

**COMMITTEE ON NATURAL RESOURCES**  
**Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

**Legislative Hearing on Southeast Alaska Native Land Entitlement Finalization Act H.R. 1408**  
**May 26, 2011**

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: Owen Graham
  
2. Name of Organization(s) You are Representing at the Hearing: Alaska Forest Association
  
3. Business Address: 111 Stedman Suite 200, Ketchikan, Alaska 99901
  
4. Business Email Address: [Information redacted for privacy]
  
5. Business Phone Number: 907 225 6114

Name/Organization\_\_Owen Graham / Alaska Forest Association

Title/Date of Hearing: Southeast Alaska Native Land Entitlement Finalization Act H.B. 1408 / May 26, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Degree in Forest Management from the University of Washington

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Certified Forester #2985 – Society of American Foresters

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Twenty-three years managing timber harvest operation in Southeast Alaska

Ten years managing the Alaska Forest Association

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NONE

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

NONE

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

NONE

Name/Organization\_\_Owen Graham / Alaska Forest Association

Title/Date of Hearing: Southeast Alaska Native Land Entitlement Finalization Act H.B. 1408 / May 26, 2011

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

I am the Executive Director of the Alaska Forest Association

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

NONE

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Although typically the Alaska Forest Association (AFA) participates in federal litigation alongside the U.S. Forest Service (Forest Service) as a defendant-intervenor, the AFA in 2008 did file suit against the Forest Service in U.S. District Court for the District of Columbia (Case No. 08-1951 (JDB)). That lawsuit challenges the legal sufficiency of the Forest Service's 2008 amendment of the Tongass National Forest Land and Resource Management Plan and remains pending. More typical is the AFA's current participation as a defendant-intervenor alongside the Forest Service in lawsuits brought by environmental plaintiffs in the U.S. District Court for the District of Alaska, and on appeal in the Ninth Circuit Court of Appeals. For example, in Alaska District Court Case No. 10-cv-00006-TMB, the AFA assisted in defending the Forest Service's Logjam Project on the Tongass National Forest; the AFA also participated in a Ninth Circuit preliminary injunction appeal in the case (Ninth Circuit Case No. 10-35232) and is currently participating in defending the favorable decision on its merits (Ninth Circuit Case No. 10-35904). In another case involving the Tongass National Forest, the AFA has been participating as a defendant-intervenor alongside the federal government in an effort to defend the Tongass' exemption from application of the 2001 Roadless Rule.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

NONE

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

INCLUDED

MILNER, HOWARD, PALMER & JOHNSON (PC), CPAS  
426 MAIN ST  
KETCHIKAN, ALASKA 99901-6316  
907-225-1040

COPY

ALASKA FOREST ASSOCIATION, INC.  
111 STEDMAN STREET, SUITE 200 NO. 200  
KETCHIKAN, AK 99901

OWEN,

ENCLOSED ARE THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION  
RETURNS. THE RETURNS SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN  
FILING THE RETURNS.

YOUR COPY OF THE RETURN IS ATTACHED TO THIS LETTER. WE  
SUGGEST THAT YOU RETAIN THIS COPY FOR YOUR RECORDS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED  
US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY  
TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA.  
WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH  
YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH  
POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

SINCERELY,

A handwritten signature in black ink, appearing to be 'J. Howard', written in a cursive style with a long horizontal flourish extending to the right.

MILNER, HOWARD, PALMER & JOHNSON (PC), CPAS

**Return of Organization Exempt From Income Tax**

**2010**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**ALASKA FOREST ASSOCIATION, INC.**  
 Doing Business As \_\_\_\_\_

**D Employer identification number**  
 92-0023202

**E Telephone number**  
 907 225-6114

**F Name and address of principal officer:** OWEN GRAHAM  
 111 STEDMAN STREET, SUITE 200 KETCHIKAN, AK 99901

**G Gross receipts \$** 761,753.

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I Tax-exempt status:**  501(c)(3)  501(c)( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ N/A

**K Form of organization:**  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L Year of formation:** 1957 **M State of legal domicile:** AK

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE A HEALTHY, GROWING FOREST-BASED INDUSTRY IN ALASKA AND TO PROVIDE COST EFFECTIVE</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	<6,788.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,629.	11,100.
	9 Program service revenue (Part VIII, line 2g)	329,592.	377,364.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,976.	5,355.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,411.	8,440.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,608.	402,259.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	112,097.	109,163.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	57,145.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	149,283.	215,461.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	318,525.	324,624.	
19 Revenue less expenses. Subtract line 18 from line 12	59,083.	77,635.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 714,566.	End of Year 767,684.
	21 Total liabilities (Part X, line 26)	96,567.	72,050.
	22 Net assets or fund balances. Subtract line 21 from line 20	617,999.	695,634.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: **OWEN GRAHAM, EXECUTIVE OFFICER** Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **DIANE J. PALMER** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: \_\_\_\_\_

Firm's name: **MILNER, HOWARD, PALMER AND JOHNSON** Firm's EIN: \_\_\_\_\_

Firm's address: **(PC), CPAS** Phone no.: **907-225-1040**  
**426 MAIN STREET, AK 99901-6316**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [ ]

