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

For Individuals:

1. Name:

2. Address:

3. Email Address: [Information redacted for privacy]

4. Phone Number: 907 723-7744

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Stephanie Madsen
- 2. Name of Organization(s) You are Representing at the Hearing:

United Fisherman of Alaska

- 3. Business Address: Box 32817 Juneau, Alaska 99801
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: 907 723-7744

Name/Organization: Stephanie Madsen /United Fisherman of Alaska Title/Date of Hearing: oversight hearing titled "Alaska's Sovereignty In Peril: The National Ocean Policy's Goal to Federalize Alaska April 3, 2012

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.

Chair, National Committee United Fisherman of Alaska Chair, North Pacific Fishery Management Council 2003-2007

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.

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.

Executive Director of the At-sea Processors Association

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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.

no

Name/Organization: Stephanie Madsen /United Fisherman of Alaska Title/Date of Hearing: oversight hearing titled "Alaska's Sovereignty In Peril: The National Ocean Policy's Goal to Federalize Alaska April 3, 2012

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.

See qualifications section

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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).

none

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)).

Sent separately

Department of the Treasury

Internal Revenue Service

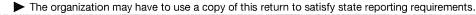
EXTENDED TO NOVEMBER 15, 2011 Return of Organization Exempt From Income Tax

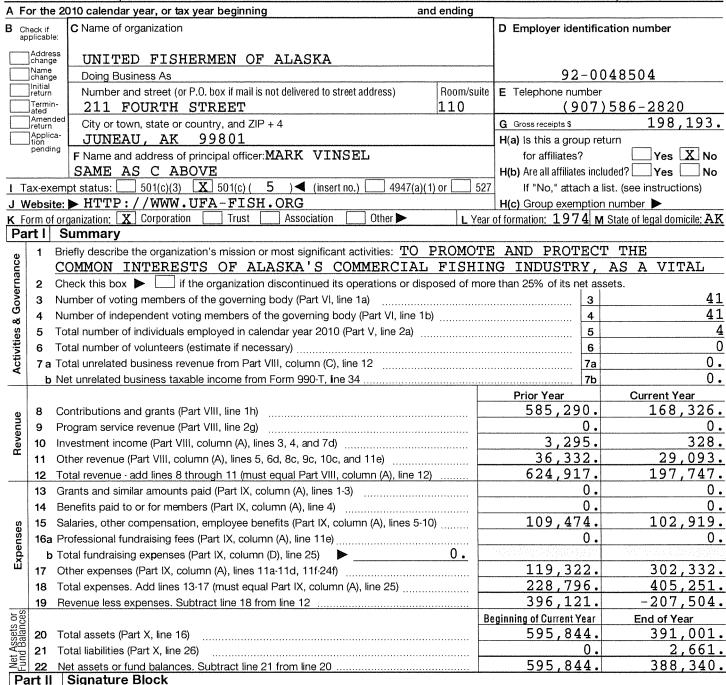
OMB No. 1545-0047

Open to Public

Inspection

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





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	Signature of officer		Date			
Here	MARK VINSEL, EXECUTIVE	DIRECTOR				
	Print/Type preparer's name	Preparer's signature	Check PTIN			
Paid	ROBERT L. REHFELD		/ 1 1 self-employed			
Preparer	Firm's name 👞 ELGEE REHFELD ME	ERTZ, LLC	Firm's EIN 👞			
Use Only	Firm's address 9309 GLACIER HWY STE B-200					
	JUNEAU, AK 99801		Phone no. (907)789-3178			
May the IRS discuss this return with the preparer shown above? (see instructions)						
032001 02-2	22-11 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2010)			
CEE COMENTIE O EOD ODCANTEATON MICCION CEAMENENTS CONSTRUCTON						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) UNITED FISHERMEN OF ALASKA	92-0048504	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:	COMUED CTAT	
	TO PROMOTE AND PROTECT THE COMMON INTERESTS OF ALASKA'S		
	FISHING INDUSTRY, AS A VITAL COMPONENT OF ALASKA'S SOCI	AL AND ECON	OMIC
	WELL-BEING.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2		XYe	s 🗌 No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		5 L NU
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s X No
3	If "Yes," describe these changes on Schedule O.	Ite	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exemption of the organization of the org	renses	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	grants and	
4a		evenue \$	<u>`</u>
44	ESTABLISH AND MAINTAIN A TRADE ASSOCIATION OF COMMERCIA	· · · · · · · · · · · · · · · · · · ·	, N
	ALASKA; TO PROMOTE AND ENCOURAGE THE USE OF FISH BY THE		
	AND TO PROMOTE THE COMMON INTERESTS OF FISHERS	GENERAL FU	
	AND TO FROMOTE THE COMMON INTERESTS OF FISHERS		
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	
40	TO PROMOTE AND MAINTAIN A SYSTEM FOR DISTRIBUTION OF IN		MONG
	FISHERIES ORGANIZATIONS CONCERNING COMMERCIAL FISHERIES		
	MATTERS OF COMMON CONCERN TO COMMERCIAL FISHERS.	MID OTHER	
	MATTERS OF COMMON CONCERN TO COMMERCIAL FIDNERS.		
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue ¢	1
-76	TO CONDUCT NATIONAL OUTREACH CAMPAIGN AMONG COMMERCIAL)
	ORGANIZATIONS TO PROMOTE THE ESTABLISHMENT OF A NATIONAL		
	MARKETING COALITION. MAJORITY OF WORK WAS CONDUCTED BY)
	DECKER SERVICES UNDER DIRECTION AND AUTHORITY OF UFA MA		(
	COMMITTEE AND EXECUTIVE COMMITTEE. WORK CONTINUED INTO		NOW
		ZUII AND IS	
	COMPLETE (SEPT. 2011)		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
_ <u>4e</u>	Total program service expenses		000
03200		Form	n 990 (2010)

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Form 990 (2010)	
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Form 990 (2010) UNITED FISHERMEN OF ALASKA Part IV Checklist of Required Schedules

	-		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b		4.41-		v
45	and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	<u> </u>	X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	<u> </u>	
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		+ <u>*</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	1 13
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	1
	complete Schedule G, Part III	19	x	
20a		20a	1	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

UNITED FISHERMEN OF ALASKA 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	21		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	22		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	23		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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		
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	26		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? <i>If "Yes," complete</i> Schedule L, Part III	27		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):		1997	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		- 23
51	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			-
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		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	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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 Yes 🔀 No			
36	Section 501(c)(3) or ganizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	1

Form **990** (2010)

