(18)		-										
19)		-										
(20)		-						,				
21)			-	-						 		
(22)		_	-	_				<u></u>		<u> </u>		
		_			ļ					<u> </u>		
(23)		-										
(24)		-										
(25)		-								<u> </u>		
1 b Sub-total	1	Д.	<u> </u>	<u></u>			A	50,000.	0.		<u>-</u>	0 .
c Total from continuation sheets to Part VII, S	ection A .						•	0.	0.			0
d Total (add lines 1b and 1c)							>	50,000.	0.			0
2 Total number of individuals (including but not limfrom the organization ► 0	nited to those	listed	abo	ove)	who	recei	ved	more than \$100,00	00 of reportable com	pensatio	n	
					-			· ·			Yes	No
3 Did the organization list any former officer, on line 1a? If 'Yes,' complete Schedule J for	lirector, or ti such individ	ustee lual .	e, ke	y er	mplo	yee,	or h	nighest compensa	ited employee	3		X
4 For any individual listed on line 1a, is the suithe organization and related organizations gi	m of reporta	ble c	omp	ens	ation	and	oth	er compensation	from			
such individual	eater man			11	res	com	piet	e Scriedule J for	,	4		X
5 Did any person listed on line 1a receive or a	ccrue compe	ensati	on f	rom	any	unre	late	ed organization of	r ındıvıdual	_		
for services rendered to the organization? If Section B. Independent Contractors	res, comp	iele S	crie	uuie	; J 10	л \$U(ın p	EISON		5		<u> </u>
Complete this table for your five highest corr compensation from the organization. Report con	pensated in	depe	nder	nt co	ontra	ctors	tha	at received more	than \$100,000 of			
		1 1110	Calci	iluai	yea	i enui	ng v	T			(C)	
Name and business	address							Description	of services	Comp	ensatio	on
												_
2 Total number of independent contractors (included \$100,000 of compensation from the organization).	-	mited	to th	nose	liste	d abo	ve)	who received more	e than			
BAA		TEE	40108	3L 11	/11/1	3				Forn	1 990	(2013

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections J. J. J. revenue 512-514 1 a Federated campaigns 1 a **b** Membership dues . 1 b c Fundraising events. 1 c d Related organizations ... 1 d e Government grants (contributions) . 1 e f All other contributions, gifts, grants, and similar amounts not included above 38,797 g Noncash contributions included in lines 1a-1ft h Total. Add lines 1a-1f **Business Code** 2a MEMBERSHIP DUES & ASSESSMENTS 18,976 18,976 f All other program service revenue q Total. Add lines 2a-2f 18,976. Investment income (including dividends, interest and other similar amounts) 354 354 Income from investment of tax-exempt bond proceeds. Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory. b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events **OTHER REVENUE** (not including \$ of contributions reported on line 1c). See Part IV, line 18. 124,389 **b** Less, direct expenses ь 58,004 c Net income or (loss) from fundraising events 66,385 9a Gross income from gaming activities See Part IV, line 19 ... 12,786 b Less: direct expenses b c Net income or (loss) from gaming activities 12,786 786 10 a Gross sales of inventory, less returns and allowances 240 **b** Less cost of goods sold c Net income or (loss) from sales of inventory . 240 240 Miscellaneous Revenue **Business Code** 11a REIMB EX DIR & ADMIN EXPS 35,000 35,000. b REIMB EDUCATION EXPS 8,600 8,600. c ADVERTISING SALES 200 200 d All other revenue e Total. Add lines 11a-11d 43,800 12 Total revenue. See instructions 181,338 18,976. 13,226