1 Briefly describe the organization's mission:
TO PROMOTE A HEALTHY, GROWING FOREST-BASED INDUSTRY IN ALASKA AND TO PROVIDE COST EFFECTIVE BENEFITS TO ITS MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b 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		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
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	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	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
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
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?		X
16b	If "Yes," has the organization adopted 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?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 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.  
 Own website     Another's website     Upon request
- 19 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **EARLENE INGRAHAM - 907-225-6114**  
**111 STEDMAN, SUITE 201 KETCHIKAN, ALASKA 99901**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
OWEN GRAHAM SECRETARY/EXECUTIVE DIRECT	40.00			X			65,071.	0.	0.	
KIRK DAHLSTROM PRESIDENT	4.00						0.	0.	0.	
BRIAN BROWN VICE PRESIDENT	4.00						0.	0.	0.	
BERT BURKHART TREASURER	4.00						0.	0.	0.	
GEORGE BAGGEN DIRECTOR	1.00						0.	0.	0.	
GREG BELL DIRECTOR	1.00						0.	0.	0.	
BOB BYERS DIRECTOR	1.00						0.	0.	0.	
JIM BYRON DIRECTOR	1.00						0.	0.	0.	
BUTCH DURETTE DIRECTOR	1.00						0.	0.	0.	
ROB DURETTE DIRECTOR	1.00						0.	0.	0.	
LEO GELLINGS DIRECTOR	1.00						0.	0.	0.	
KEATON GILDERSLEEVE DIRECTOR	1.00						0.	0.	0.	
RICK HARRIS DIRECTOR	1.00						0.	0.	0.	
MIKE PAPAC DIRECTOR	1.00						0.	0.	0.	
LINDA LEWIS DIRECTOR	1.00						0.	0.	0.	
ERIC NICHOLS DIRECTOR	1.00						0.	0.	0.	
WADE ZAMMIT DIRECTOR	1.00						0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WES TYLER DIRECTOR	1.00							0.	0.	0.
TOM WINTER DIRECTOR	1.00							0.	0.	0.
JOHN STURGEON DIRECTOR	1.00							0.	0.	0.
GEORGE WOODBURY DIRECTOR	10.00							0.	0.	0.
BRYCE DAHLSTROM DIRECTOR	1.00							0.	0.	0.
<b>1b Sub-total</b> .....								65,071.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								65,071.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,100.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		11,100.			
	Program Service Revenue	2 a	<b>MEMBERSHIP DUES</b>	Business Code 110000	377,364.	377,364.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		377,364.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,265.	5,265.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)		<13,600.>	<13,600.>	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		90.	90.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		5,642.		
		b	Less: direct expenses	b		0.	
		c	Net income or (loss) from fundraising events		5,642.		5,642.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	<b>REIMBURSEMENTS</b>	110000	9,390.	9,390.			
b	<b>NET APPRECIATION OF IN</b>	110000	7,008.	7,008.			
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		16,398.				
12	<b>Total revenue.</b> See instructions.		402,259.	385,517.	0.	5,642.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	65,071.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,707.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,061.			
9 Other employee benefits	10,528.			
10 Payroll taxes	7,796.			
11 Fees for services (non-employees):				
a Management				
b Legal	55,515.			
c Accounting	23,336.			
d Lobbying	34,101.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	21,060.			
12 Advertising and promotion	239.			
13 Office expenses	7,706.			
14 Information technology				
15 Royalties				
16 Occupancy	9,885.			
17 Travel	20,438.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,888.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,991.			
23 Insurance	2,897.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>TONGASS FUTURES ROUNDTA</u>	5,696.			
b <u>TELEPHONE</u>	5,084.			
c <u>DUES &amp; SUBSCRIPTIONS</u>	4,794.			
d <u>ALA SCHOLARSHIP EXPENSE</u>	4,500.			
e <u>SUSTAINABLE FOREST INIT</u>	2,759.			
f All other expenses	5,572.			
25 <b>Total functional expenses.</b> Add lines 1 through 24f	324,624.			
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	86,596.	1	128,344.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	19,426.	4	31,936.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	2,403.	8	2,403.	
	9	Prepaid expenses and deferred charges	4,183.	9	7,490.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,212,351.		
	b	Less: accumulated depreciation	10b	888,844.	10c	323,507.
	11	Investments - publicly traded securities	218,478.	11	253,457.	
	12	Investments - other securities. See Part IV, line 11		12	657.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	52,762.	15	19,890.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	714,566.	16	767,684.		
Liabilities	17	Accounts payable and accrued expenses	8,880.	17	17,169.	
	18	Grants payable		18		
	19	Deferred revenue		19	15,375.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D	87,687.	25	39,506.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	96,567.	26	72,050.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	617,999.	30	695,634.	
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.	
	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.	
33	<b>Total net assets or fund balances</b>	617,999.	33	695,634.		
34	<b>Total liabilities and net assets/fund balances</b>	714,566.	34	767,684.		



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	402,259.
2	Total expenses (must equal Part IX, column (A), line 25)	2	324,624.
3	Revenue less expenses. Subtract line 2 from line 1	3	77,635.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	617,999.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	695,634.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MOD. CASH</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ALASKA FOREST ASSOCIATION, INC. Employer identification number 92-0023202

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
c Total lobbying expenditures (add lines 1a and 1b) .....														
d Other exempt purpose expenditures .....														
e Total exempt purpose expenditures (add lines 1c and 1d) .....														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f) .....														
h Subtract line 1g from line 1a. If zero or less, enter -0- .....														
i Subtract line 1f from line 1c. If zero or less, enter -0- .....														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	360,487.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization ALASKA FOREST ASSOCIATION, INC. Employer identification number 92-0023202

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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 percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		197,597.		197,597.
b Buildings		915,813.	792,132.	123,681.
c Leasehold improvements				
d Equipment				
e Other		98,941.	96,712.	2,229.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				323,507.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	73.
(3) CURRENT PORTION OF LONG TERM DEBT	5,253.
(4) NOTE PAYABLE - LONG TERM PORTION	28,281.
(5) PAYROLL & SALES TAX PAYABLE	5,899.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	39,506.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
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	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
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

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
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	4a
b	Other (Describe in Part XIV.)	4b
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 XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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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

2010

Open to Public  
Inspection

Name of the organization

ALASKA FOREST ASSOCIATION, INC.

Employer identification number

92-0023202

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BENEFITS AND SERVICES TO ITS MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS HAS

APPOINTED OWEN GRAHAM, EXECUTIVE DIRECTOR, TO REVIEW THE FORM 990 AND SIGN  
IT.

FORM 990, PART VI, SECTION C, LINE 19: THE BOARD OF DIRECTORS MAKES ITS  
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT 111 STEDMAN  
STREET, SUITE 200, KETCHIKAN, ALASKA 99901.

FORM 990 PART XII, LINE 1

COMPANY USES THE MODIFIED CASH BASIS OF ACCOUNTING FOR MEMBERSHIP DUES

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**ALASKA FOREST ASSOCIATION, INC.**

Employer identification number  
**92-0023202**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TONGASS TIMBER TRUST - 92-0062073 111 STEDMAN STREET, SUITE 200 KETCHIKAN, AK 99901	THE PLAN PROVIDES HEALTH AND WELFARE BENEFITS FOR APPROXIMATELY 736		501 (C) (9)				X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership.