Chock If Schedule O contains a response to any question in the Part V 1a Enter the number reported in Rox 3 of Form 1066. Errer 0 if not applicable 1a 1b 0 2 Enter the number of Form W-33 nucleids in line 1s. Enter 0 if not applicable 1a 0 0 2 Enter the number of portex writes? 2a 2a 1c 1c X 2 Enter the number of angloses reported on Form W-3. Transmittal of Wage and Tax Statements. 2a	Form	990 (2010) UNITED FISHERMEN OF ALASKA		92-0048	504	P	age 5
1a Enter the number reported in Box 3 of Form 1096. Erter -0- if not applicable 1a 4 b Enter the number of forms W-2G included in Ine 1a. Erter -0- if not applicable 1b 0 c DUt the organization comptly with backup withrelding rules for reportable payments to vendors and reportable gaming iganiting, within within the square covered by this relution. 2a Enter the number of forms W-2G included in Ine 1a. Erter -0- if not applicable 2a 4a 2a Enter the number of any operation of Form V-3, Transmittal of Wage and Tax Statements, if and the organization in the square covered by the relution of the square of the number of forms W-2G included in Payment is a vender and the square 2B, work is the square covered within the year? 2b X 3a Diff Vage That If Inde A Gom Vage To To This year 2H 'No', crowled an explanation in Schnduke 0 3a X 3b If Yage, inde The name of the forgin country. Sa X 3b X 3b Was the organization on party to organization in the vage and the xyear? 3a 3a X 3c Was the organization in the forgin country. Sa Sa X 3c Was the organization in the forgin country. Sa Sa X 3c Was the organization in the congratoxin the fore MB8677 Sa Sa	Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
1a 1a 4a b Erret the number of Form V206. Enter 0 ⁻¹ in the applicable 1a 4a b Erret the number of form V20. Included in in the 1. Enter 0 ⁻¹ in the applicable 1b 0 c Did the organization compty with backety withholding rules for reportable payments to vendors and reportable gaming (gambiding ventors) within set or evore to by this return 2a 4 2a Enter the number of ome 2a, both or organization first all required federal employment tax returns? 2a X 2b If at lask and presentation first all required federal employment tax returns? 3a X 3b Dat the organization have employees reported on Form V3. Transmittel of Vage and Tax Statements. 3a X 4b If Yes, "has I fild a form 900-Tfor the year? ("No. "provide an explanation in Schedule O 3b X 4a At any time the name of the organization have in interest in, are alignature or other authority over, a financial account? 4a X 16 Yes, "has I fild a form 900-Tfor the year? ("No." provide an explanation in all return interest in, are alignature or other authority over, a financial account? 5a X 16 Yes, "has I fild a form 900-Tfor the year? ("No." provide an explanation include tax hele transaction? 5a X 16<		Check if Schedule O contains a response to any question in this Part V					
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c Did the organization compty with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 1c X 2 Enter the number of employees reported on Form V3.7 transmittat of Wage and Tax Statements. 2a 4 16 ft at least one is reported on the 2A, dith te organization field imployment tax returns? 2b X 16 ft at least one is reported on the 2A, dith te organization field imployment tax returns? 3a X 38 Dit the organization have unders, dith te organization have an inferest in, or signature or other authority over, a financial account in the relation regarization have an inferest in, or signature or other authority over, a financial account in a foreign caunty (such as a bank account, securities account, or other financial account)? 4a X 59 Was the organization have and the targe of the organization have an inferest in, or signature or other authority over, a financial account in a foreign caunty (such as a bank account an any true of the organization have annual gross excepts that are normally greater than \$100,000, and did the organization have annual gross excepts that are normally greater than \$100,000, and did the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solid any comparization ace unders that weers on tax deductible? 5a X 6 Did by taxatebe pary notify the organization the expert of the organization solid any comparization aceus deside thase account in a cynose statement that such c	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
gambling) winnings to prize winners? is is is 2a Enter the number of employees reported on from W3, Transmittel of Wage and Tax Statements. is is 2a Istat least one is reported on the 2a, did the organization file all required feature proyment tax returns? is is 3a Date the organization have unelted business gross income of \$1.000 or more during the year? is is is 3b Date the organization have unelted business gross income of \$1.000 or more during the year? is is is is 3b Date cognization have unelted business gross income of \$1.000 or more during the year? is	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 4 b if at least one is reported on line 2a, dd the organization file all required fedoral employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -file, (see instructions) 3a X 3a Dat the organization have candidated business goes income of St 1000 or more during the stater? 