Part IX Statement of Functional Expenses

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 or note to any line in this Part IX (A) (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. 35,000 50,000 5,000 10,000. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0. Other salaries and wages . . . 46,600 36,000 9,000 1,600. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ... 10 Payroll taxes 9,353. 6,874 1,356 1,123 11 Fees for services (non-employees): a Management **b** Legal c Accounting 9,568 9,568 d Lobbying 33,250 33,250 e Professional fundraising services. See Part IV, line 17. . . f Investment management fees. g Other. (If line 11g amt exceeds 10% of line 25, column 1,013 1,013 (A) amount, list line 11g expenses on Schedule (1) Advertising and promotion . 376 376. 13 Office expenses 3,955 3,955 Information technology 14 Royalties. 16 Occupancy 17 7,420. 7,420 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 23 852 852 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.)... a PRINTING AND PUBLICATIONS 6,466 6,466 b TRADE SHOW FEES 3,597 3,597 C BANK CHARGES & CC FEES 2,456 2,456 d MEALS__ 1,893 1,893 3,232. e All other expenses. . . . 3,232. 25 Total functional expenses. Add lines 1 through 24e 180,031 139,076 28,232 12,723 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

(A)

Beginning of year

1 Cash – non-interest-bearing

2 Savings and tymposomy cash procestments

2 Savir	n - non-interest-bearing				
			41.1	1	41.
1 2 5 1	ngs and temporary cash investments		94,860.	2	88,019.
3 Pledo	ges and grants receivable, net			3	
4 Acco	ounts receivable, net			4	
truste	ns and other receivables from current and former ees, key employees, and highest compensated er II of Schedule L		5		
sectio emplo bene	ns and other receivables from other disqualified per on 4958(f)(1)), persons described in section 4958(c)(3 loyers and sponsoring organizations of section 501(c) eficiary organizations (see instructions). Complete	3)(B), and contributing (9) voluntary employees		6	
S 7 Notes S 8 Inver	es and loans receivable, net			7	
S 8 Inver	ntories for sale or use .			8	
S 9 Prepa	paid expenses and deferred charges		6,443.	9	10,125.
10a Land	d, buildings, and equipment: cost or other basis inplete Part VI of Schedule D	10-			
l l	s; accumulated depreciation	10a 4,383.		30	
	stments – publicly traded securities.	108	4,383.	10 c	4,383.
		• • • • • • • • • • • • • • • • • • • •		11	
ı	stments – other securities. See Part IV, line 11	•		12	
l l	stments – program-related See Part IV, line 11.	• •		13	
	ngible assets	•		14	
	er assets See Part IV, line 11	•		15	
	al assets. Add lines 1 through 15 (must equal line	34) .	105,727.	16	102,568.
1	ounts payable and accrued expenses nts payable	•		17	-181.
1	erred revenue	·	12 200	18	10 005
	-exempt bond liabilities		13,280.	·	12,025.
7	•	IV of Sabadula D		20	
0	row or custodial account liability Complete Part I			21	
∟ kev e	ns and other payables to current and former office employees, highest compensated employees, and aplete Part II of Schedule L	ers, directors, trustees, d disqualified persons	r	22	
1 23 Secu	ured mortgages and notes payable to unrelated th	nird parties		23	
š 24 Unse	ecured notes and loans payable to unrelated third	d parties	-	24	
25 Othe and	er liabilities (including federal income tax, payable other liabilities not included on lines 17-24). Com	es to related third parties, inplete Part X of Schedule D	5,682.	25	2,652.
26 Tota	al liabilities. Add lines 17 through 25 .	••	18,962.	26	14,496.
	anizations that follow SFAS 117 (ASC 958), check he s 27 through 29, and lines 33 and 34.	ere ► and complete	, , ,	-	
A 07 1	estricted net assets .			27	
≥	nporarily restricted net assets .	• • •		28	
\$ 29 Pern	manently restricted net assets	•		29	
01	anizations that do not follow SFAS 117 (ASC 958), cl	hack hara > V		25	
0.90	complete lines 30 through 34.	heck here ► X		,	
יטן	oital stock or trust principal, or current funds			30	
1 24 0-14	d-ın or capıtal surplus, or land, building, or equipn	ment fund		31	
្គំ 32 Reta	ained earnings, endowment, accumulated income	, or other funds	86,765.	32	88,072.
31 Paid 32 Reta N 33 Tota 5 34 Tota	al net assets or fund balances		86,765.	33	88,072.
§ 34 Tota	al liabilities and net assets/fund balances.		105,727.	34	102,568.