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No



2010 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
	CELL PHONE	051410SL		5.00	16	197.			197.			39.
	SOFTWARE	020210SL		3.00	16	508.			508.			169.
	* 990 PAGE 10 TOTAL											
	PROGRAM SERVICES					705.		0.	705.	0.	0.	208.
	FURNITURE AND EQUIPMENT											
	CELL PHONE BATTERY	103100SL		7.00	17	190.			190.	190.		0.
	COMPUTER	032601SL		5.00	17	4,044.			4,044.	4,044.		0.
	OFFICE EQUIPMENT	VARIESSL		.000	16	3,915.			3,915.	3,915.		0.
	OFFICE EQUIPMENT	VARIESSL		.000	16	32,384.			32,384.	32,384.		0.
	FURNITURE	030189SL		7.00	17	6,417.			6,417.	6,417.		0.
	DESK	020190SL		7.00	17	1,757.			1,757.	1,757.		0.
	FURNITURE	070190SL		7.00	17	1,075.			1,075.	1,075.		0.
	WALL DIVIDER	060193SL		7.00	17	3,555.			3,555.	3,555.		0.
	PHONE SYSTEM	010196SL		7.00	17	7,998.			7,998.	7,998.		0.
	STOVE	010196SL		7.00	17	359.			359.	359.		0.
	PRINTER	010196SL		7.00	17	1,529.			1,529.	1,529.		0.
	FAX MACHINE	040397SL		7.00	17	2,996.			2,996.	2,996.		0.
	TELEVISION	070197SL		7.00	17	421.			421.	421.		0.

028102 05-01-10 (D) - Asset disposed ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	TELEVISION STAND	072497SL		7.00	17	189.			189.	189.		0.
	BOOKCASES	090597SL		7.00	17	253.			253.	253.		0.
	PRINTER	012298SL		7.00	17	1,200.			1,200.	1,200.		0.
	FILE CABINETS	020998SL		7.00	17	1,192.			1,192.	1,192.		0.
	FILE CABINETS	040500SL		7.00	17	1,474.			1,474.	1,474.		0.
	CELL PHONE	091500SL		7.00	17	197.			197.	197.		0.
	COLOR PRINTER	093002SL		5.00	17	107.			107.	107.		0.
	2 COMPUTERS	121502SL		5.00	17	2,690.			2,690.	2,690.		0.
	TV	022703SL		5.00	17	141.			141.	141.		0.
	MONITOR	041003SL		5.00	17	223.			223.	223.		0.
	LIZ MONITOR	011504SL		5.00	17	473.			473.	473.		0.
	POWER POINT PROJECTOR	071504SL		5.00	17	2,342.			2,342.	2,342.		0.
	OWEN COMPUTER	121504SL		5.00	17	2,684.			2,684.	2,684.		0.
	COPIER	020205SL		5.00	17	9,808.			9,808.	9,483.		325.
	COFFEE POT AND SHREDDER	031605SL		7.00	17	149.			149.	100.		21.
	MALISSA COMPUTER	042905SL		5.00	17	1,182.			1,182.	1,102.		80.
	SCANNER AND MONITOR	111405SL		5.00	17	642.			642.	533.		109.
	SCANNER	1110105SL		5.00	17	287.			287.	238.		49.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Cu D
	CHAIR	020706SL		7.00	17	928.			928.	520.		
	PHONE	080106SL		7.00	17	157.			157.	75.		
	PRINTER	100306SL		5.00	17	249.			249.	162.		
	POSTAGE SCALE	110706SL		7.00	17	179.			179.	82.		
	COMPUTER	121506SL		5.00	17	3,568.			3,568.	2,201.		
	CAMERA FOR COMPUTER	021307SL		5.00	17	46.			46.	23.		
	NEW PHONE	050207SL		7.00	17	53.			53.	20.		
	COLOR PRINTER	060407SL		5.00	17	233.			233.	121.		
	PRINTER	030308SL		5.00	17	643.			643.	225.		
	CELL PHONE	010209SL		5.00	17	307.			307.	31.		
	* 990 PAGE 10 TOTAL					98,236.		0.	98,236.	94,721.	0.	
	- FURNITURE AND EQ											
	BUILDING AND IMPROVEMENTS											
	* 990 PAGE 10 TOTAL					0.		0.	0.	0.	0.	
	- BUILDING AND IMP											
	LAND											
	* 990 PAGE 10 TOTAL					0.		0.	0.	0.	0.	
	- LAND											
	* GRAND TOTAL 990					98,941.		0.	98,941.	94,721.	0.	
	PAGE 10 DEPR											

928102 05-01-10 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization

MILNER, HOWARD, MORTENSEN, PALMER & JOHNSON (PC), CPAS  
426 MAIN ST  
KETCHIKAN, ALASKA 99901-6316  
907-225-1040

ALASKA FOREST ASSOCIATION, INC.  
111 STEDMAN STREET NO. 201  
KETCHIKAN, AK 99901

OWEN,

ENCLOSED ARE THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION  
RETURNS. THE RETURNS SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN  
FILING THE RETURNS.

YOUR COPY OF THE RETURN IS ATTACHED TO THIS LETTER. WE  
SUGGEST THAT YOU RETAIN THIS COPY FOR YOUR RECORDS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED  
US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY  
TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA.  
WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH  
YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH  
POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

SINCERELY,

*Harold R. Mortensen, CPA*

MILNER, HOWARD, MORTENSEN, PALMER & JOHNSON (PC), CPAS

### Tax Return Carryovers to 2010

NAME: ALASKA FOREST ASSOCIATION, INC.

ID Number: 92-0023202

Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-T	PRIOR YEARS NET OPERATING LOSS	990-T			119,764.
990-T	CURRENT YEAR NET OPERATING LOSS	990-T			6,818.

COPY  
OMB No. 1545-1150

Short Form  
Return of Organization Exempt From Income Tax

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

Form 990-EZ

2009

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: ALASKA FOREST ASSOCIATION, INC. Number and street (or P.O. box, if mail is not delivered to street address): 111 STEDMAN STREET. City or town, state or country, and ZIP + 4: KETCHIKAN, AK 99901. D Employer identification number: 92-0023202. E Telephone number: (907) 225-6114. F Group Exemption Number.