3b X 4a Ara ty time during the catendary year. dit the organization have an interest in, or a signature or other authority over, a financial account? 4a X 5b If "Yes," that filed a form 500-Tirc the year? 5a X 5a X 5a At any time tert he name of the foreign country (such as a bank account, securities account, or other financial accounts. 5a X 5a Was the organization has prevent betraft tax more and y time during the tax yea? 5a X 5b Did any taxable party notify the organization that a max or is a party to a prohibited tax shelts transactor? 5a X 5a Did the organization has a maxilia poss veclents that are normally greater than \$100,000, and did the organization solid the avery solicitation an express statement that such contributions or gifts were not tax deductible? 7a X	с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable g	aming	· .		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 4 b if at least one is reported on line 2a, dd the organization file all required fedoral employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -file, (see instructions) 3a X 3a Dat the organization have candidated business goes income of St 1000 or more during the stater? 3b X 4a Ara ty time during the catendary year. dit the organization have an interest in, or a signature or other authority over, a financial account? 4a X 5b If "Yes," that filed a form 500-Tirc the year? 5a X 5a X 5a At any time tert he name of the foreign country (such as a bank account, securities account, or other financial accounts. 5a X 5a Was the organization has prevent betraft tax more and y time during the tax yea? 5a X 5b Did any taxable party notify the organization that a max or is a party to a prohibited tax shelts transactor? 5a X 5a Did the organization has a maxilia poss veclents that are normally greater than \$100,000, and did the organization solid the avery solicitation an express statement that such contributions or gifts were not tax deductible? 7a X		(gambling) winnings to prize winners?			1c	Х	
field for the calendar year ending with or within the year covered by this return	2a						
b If at least one is reported on line 2a, did the organization fie all required federal employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>Rie</i> , (see instructions) 3a X 3a D d the organization have unrelated business greas income of \$1.000 or more during the year? 3a X b If "Yes," has it field a Form 900 T for the year? If "No? provide an explanation in Schedule 0 3a X b If ves," has it field a Form 900 T for the year? If "No? provide an explanation in Schedule 0 3a X b If ves," there the name of the foreign country (such as a bark account, securities account, or other financial accounts? 4a X b If ves," to line 5a or 5b, did the organization Ne 886517 5c 5c C Does the organization new multip cose receips that are normally greater than \$100.000, and did the organization set were not tax deductible? 5a X b If 'Yes,' to line 5a or 5b, did the organization NE 86617 5c 5c 5c 7 Organization setba segment in excess of 357 made part is a contribution and part for problem to sever provided to the part? 7a X 7 Toganization necke segment in excess of 357 made part is a contribution and part for prodis and services provided to the part?			2a	4			
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b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13 Section for additional information the organization must report on Schedule O. 13a 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а	· · · ·			9a		
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a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a	10		*******				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section is licensed to issue qualified health plans 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c d Inter the amount of reserves on hand 13c 14a X			10a				
11 Section 501(c)(12) organizations. Enter: I1a I1a a Gross income from members or shareholders I1a I1a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) I1b I1b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year I2b I2b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. I3a I3a a Is the organization licensed to issue qualified health plans in more than one state? I3a I3a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans I3b I3b c Enter the amount of reserves on hand I3c I4a X	b						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	11		L				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а		11a				
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a			11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a	12a		·		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a			1			· ·	
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a			L				
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					13a		1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-						
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h						
c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c						
		Did the experimetion receive only neuments for indeputencing any incentions that the territory of			142		x
					14b		<u></u>