		2-007368	4	Page 12	
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	1,338.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,031.	
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1,307.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	. 4	8	6,765.	
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
D-	column (B))	10	8	18,072.	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both.	iewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	parate			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	jle	3 a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit .	3 b		
BA	4		Form	990 (2013)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

rm990. Open to Public Inspection

Employer identification number

ALA	ASKA OUTDOOR COUNCIL, INC.			92-0073684				
Par								
		(a) Donor advised funds	(b) F	unds 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 do are the organization's property, subject to the			funds Yes No				
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No							
Pai	Complete if the organization ans	swered 'Yes' to Form 990, Pa	rt IV, line 7.					
1	Purpose(s) of conservation easements held to							
	Preservation of land for public use (e.g.,	recreation or education)	reservation of an historic	ally important land area				
	Protection of natural habitat	P	reservation of a certified	historic structure				
	Preservation of open space	_						
2		held a qualified conservation contribut	ion in the form of a conser	vation easement on the				
	last day of the tax year.			Held at the End of the Tax Year				
	a Total number of conservation easements.		2 a	red at the End of the Tax Teal				
	b Total acreage restricted by conservation easi	ements .	2 b					
	c Number of conservation easements on a cer							
	d Number of conservation easements included	in (c) acquired after 8/17/06, and no	ot on a historic					
	structure listed in the National Register	in (c) acquired and or moo, and in	2 d					
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, or te	rminated by the organizati	on during the				
4	Number of states where property subject to cons	servation easement is located >						
5	Does the organization have a written policy i		spection, handling of vio					
6	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring			. Yes No ar				
7	Amount of expenses incurred in monitoring, insp	pecting, and enforcing conservation ea	sements during the year					
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requir	ements of section 170(h)	(4)(B)(i) Yes No				
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote conservation easements.	ts conservation easements in its rever e to the organization's financial state	ue and expense statemen ements that describes th	t, and balance sheet, and e organization's accounting for				
Pa	rt III Organizations Maintaining Coll Complete if the organization an	ections of Art, Historical Tre swered 'Yes' to Form 990, Pa	asures, or Other Si art IV, line 8.	milar Assets.				
1	a If the organization elected, as permitted uncart, historical treasures, or other similar assets in Part XIII, the text of the footnote to its fin	held for public exhibition, education, or	research in furtherance o	ent and balance sheet works of f public service, provide,				
	b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items	ler SFAS 116 (ASC 958), to report in for public exhibition, education, or res	n its revenue statement earch in furtherance of pu	and balance sheet works of art, blic service, provide the				
	(i) Revenues included in Form 990, Part VI	II, line 1 .		► \$				
	(ii) Assets included in Form 990, Part X			. ▶\$				
2	amounts required to be reported under SFA	S 116 (ASC 958) relating to these it	ssets for financial gain, pr ems:	-				
	a Revenues included in Form 990, Part VIII, II	ne 1	• •	► \$				
	b Assets included in Form 990, Part X .		<u> </u>	. ▶\$				