G Accounting method: Cash, Accrual, Other (specify) MOD. CASH. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-T).

I Website: N/A. J Tax-exempt status (check only one): 501(c)(6) (insert no.), 4947(a)(1) or 527. K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 496,136.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (5,629); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (329,592); 4 Investment income (1,976); 5a Gross amount from sale of assets other than inventory (STMT 5) (81,326); 5b Less: cost or other basis and sales expenses (118,528); 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (<37,202.); 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here; 6a Gross revenue (not including \$ of contributions reported on line 1) (5,025); 6b Less: direct expenses other than fundraising expenses; 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) (5,025); 7a Gross sales of inventory, less returns and allowances (STMT 8) (100); 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) (100); 8 Other revenue (describe) (SEE STATEMENT 4) (72,488); 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 (377,608); 10 Grants and similar amounts paid (attach schedule); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits (112,097); 13 Professional fees and other payments to independent contractors (57,145); 14 Occupancy, rent, utilities, and maintenance (SEE STATEMENT 7) (88,246); 15 Printing, publications, postage, and shipping (12,901); 16 Other expenses (describe) (SEE STATEMENT 1) (48,136); 17 Total expenses. Add lines 10 through 16 (318,525); 18 Excess or (deficit) for the year (Subtract line 17 from line 9) (59,083); 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (521,714); 20 Other changes in net assets or fund balances (attach explanation) (SEE STATEMENT 6) (37,202); 21 Net assets or fund balances at end of year. Combine lines 18 through 20 (617,999).

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments (57,187 / 86,596); 23 Land and buildings (341,433 / 330,718); 24 Other assets (describe) (SEE STATEMENT 2) (251,511 / 297,252); 25 Total assets (650,131 / 714,566); 26 Total liabilities (describe) (SEE STATEMENT 3) (128,417 / 96,567); 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (521,714 / 617,999).

**Part III** Statement of Program Service Accomplishments (See the instructions for Part III.)

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE STATEMENT 11**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**28a**

**29** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**29a**

**30** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**30a**

**31** Other program services (attach schedule)  
 (Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**31a**

**32** Total program service expenses (add lines 28a through 31a)  **32**

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>SEE STATEMENT 10</b>		<b>71,096.</b>	<b>2,949.</b>	

**Part V Other information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ N/A</span> ; section 4912 <span style="float:right">▶ N/A</span> ; section 4955 <span style="float:right">▶ N/A</span>		
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 is it 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		N/A
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 <span style="float:right">▶ N/A</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ N/A</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ NONE</span>		
42a	The organization's books are in care of <span style="float:right">▶ EARLENE INGRAHAM</span> Telephone no. <span style="float:right">▶ 907-225-6114</span> Located at <span style="float:right">▶ 111 STEDMAN, SUITE 201 KETCHIKAN, ALASKA</span> ZIP + 4 <span style="float:right">▶ 99901</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	All any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 48
- b If "Yes," was the related organization a section 527 organization? 49a
- 49b 49b
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**  
 Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed   
 Preparer's identifying number (See instr.) \_\_\_\_\_  
 Firm's name (or yours if self-employed) **MILNER, HOWARD, MORTENSEN, PALMER & JOHNSON (PC), CPAS** EIN \_\_\_\_\_  
 address, and ZIP + 4 **425 MAIN STREET, KETCHIKAN, ALASKA 99901** Phone no. **907-225-1040**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



Form **4562**

Department of the Treasury  
Internal Revenue Service (98)

**Depreciation and Amortization 990-EZ**  
(Including information on listed property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2009**

Attachment  
Sequence No. 87

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ALASKA FOREST ASSOCIATION, INC.

FORM 990-EZ PAGE 1

92-0023202

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	10,991.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		307.	5 YRS.	HY	SL	31.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,022.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

24a		Do you have evidence to support the business/investment use claimed?		24b		If "Yes," is the evidence written?			
		Yes	No	Yes		No			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Rules for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25	
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L			
		%				S/L			
		%				S/L			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** **Amortization**

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE AND EQUIPMENT											
	CELL PHONE BATTERY	103100	SL	7.00	17	190.			190.	190.		0.
	COMPUTER	032601	SL	5.00	17	4,044.			4,044.	4,044.		0.
	OFFICE EQUIPMENT	VARIES	SL	5.00	16	3,915.			3,915.	3,915.		0.
	OFFICE EQUIPMENT	VARIES	SL	5.00	16	32,384.			32,384.	32,384.		0.
	FURNITURE	030189	SL	7.00	17	6,417.			6,417.	6,417.		0.
	DESK	020190	SL	7.00	17	1,757.			1,757.	1,757.		0.
	FURNITURE	070190	SL	7.00	17	1,075.			1,075.	1,075.		0.
	WALL DIVIDER	060193	SL	7.00	17	3,555.			3,555.	3,555.		0.
	PHONE SYSTEM	010195	SL	7.00	17	7,998.			7,998.	7,998.		0.
	STOVE	010196	SL	7.00	17	359.			359.	359.		0.
	PRINTER	010196	SL	7.00	17	1,529.			1,529.	1,529.		0.
	FAX MACHINE	040397	SL	7.00	17	2,996.			2,996.	2,996.		0.
	TELEVISION	070197	SL	7.00	17	421.			421.	421.		0.
	TELEVISION STAND	072497	SL	7.00	17	189.			189.	189.		0.
	BOOKCASES	090597	SL	7.00	17	253.			253.	253.		0.
	PRINTER	012298	SL	7.00	17	1,200.			1,200.	1,200.		0.
	FILE CABINETS	020998	SL	7.00	17	1,192.			1,192.	1,192.		0.