Form **990** (2010)

	<u>1990 (2010) UNITED FISHERMEN OF ALASKA 92-0(</u>		
Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No
	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		<u></u>
Sec	tion A. Governing Body and Management	,	
		41	
	Enter the number of voting members of the governing body at the end of the tax year 1a	$\frac{41}{41}$	
	Enter the number of voting members included in line 1a, above, who are independent 1b	41	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		~
0	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision		2
3			0
	of officers, directors or trustees, or key employees to a management company or other person?	- F	3 4
4 5	Did the organization make any significant changes to its governing documents since the prior Porm 990 was need?		4 5
6	Does the organization have members or stockholders?	····· -	5 6
			0
1 d	governing body?		7a
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7t
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		
Ŭ	by the following:		
а	The governing body?		88
	Each committee with authority to act on behalf of the governing body?		8Ł
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
10a	Does the organization have local chapters, branches, or affiliates?		10
	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?		10
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		
	to conflicts?		12
С			
	in Schedule O how this is done		12
13	Does the organization have a written whistleblower policy?		1:
14	Does the organization have a written document retention and destruction policy?		14
15	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а			15
b	, , , , , , , , , , , , , , , , , , , ,		15
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	taxable entity during the year?		16
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint want we arrangements under applicable federal to have and taken store to affect and the organization?	1	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		
Sec	exempt status with respect to such arrangements?		16
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AK$		
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ava	ailable	for
10	\sim constructor requires an eigenfactor to make its rotte to the roce (or roc+ if applicable), soo, and soo-r (or r(c)(s)S of ity) avaiints to require an eigenfactor is rotted at the rotted in the roce (or roc- in applicable), soo, and soo-r (or r(c)(s)S of ity) avaiints to require a second sec	and DIG	101

X Upon request ____ Another's website Own website 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.

public inspection. Indicate how you make these available. Check all that apply.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 🕨 _	
	MARK VINSEL - (907) 586-2820	
	211 FOURTH ST. STE 110, JUNEAU, AK 99801	

92-0048504		92-	00	4	85	0	4
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iovernance,	Management,	and Disclosure	For each	"Yes"	response	to lines	2 through	7b below,	and fo	or a
line 8a 8h or	10h helow, describe	the circumstances	nrncesses	oro	hannes in !	Schedu	la O. See i	instruction	e .	