Schedule D (Form 990) 2013 ALASE	A OUTDOOR C	OUNCIL, INC.		92-0073	3684 Page 2
Part III Organizations Mainta	ning Collection	ns of Art, Histori	cal Treasures, or C	Other Similar Ass	ets (continued)
Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).					
a Public exhibition		d Loan or	exchange programs		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organiz Part XIII	ation's collections a	nd explain how they fu	rther the organization's e	exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the					Yes No
Part IV Escrow and Custodia line 9, or reported an	l Arrangements amount on Forr	s. Complete if the m 990, Part X, Iir	e organization ansv ne 21.	vered 'Yes' to For	m 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or	other intermediary fo	r contributions or other	assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and co	mplete the following	table:	. , , , [
		_			Amount
c Beginning balance .				1 c	
d Additions during the year .				1 d	
e Distributions during the year			•	1 e	
f Ending balance				1 f	
2 a Did the organization include an a	mount on Form 99	0, Part X, line 21?			Yes No
b If 'Yes,' explain the arrangement	in Part XIII Check	here if the explantion	on has been provided ii	n Part XIII	.
Part V Endowment Funds. C		organization ansv	wered 'Yes' to Forn	n 990, Part IV, lin	e 10.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance .					
b Contributions .					
c Net investment earnings, gains, and losses					
d Grants or scholarships		_		·	
e Other expenditures for facilities and programs					
f Administrative expenses .					
g End of year balance .					
2 Provide the estimated percentag	e of the current ye	ar end balance (line	1g, column (a)) held as	5:	_
a Board designated or quasi-endown	nent >	8			
b Permanent endowment ►	%				
c Temporarily restricted endowme	nt ►	8			
The percentages in lines 2a, 2b,		 ial 100%			
3a Are there endowment funds not in organization by.			held and administered f	or the	Yes No
(i) unrelated organizations					
(ii) related organizations	•	•		• ••	3a(i) 3a(ii)
b If 'Yes' to 3a(ii), are the related	organizations lister	t as required on Sch	odula P2		3b
4 Describe in Part XIII the intende	-	•			30
Part VI Land, Buildings, and		1120110113 CHOWITCH	t runus		
Complete if the organ		ed 'Yes' to Form	990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land .					
b Buildings					
c Leasehold improvements.					
d Equipment					
e Other			4,383.		4,383.
Total. Add lines 1a through 1e (Colui	nn (d) must equal	Form 990, Part X, co		>	4,383.
BAA			· · · · · · · · · · · · · · · · · · ·	Sched	ule D (Form 990) 2013

A Description of a county or action of the County of the C	res to rolli 990), Part IV, line 11b. See Form 99	90, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-or	f-year market value
) Financial derivatives .			
2) Closely-held equity interests			
3) Other			
<u>4)</u>			
3)			
D)			
D) 			
E) 			
F) 			
G) :=			
H) 			
<u>(!) </u>			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)	•	, , ,	* * * * * * * * * * * * * * * * * * * *
Part VIII Investments — Program Related. Complete if the organization answered	1 'Ves' to Form 991	N/A	90 Part V line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	
(1)	(2) Book Value	Cay meaned or randation Gost of Grid	o. your market value
(2)		 	
(3)			
(4)	1	1	
(5)			
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		1.5	
Part IX Other Assets. Complete if the organization answered	N/.	A	
Complete it the organization answered			00 David V I 10
		0, Part IV, line 11d. See Form 9	
(a) De	escription	0, Part IV, line 11d. See Form 9	90, Part X, line 15 (b) Book value
(a) De		0, Part IV, line 11d. See Form 9	
(a) De (1) (2)		0, Part IV, line 11d. See Form 9	
(a) De (1) (2) (3) (4)		0, Part IV, line 11d. See Form 9	
(a) De (1) (2) (3) (4) (5)		0, Part IV, line 11d. See Form 9	
(a) De (1) (2) (3) (4) (5) (6)		0, Part IV, line 11d. See Form 9	
(a) De (1) (2) (3) (4) (5) (6) (7)		0, Part IV, line 11d. See Form 9	
(a) De (1) (2) (3) (4) (5) (6) (7) (8)		0, Part IV, line 11d. See Form 9	
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)		0, Part IV, line 11d. See Form 9	
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	escription		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	escription	0, Part IV, line 11d. See Form 9	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	(B), line 15)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	(B), line 15)	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes	(B), line 15) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to label (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4) (5)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4) (5) (6)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4) (5) (6) (7)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4) (5) (6) (7) (8)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4) (5) (6) (7) (8) (9)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4) (5) (6) (7) (8) (9) (10)	(B), line 15) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to l (a) Description of liability (1) Federal income taxes (2) PAYROLL RELATED LIABILITIES (3) (4) (5) (6) (7) (8) (9)	(B), line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, line 25	(b) Book value

chedule D (Form 990) 2013 ALASKA OUTDOOR COUNCIL, INC. 92	-0073684 Page
art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
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	
b Donated services and use of facilities 2 b	
c Recoveries of prior year grants . 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
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 4a] []
b Other (Describe in Part XIII.)] .
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
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return. N/A
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 . 2a	
b Prior year adjustments	-
c Other losses 2c	1 1
d Other (Describe in Part XIII.)	┦
e Add lines 2a through 2d.	- 2e
3 Subtract line 2e from line 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.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Pane 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	rt V, y additional information
	