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Sus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FILE CABINETS	040500	SL	7.00	17	1,474.			1,474.	1,474.		0.
	CELL PHONE	091500	SL	7.00	17	197.			197.	197.		0.
	COLOR PRINTER	093002	SL	5.00	17	107.			107.	107.		0.
	2 COMPUTERS	121502	SL	5.00	17	2,690.			2,690.	2,690.		0.
	TV	022703	SL	5.00	17	141.			141.	141.		0.
	MONITOR	041003	SL	5.00	17	223.			223.	223.		0.
	LIZ MONITOR	011504	SL	5.00	17	473.			473.	386.		87.
	POWER POINT PROJECTOR	071504	SL	5.00	17	2,342.			2,342.	1,872.		470.
	OWEN COMPUTER	121504	SL	5.00	17	2,684.			2,684.	2,149.		535.
	COFFEE POT AND SHREDDER	020205	SL	5.00	17	9,808.			9,808.	7,521.		1,982.
	COFFEE POT AND SHREDDER	031605	SL	7.00	17	149.			149.	79.		21.
	MALISSA COMPUTER	042905	SL	5.00	17	1,182.			1,182.	866.		236.
	SCANNER AND MONITOR	111405	SL	5.00	17	642.			642.	405.		128.
	SCANNER	110105	SL	5.00	17	287.			287.	181.		57.
	CHAIR	020706	SL	7.00	17	928.			928.	387.		133.
	PHONE	080106	SL	7.00	17	157.			157.	53.		22.
	PRINTER	100306	SL	5.00	17	249.			249.	112.		50.
	POSTAGE SCALE	110706	SL	7.00	17	179.			179.	56.		26.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	COMPUTER	121506	SL	5.00	17	3,568.			3,568.	1,487.		714.
	CAMERA FOR COMPUTER	021307	SL	5.00	17	46.			46.	14.		9.
	NEW PHONE	050207	SL	7.00	17	53.			53.	12.		8.
	COLOR PRINTER	060407	SL	5.00	17	233.			233.	74.		47.
	PRINTER	030308	SL	5.00	17	643.			643.	96.		129.
	CELL PHONE	010209	SL	5.00	19B	307.			307.			31.
	* 990-EZ PG 1 TOTAL - FURNITURE AND EQ					98,236.		0.	98,236.	90,056.	0.	4,665.
	BUILDING AND IMPROVEMENTS											
	MAJOR BUILDING REPAIRS	050900	SL	39.00	17	22,749.			22,749.	4,593.		583.
	LEASEHOLD IMPROVEMENTS	021596	SL	39.00	17	1,819.			1,819.	604.		47.
	LEASEHOLD IMPROVEMENTS	122696	SL	39.00	17	2,500.			2,500.	773.		64.
	BUILDING - KPB BASIS	100186	SL	20.00	17	684,218.			684,218.	684,218.		0.
	EAST SIDE SIDING	110190	SL	15.00	17	19,870.			19,870.	19,870.		0.
	ADDITIONAL BASIS	010699	SL	39.00	17	147,421.			147,421.	37,192.		3,811.
	SIGN	010699	SL	7.00	17	456.			456.	456.		0.
	CARPET - 100% RENTAL	121399	SL	7.00	17	21,160.			21,160.	21,160.		0.
	VACUUM	102802	SL	7.00	17	382.			382.	357.		25.
	CARPET - 100% RENTAL	051002	SL	7.00	17	3,830.			3,830.	3,555.		275.

2009 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990-EZ PAGE 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	CARPET - 100% RENTAL	080902SL		7.00	17	1,248.			1,248.	1,150.		98.
	NEW 550 GALLON FUEL TANK	12204SL		7.00	17	10,160.			10,160.	5,922.		1,454.
	* 990-EZ PG 1 TOTAL - BUILDING AND IMP					915,813.		0.	915,813.	779,850.	0.	6,357.
	LAND											
	LAND	010699L				197,597.			197,597.			0.
	* 990-EZ PG 1 TOTAL - LAND					197,597.		0.	197,597.	0.	0.	0.
	* GRAND TOTAL 990-EZ PG 1 DEPR					1,211,646.		0.	1,211,646.	869,906.	0.	11,022.

990-C9 06-24-09 (D) - Asset disposed \*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
INSURANCE		14,602.	
TRAVEL		12,468.	
DUES		10,334.	
DIRECTOR MEETINGS		2,765.	
PROPERTY TAXES		2,359.	
SCHOLARSHIPS		1,500.	
INTEREST		814.	
INVESTMENT EXPENSES		275.	
MISCELLANEOUS		3,019.	
TOTAL TO FORM 990-EZ, LINE 16		48,136.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS	205,984.	218,478.	
ACCOUNTS RECEIVABLE	32,183.	72,138.	
PREPAID INSURANCE	10,891.	4,183.	
INVENTORY	2,403.	2,403.	
PACIFIC RIM LOG SCALING STOCK	50.	50.	
TOTAL TO FORM 990-EZ, LINE 24	251,511.	297,252.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CURRENT PORTION LONG-TERM DEBT	25,709.	27,426.	
ACCOUNTS PAYABLE	15,193.	8,880.	
PAYROLL AND SALES TAXES	938.	3,595.	
ACCRUED INTEREST	666.	115.	
ASSOCIATES MEMBERS ASSESSMENT	1,900.	0.	
LONG-TERM DEBT	84,011.	56,551.	
TOTAL TO FORM 990-EZ, LINE 26	128,417.	96,567.	

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
LEGAL REIMBURSEMENTS	2,721.
INCREASE IN MARKET VALUE OF SECURITIES	10,879.
RENTAL REAL ESTATE	58,888.
TOTAL TO FORM 990-EZ, LINE 8	72,488.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 5

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	81,326.	118,528.	0.	<37,202.>
TO FORM 990-EZ, LINE 5	81,326.	118,528.	0.	<37,202.>

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
PRIOR YEAR UNREALIZED LOSSES REALIZED IN CURRENT YEAR	37,202.
TOTAL TO FORM 990-EZ, LINE 20	37,202.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 7

DESCRIPTION	AMOUNT
DEPRECIATION	11,022.
OTHER EXPENSES	14,223.
UTILITIES	26,875.
JANITORIAL	11,988.
TAXES	11,331.
INSURANCE	5,205.
INTEREST	4,332.
REPAIRS	3,270.
TOTAL TO FORM 990-EZ, LINE 14	88,246.



FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 8

## INCOME

1. GROSS RECEIPTS . . . . .	100	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		100
4. COST OF GOODS SOLD (LINE 13) . . . . .		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		100

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	2,403	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		2,403
12. INVENTORY AT END OF YEAR . . . . .	2,403	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 9

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KIRK DAHLSTROM P.O. BOX 670, CRAIG, AK 99921	DIRECTOR 4.00	0.	0.	0.
BRIAN BROWN, 111 STEDMAN, SUITE 100, KETCHIKAN, AK 99901	PRESIDENT 4.00	0.	0.	0.
BERT BURKHART P.O. BOX 7055, KETCHIKAN, AK 99901	VICE-PRESIDENT 4.00	0.	0.	0.
OWEN GRAHAM 111 STEDMAN, KETCHIKAN, AK 99901	SECRETARY/EXECUTIVE DIRECT 40.00	71,096.	2,949.	0.
GEORGE BAGGEN P.O. BOX 559, SITKA, AK 99835	DIRECTOR 1.00	0.	0.	0.
GREG BELL, 10600 CORDOVA STREET, ANCHORAGE, AK 99515	DIRECTOR 1.00	0.	0.	0.
BOB BYERS P.O. BOX 1890, PETERSBURG, AK 99833	DIRECTOR 1.00	0.	0.	0.
JIM BYRON P.O. BOX 1019, WARD COVE, AK 99928	DIRECTOR 1.00	0.	0.	0.
BRYCE DAHLSTROM P. O. BOX 670, CRAIG, AK 99921	DIRECTOR 1.00	0.	0.	0.
BUTCH DURETTE P.O. BOX 1480, WARD COVE, AK 99928	DIRECTOR 1.00	0.	0.	0.
ROB DURETTE P.O. BOX 1480, WARD COVE, AK 99928	DIRECTOR 1.00	0.	0.	0.
LEO GELLINGS P.O. BOX 5758, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
KEATON GILDERSLEEVE, 14750 SW SPRINGHILL ROAD, GASTON, OR 97119	DIRECTOR 1.00	0.	0.	0.
RICK HARRIS, ONE SEALASKA PLAZA, SUITE 400, JUNEAU, AK 99801	DIRECTOR 1.00	0.	0.	0.

## ALASKA FOREST ASSOCIATION, INC.

92-0023202

MIKE PAPAC P.O. BOX 404, CRAIG, AK 99921	DIRECTOR 1.00	0.	0.	0.
LINDA LEWIS P.O. BOX 5758, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
ERIC NICHOLS 111 STEDMAN, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
STEVE SELEY P.O. BOX 5183, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
CLIFF SKILLINGS, 3295 TONGASS AVENUE, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
JOHN STURGEON, 5610 SIVERADO WAY #A4, ANCHORAGE, AK 99518	DIRECTOR 1.00	0.	0.	0.
WES TYLER P.O. BOX 370, HOONAH, AK 99829	DIRECTOR 1.00	0.	0.	0.
TOM WINTER, 311 EDMONDS AVENUE SE, RENTON, WA 98056	DIRECTOR 1.00	0.	0.	0.
GEORGE WOODBURY P.O. BOX 1934, WRANGELL, AK 99929	DIRECTOR 10.00	0.	0.	0.
WADE ZAMMIT, 2030 SEALEVEL PLAZA, SUITE 202, KETCHIKAN, AK 99901	TREASURER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>71,096.</u>	<u>2,949.</u>	<u>0.</u>

TO PROMOTE A HEALTHY, GROWING FOREST-BASED INDUSTRY IN ALASKA AND TO PROVIDE  
COST EFFECTIVE BENEFITS AND SERVICES TO ITS MEMBERS.

MILNER, HOWARD, MORTENSEN, PALMER & JOHNSON (PC), CPAS  
426 MAIN ST  
KETCHIKAN, ALASKA 99901-6316  
(907) 225-1040

COPY

ALASKA FOREST ASSOCIATION, INC.  
111 STEDMAN STREET NO. 201  
KETCHIKAN, AK 99901

OWEN,

ENCLOSED ARE THE ORGANIZATION'S 2008 EXEMPT ORGANIZATION  
RETURNS. THE RETURNS SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN  
FILING THE RETURNS.

YOUR COPY OF THE RETURN IS ATTACHED TO THIS LETTER. WE  
SUGGEST THAT YOU RETAIN THIS COPY FOR YOUR RECORDS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED  
US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY  
TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA.  
WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH  
YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH  
POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Ron".

MILNER, HOWARD, MORTENSEN, PALMER & JOHNSON (PC), CPAS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
	CELL PHONE BATTERY	103100SL		7.00	17	190.			190.	190.		0.
	MAJOR BUILDING REPAIRS	050900SL		39.00	17	22,749.			22,749.	4,010.		583.
	COMPUTER	032601SL		5.00	17	4,044.			4,044.	4,044.		0.
	OFFICE EQUIPMENT	VARIESSL		.000	16	3,915.			3,915.	3,915.		0.
	OFFICE EQUIPMENT	VARIESSL		.000	16	32,384.			32,384.	32,384.		0.
	FURNITURE	030189SL		7.00	17	6,417.			6,417.	6,417.		0.
	DESK	020190SL		7.00	17	1,757.			1,757.	1,757.		0.
	FURNITURE	070190SL		7.00	17	1,075.			1,075.	1,075.		0.
	WALL DIVIDER	060193SL		7.00	17	3,555.			3,555.	3,555.		0.
	PHONE SYSTEM	010196SL		7.00	17	7,998.			7,998.	7,998.		0.
	STOVE	010196SL		7.00	17	359.			359.	359.		0.
	PRINTER	010196SL		7.00	17	1,529.			1,529.	1,529.		0.
	FAX MACHINE	040397SL		7.00	17	2,996.			2,996.	2,996.		0.
	TELEVISION	070197SL		7.00	17	421.			421.	421.		0.
	TELEVISION STAND	072497SL		7.00	17	189.			189.	189.		0.
	BOOKCASES	090597SL		7.00	17	253.			253.	253.		0.
	PRINTER	012298SL		7.00	17	1,200.			1,200.	1,200.		0.