X

No

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Yes No

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Yes

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7a

7b

8a 8b Х

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Page 6

for a	"No"	response

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)			(C Posi	C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and hue	Average hours per week (describe hours for		neck		that	app		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
ARNI THOMSON	1 00	37		77				0	0	0
BOARD PRESIDENT	1.00	X		X				0.	0.	0.
CHIP TREINEN	1 00	37		77				0	0.	0
BOARD VICE PRESIDENT	1.00	X		X	<u> </u>			0.	U •	0.
RICHARD DAVIS	2.00	x		x				0.	0.	0.
BOARD SECRETARY/TREASURER	2.00	<u> </u>		<u>^</u>				<u> </u>	0.	0.
JOE CHILDERS	1.00	x						0.	0.	0.
BOARD PAST PRESIDENT	1.00								<u>U</u> .	<u> </u>
ALVERSON, ROBERT	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	1	<u> </u>			-				<u> </u>
BEHNKEN, LINDA BOARD MEMBER	1.00	x						0.	0.	0.
BROWN, STEVE								```	<u> </u>	<u>.</u>
BOARD MEMBER	1.00	x						0.	0.	0.
CLEMENS, DAVE			1		1	1				
BOARD MEMBER	1.00	x						0.	0.	0.
COTTER, LARRY			1							
BOARD MEMBER	1.00	x					1	0.	0.	0.
CURRY, JULIANNE										
BOARD MEMBER	1.00	Х						0.	0.	0.
DOHERTY, PHIL										
BOARD MEMBER	1.00	X						0.	0.	0.
EDSON, JIM										
BOARD MEMBER	1.00	X						0.	0.	0.
FANDREI, GARY										
BOARD MEMBER	1.00	X	ļ	ļ	ļ		1	0.	0.	0.
FIELDS, DUNCAN										
BOARD MEMBER	1.00	X			ļ			0.	0.	0.
HANSEN, KATHY									_	
BOARD MEMBER	1.00	X	ļ		ļ			0.	0.	0.
HOLM, OLIVER				1	1			_	_	_
BOARD MEMBER	1.00	X	-	-				0.	0.	0.
KELLEY, DALE									_	
BOARD MEMBER	1.00	X		<u> </u>	<u> </u>		1	0.	0.	Eorm 990 (2010)

Form 990 (2010)

Form 990 (2010) UNITED F									92-0048	504	Pa	age 8
Part VII Section A. Officers, Directors, T		npk	oyee			ligh	est	Compensated Employ	ees (continued)	r		
(A)	(B)			(C	•			(D)	(E)		(F)	
Name and title	Average	(-)		Posit			1. 3	Reportable	Reportable		stimate	
	hours per		1eck	all th	nat	app	iy)	compensation	compensation	ar	nount	of
	week (describe	ctor						from	from related		other	tion
	hours for	r dire				ed		the organization	organizations (W-2/1099-MISC)	1	pensa rom the	
	related	stee o	ustee			ensal		(W-2/1099-MISC)	(W 2/1000 Mildo)		anizati	
	organizations	al tru:	onal ti		loyee	comp				-	d relat	
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizati	ons
	O)	Ē	Ē	5	Ke	Ξə	3					
KHOLHASE, JASON	1.00	x						0.	0.			Ο.
BOARD MEMBER KNIGHT, CHRIS	1.00	- 23						````	U •			
BOARD MEMBER	1.00	x						0.	0.			0.
KOZAK, LINDA												
BOARD MEMBER	1.00	X						0.	0.			0.
LAUKITIS, BUCK	1 00							0.	0			0
BOARD MEMBER LYONS, DEBORAH	1.00	X						U •	0.			0.
BOARD MEMBER	1.00	x						0.	0.			Ο.
MADSEN, STEPHANIE		1										
BOARD MEMBER	1.00	X	ļ			L		0.	0.			0.
MCCAY, BERT	1 00											•
BOARD MEMBER	1.00	X		$\left - \right $				0.	0.			0.
MCCUNE, JERRY BOARD MEMBER	1.00	x						0.	0.			0.
MCDOWELL, CHRIS		1	1			1	†					
BOARD MEMBER	1.00	X						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part								69,600.	0.		$\frac{7}{4}$	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 								<u>69,600.</u>			7,4	30.
2 Total number of individuals (including but compensation from the organization		1056	- 150			e) w		eceived more than \$100				0
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for				-		-				3		X
4 For any individual listed on line 1a, is the								her compensation from				<u> </u>
and related organizations greater than \$1									-	4		x
5 Did any person listed on line 1a receive of	r accrue compe	nsa	tion	from	any	y un	relat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch j	per	son			<u></u>	5		X
Section B. Independent Contractors		dan	and		ont	raat		that reactived more than	¢100,000 of compon		from	
1 Complete this table for your five highest the organization. NONE	compensated in	uep	ena	ent c	ont	ract	ors	that received more than	\$100,000 of compen	sation	trom	
(A)								(B)			C)	
Name and busine	ss address							Description of	services	Jompe	ensatic	
	<u></u>											
2 Total number of independent contractors	s (including but	not l	imite	ed to	the	ose l	iste	d above) who received r	nore than			i de la com
\$100,000 in compensation from the orga	nization b					0						