	
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Schedule **D** (Form 990) 2013

BAA

SCHEDULE G (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. Information about Schedule G (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization Employer identification number ALASKA OUTDOOR COUNCIL, INC. 92-0073684 Fundraising Activities. Complete If the organization answered 'Yes' to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а Internet and email solicitations b Solicitation of government grants Special fundraising events c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in or entity (fundraiser) from activity (or retained by) have custody or control of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2013 ALASKA OUTI		92-0073684	Page 2
Part II Fundraising Events. Complete if the o	rganization answered 'Yes' to F	orm 990, Part IV, line 18, or	r reported

		more than \$15,000 of fundraising List events with gross receipts gre	event contributions ater than \$5,000.	s and gross income	on Form 990-EZ,	lines 1 and 6b.
REVENUE	•		(a) Event #1 RAFFLES (event type)	(b) Event #2 AWARDS BANQUET (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
	1	Gross receipts	63,762.	57,672.	-	121,434.
Ĕ	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	63,762.	57,672.		121,434.
	4	Cash prizes .				
	5	Noncash prizes .	16,834.			16,834.
DIRECT	6	Rent/facility costs				
	7	Food and beverages		20,370.		20,370.
E X P	8	Entertainment				
EXPEZSES	9	Other direct expenses	1,481.	13,266.		14,747.
S		Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr				51,951. 69,483.
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	tion answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	
REVENUE		\$10,000 011 01111 330 EE, IIIIC 00.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
E	2	Cash prizes				
D-RECT S	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes%	Yes %	
	7	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Subtract	line 7 from line 1, colur	mn (d)		
9 Enter the state(s) in which the organization operates gaming activities. a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain.						
		ere any of the organization's gaming licens Yes,' explain	es revoked, suspended	_	ne tax year?	Yes No
BA			TEEA3702L	06/36/13	Schodulo C (Fo	rm 990 or 990·EZ) 2013

Sche	edule G (Form 990 or 990-EZ) 2013 ALASKA OUTDOOR COUNCIL, INC.	92-007	3684	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	o	Yes	□No
10	Indicate the assentance of coming activity asserted in	1 1	_	
	Indicate the percentage of gaming activity operated in:			•
	a The organization's facility	13a		
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and reco	13b rds:	<u> </u>	
	Name •			
	Address •			
15	a Does the organization have a contact with a third party from whom the organization receives gaming reve	m., a ?	□ v	,
	a Does the organization have a contact with a third party from whom the organization receives gaming reve b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ an		Yes	∐No
•	of gaming revenue retained by the third party > \$	a 1110 arriot		
•	c If 'Yes,' enter name and address of the third party.			
	Name ►	_ _		
	Address •			i
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided	-		
	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?	ne	□Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	—	
_	organization's own exempt activities during the tax year ► \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	any add	(III) and Itional	(v),
_		<u>-</u> .		
				

TEEA3703L 06/26/13

Schedule G (Form 990 or 990-EZ) 2013

BAA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number 92-0073684 ALASKA OUTDOOR COUNCIL, INC FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS CPA COMPLETES ROUGH DRAFT, FORWARDS TO PRESIDENT, WHO IS REQUESTED TO TRANSMIT TO ALL OF THE BOARD MEMBERS FOR THEIR REVIEW AND COMMENT. APPROXIMATELY THREE TO FIVE BUSINESS DAYS IS ALLOWED FOR THIS PROCESS. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS PER POLICY, DIRECTORS ARE REQUIRED TO DISCLOSE AT LEAST ANNUALLY, IN WRITTEN FORMAT, ANY KNOWN CONFLICTS OF INTEREST. THE BOARD REVIEWS KNOWN CONFLICTS AT A MEETING AT LEAST ANNUALLY. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE BYLAWS AND POLICIES ARE ON OUR WEBSITE. FINANCIALS NOT MADE AVAILABLE