2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FILE CABINETS	020998SL		7.00	17	1,192.			1,192.	1,192.		0.
	LEASEHOLD IMPROVEMENTS	021596SL		39.00	17	1,819.			1,819.	557.		47.
	LEASEHOLD IMPROVEMENTS	122696SL		39.00	17	2,500.			2,500.	709.		64.
	BUILDING - KPB BASIS	100186SL		20.00	17	684,218.			684,218.	684,218.		0.
	EAST SIDE SIDING	110190SL		15.00	17	19,870.			19,870.	19,870.		0.
	ADDITIONAL BASIS	010699SL		39.00	17	147,421.			147,421.	33,412.		3,780.
	SIGN	010699SL		7.00	17	456.			456.	456.		0.
	CARPET - 100% RENTAL	121399SL		7.00	17	21,160.			21,160.	21,160.		0.
	LAND	010699L				197,597.			197,597.			0.
	FILE CABINETS	040500SL		7.00	17	1,474.			1,474.	1,474.		0.
	CELL PHONE	091500SL		7.00	17	197.			197.	197.		0.
	COLOR PRINTER	093002SL		5.00	17	107.			107.	107.		0.
	2 COMPUTERS	121502SL		5.00	17	2,690.			2,690.	2,690.		0.
	VACUUM	102802SL		7.00	17	382.			382.	302.		55.
	CARPET - 100% RENTAL	051002SL		7.00	17	3,830.			3,830.	3,008.		547.
	CARPET - 100% RENTAL	080902SL		7.00	17	1,248.			1,248.	972.		178.
	TV	022703SL		5.00	17	141.			141.	136.		5.
	MONITOR	041003SL		5.00	17	223.			223.	210.		13.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LIZ MONITOR	011504SL		5.00	17	473.			473.	291.		95.
	POWER POINT PROJECTOR	071504SL		5.00	17	2,342.			2,342.	1,404.		468.
	OWEN COMPUTER	121504SL		5.00	17	2,684.			2,684.	1,612.		537.
	NEW 550 GALLON FUEL TANK	122204SL		7.00	17	10,158.			10,158.	4,474.		1,451.
	COPIER	020205SL		5.00	17	9,808.			9,808.	5,559.		1,962.
	COFFEE POT AND SHREDDER	031605SL		7.00	17	150.			150.	58.		21.
	MALISSA COMPUTER	042905SL		5.00	17	1,182.			1,182.	630.		236.
	SCANNER AND MONITOR	111405SL		5.00	17	642.			642.	277.		128.
	SCANNER	110105SL		5.00	17	287.			287.	124.		57.
	CHAIR	020706SL		7.00	17	928.			928.	254.		133.
	PHONE	080106SL		7.00	17	157.			157.	31.		22.
	PRINTER	100306SL		5.00	17	249.			249.	62.		50.
	POSTAGE SCALE	110706SL		7.00	17	179.			179.	30.		26.
	COMPUTER	121506SL		5.00	17	3,568.			3,568.	773.		714.
	CAMERA FOR COMPUTER	021307SL		5.00	17	46.			46.	5.		9.
	NEW PHONE	050207SL		7.00	17	53.			53.	4.		8.
	COLOR PRINTER	060407SL		5.00	17	233.			233.	27.		47.
	PRINTER	030308SL		5.00	19B	643.			643.			96.

828102 04-25-08  
 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Curr Dec
	* 990-EZ PG 1 TOTAL MANAGEMENT AND GENERAL					1,211,338.		0.	1,211,338.	858,577.	0.	11
	* GRAND TOTAL 990-EZ PG 1 DEPR					1,211,338.		0.	1,211,338.	858,577.	0.	11

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

## 2008

Form **990-EZ**

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

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C Name of organization**  
**ALASKA FOREST ASSOCIATION, INC.**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**111 STEDMAN STREET** **201**  
 City or town, state or country, and ZIP + 4  
**KETCHIKAN, AK 99901**

**D Employer identification number**  
**92-0023202**

**E Telephone number**  
**(907) 225-6114**

**F Group Exemption Number** ▶

**G Accounting method:**  Cash  Accrual  
 Other (specify) ▶ **MOD. CASH**

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ **N/A**

**J Organization type** (check only one) —  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **512,768.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	11,973.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	362,745.
	4 Investment income	4	15,370.
	5a Gross amount from sale of assets other than inventory <b>STMT 5</b>	5a	92,695.
	b Less: cost or other basis and sales expenses	5b	113,449.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	<20,754.>
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances <b>STMT 7</b>	7a	275.	
b Less: cost of goods sold	7b	651.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<376.>	
8 Other revenue (describe ▶ <b>SEE STATEMENT 4</b> )	8	29,710.	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	398,668.	
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	193,344.
	13 Professional fees and other payments to independent contractors	13	92,818.
	14 Occupancy, rent, utilities, and maintenance <b>SEE STATEMENT 6</b>	14	111,607.
	15 Printing, publications, postage, and shipping	15	17,241.
	16 Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	82,040.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	497,050.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<98,382.>	
<b>Net Assets</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	620,096.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	521,714.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	87,507.	57,187.
23	Land and buildings	352,119.	341,433.
24	Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	469,935.	251,511.
25	<b>Total assets</b>	909,561.	650,131.
26	<b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 3</b> )	289,465.	128,417.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	620,096.	521,714.

**Part III** Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 10  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

<b>28</b>			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>▶ 32</b>	

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9		82,207.	2,934.	

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ N/A</span> ; section 4912 <span style="float:right">▶ N/A</span> ; section 4955 <span style="float:right">▶ N/A</span>		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	N/A	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ NONE</span>		
42a	The books are in care of <span style="float:right">▶ EARLENE INGRAHAM</span> Telephone no. <span style="float:right">▶ 907-225-6114</span> Located at <span style="float:right">▶ 111 STEDMAN, SUITE 201 KETCHIKAN, ALASKA</span> ZIP + 4 <span style="float:right">▶ 99901</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   | Yes | No |
|---|-----|----|
| 46 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 | 46  |    |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |    |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |    |
| b If "Yes," was the related organization(s) a section 527 organization?   | 49b |    |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**  
 Preparer's signature \_\_\_\_\_ Date 10/13/09 Check if self-employed   
 Preparer's Identifying Number (See instr.) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 MILNER, HOWARD, MORTENSEN, PALMER & JOHNSON (PC), CPAS  
426 MAIN STREET, KETCHIKAN, ALASKA 99901  
 EIN \_\_\_\_\_ Phone no. (907) 225-1040

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
TRAVEL		31,772.	
INSURANCE		15,187.	
SCHOLARSHIPS		8,000.	
DUES		6,680.	
INTEREST		5,861.	
CONVENTION		3,811.	
DIRECTOR MEETINGS		2,990.	
PROPERTY TAXES		2,576.	
INVESTMENT EXPENSES		305.	
MISCELLANEOUS		4,858.	
TOTAL TO FORM 990-EZ, LINE 16		82,040.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS	373,304.	205,984.	
ACCOUNTS RECEIVABLE	89,144.	32,183.	
PREPAID INSURANCE	5,034.	10,891.	
INVENTORY	2,403.	2,403.	
PACIFIC RIM LOG SCALING STOCK	50.	50.	
TOTAL TO FORM 990-EZ, LINE 24	469,935.	251,511.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CURRENT PORTION LONG TERM DEBT	21,894.	25,709.	
ACCOUNTS PAYABLE	16,206.	15,193.	
ASSOCIATES MEMBERS ASSESSMENT	2,250.	1,900.	
PAYROLL AND SALES TAX	381.	938.	
ACCCRUED INTEREST	750.	666.	
PAYABLE TO PBGC	138,200.	0.	
LONG TERM DEBT	109,784.	84,011.	
TOTAL TO FORM 990-EZ, LINE 26	289,465.	128,417.	



FORM 990-EZ	OTHER REVENUE	STATEMENT	4
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DESCRIPTION	AMOUNT
LEGAL REIMBURSEMENTS	43,982.
DECREASE IN FAIR MARKET VALUE OF INVESTMENTS	<68,745.>
RENTAL REAL ESTATE	54,473.
TOTAL TO FORM 990-EZ, LINE 8	29,710.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	5
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	92,695.	113,449.	0.	<20,754.>
TO FORM 990-EZ, LINE 5	92,695.	113,449.	0.	<20,754.>

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	6
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DESCRIPTION	AMOUNT
DEPRECIATION	11,332.
OTHER EXPENSES	20,534.
UTILITIES	40,713.
TAXES	12,167.
JANITORIAL	11,071.
INTEREST	7,911.
INSURANCE	5,478.
REPAIRS	2,401.
TOTAL TO FORM 990-EZ, LINE 14	111,607.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 7

## INCOME

1. GROSS RECEIPTS . . . . .	275	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		275
4. COST OF GOODS SOLD (LINE 13) . . . . .	651	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		<376>

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	2,403	
7. MERCHANDISE PURCHASED . . . . .	651	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		3,054
12. INVENTORY AT END OF YEAR . . . . .	2,403	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		651

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KIRK DAHLSTROM P.O. BOX 670, CRAIG, AK 99921	DIRECTOR 4.00	0.	0.	0.
BRIAN BROWN, 111 STEDMAN, SUITE 100, KETCHIKAN, AK 99901	PRESIDENT 4.00	0.	0.	0.
BERT BURKHART P.O. BOX 7055, KETCHIKAN, AK 99901	VICE-PRESIDENT 4.00	0.	0.	0.
OWEN GRAHAM 111 STEDMAN, KETCHIKAN, AK 99901	SECRETARY/EXECUTIVE DIRECT 40.00	58,741.	2,934.	0.
GEORGE BAGGEN P.O. BOX 559, SITKA, AK 99835	DIRECTOR 1.00	0.	0.	0.
GREG BELL, 10600 CORDOVA STREET, ANCHORAGE, AK 99515	DIRECTOR 1.00	0.	0.	0.
BOB BYERS P.O. BOX 1890, PETERSBURG, AK 99833	DIRECTOR 1.00	0.	0.	0.
JIM BYRON P.O. BOX 1019, WARD COVE, AK 99928	DIRECTOR 1.00	0.	0.	0.
BUTCH DURETTE P.O. BOX 1480, WARD COVE, AK 99928	DIRECTOR 1.00	0.	0.	0.
ROB DURETTE P.O. BOX 1480, WARD COVE, AK 99928	DIRECTOR 1.00	0.	0.	0.
LEO GELLINGS P.O. BOX 5758, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
KEATON GILDERSLEEVE, 14750 SW SPRINGHILL ROAD, GASTON, OR 97119	DIRECTOR 1.00	0.	0.	0.
RICK HARRIS, ONE SEALASKA PLAZA, SUITE 400, JUNEAU, AK 99801	DIRECTOR 1.00	0.	0.	0.
MIKE PAPAC P.O. BOX 404, CRAIG, AK 99921	DIRECTOR 1.00	0.	0.	0.

ERIC NICHOLS 111 STEDMAN, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
RICK ROGERS, 560 EAST 34TH AVENUE, SUITE 300, ANCHORAGE, AK 99503	DIRECTOR 1.00	0.	0.	0.
STEVE SELEY P.O. BOX 5183, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
CLIFF SKILLINGS, 3295 TONGASS AVENUE, KETCHIKAN, AK 99901	DIRECTOR 1.00	0.	0.	0.
JOHN STURGEON, 5610 SIVERADO WAY #A4, ANCHORAGE, AK 99518	DIRECTOR 1.00	0.	0.	0.
WES TYLER P.O. BOX 370, HOONAH, AK 99829	DIRECTOR 1.00	0.	0.	0.
TOM WINTER, 311 EDMONDS AVENUE SE, RENTON, WA 98056	DIRECTOR 1.00	0.	0.	0.
GEORGE WOODBURY P.O. BOX 1934, WRANGELL, AK 99929	DIRECTOR 10.00	23,466.	0.	0.
WADE ZAMMIT, 2030 SEALEVEL PLAZA, SUITE 202, KETCHIKAN, AK 99901	TREASURER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>82,207.</u>	<u>2,934.</u>	<u>0.</u>

TO PROMOTE A HEALTHY, GROWING FOREST-BASED INDUSTRY IN ALASKA AND TO PROVIDE COST EFFECTIVE BENEFITS AND SERVICES TO ITS MEMBERS.