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directo		npk	oyee			ligh	est	1	ees (continued)	
(A)	(B)			_ (C				(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)					67	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
DTTE, DAVID	1 00								0	
BOARD MEMBER	1.00	X						0.	0.	C
PAINE, BRENT	1 00								0	
BOARD MEMBER	1.00	X						0.	0.	C
PIKE, FRED	1 00	37						0	0	
BOARD MEMBER	1.00	X						0.	0.	0
POULSEN, ED	1 00	v						0.	0.	
BOARD MEMBER	1.00	X						0.	U.	0
PRESTEGARD, ERIC	1.00	x						0.	0.	C
BOARD MEMBER	1.00	Δ					<u> </u>	0.	U •	U
STEELE, JEFF	1.00	x						0.	0.	C
BOARD MEMBER	1.00							0.	0.	<u> </u>
STINSON, JAY	1.00	x						0.	0.	C
BOARD MEMBER	1.00							U .		
STONE, JIM	1.00	x						0.	0.	c
BOARD MEMBER SWANSON, LORI	<u></u> 00	- 23								v
BOARD MEMBER	1.00	x						0.	0.	0
THORSTENSON, BOB	1100			1			1	```	<u>,</u>	`
BOARD MEMBER	1.00	x						0.	0.	с с
TREINEN, CHIP					<u> </u>	1.				
BOARD MEMBER	1.00	x						0.	0.	0
TVENSTRUP, STEVE										
BOARD MEMBER	1.00	x						0.	0.	0
WATSON, BART										
BOARD MEMBER	1.00	X						0.	0.	0
WELLS, JASON										
BOARD MEMBER	1.00	X						0.	0.	(
ZUANICH, ROB										
BOARD MEMBER	1.00	X			<u> </u>		<u> </u>	0.	0.	(
MARK VINSEL										
EXECUTIVE DIRECTOR	40.00		+	X				69,600.	0.	7,430
Total to Part VII, Section A, line 1c		<u> </u>		<u> </u>	<u> </u>	<u> </u>	1	69,600.		7,43

e.

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	990 () rt VII			MEN OF AI	ASKA		92-00485	504 Page 9
<u>ra</u>		I Statement of Reven			(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	b c d f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abox Noncash contributions included in lines	1b 1c 1d ions) 1e is, and //e //e 1f 1a-1f: \$		168,326.			
		Total. Add lines 1a-1f		Business Code	100,320.			
Program Service Revenue	2a b c d f		nue					
	3	Investment income (including other similar amounts) Income from investment of tax	dividends, inter x-exempt bond	rest, and proceeds	328.			328.
		Expenses	(i) Real	(ii) Personal				
	7 a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	eg events (not of e 1c). See	a				
Oth	9a 9b	 Less: direct expenses Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less: direct expenses 	draising events ctivities. See	a 29,539. b 446.	20 002			20 002
	10 a	 Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale 	returns	a	29,093.			29,093.
	1	b C d All other revenue			algori da fotos de trajo			
	12	 Total. Add lines 11a-11d Total revenue. See instructions. 			197,747.	0.	0.	29,421.

UNITED FISHERMEN OF ALASKA Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 3b, 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			 Recently a state of a state of a state of a state. 	in de trijnie de elektronistick de elektronisticker. Nationalise
5	Compensation of current officers, directors,				
	trustees, and key employees	76,654.			
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	19,619.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	188.			
0	Payroll taxes	6,458.		·····	
11	Fees for services (non-employees):	0/100.			
a	Management	10 000			
b	Legal	10,000.			
С	Accounting	2,189.			
d	Lobbying	43,376.			
e f	Professional fundraising services. See Part IV, line 17 _ Investment management fees		lines in presented in	i - seta sigilari ta sa sa	
g	Other	111,563.			
12	Advertising and promotion	9,676.			
13	Office expenses	11,990.			
14	Information technology	662.			
	1	0021			
15	Royalties	13,489.			1
16		72,332.			
17	Travel	14,334.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,849.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	873.			
23	Insurance	2,669.			
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 0.)				
_	MEMBERS SUBCRIPTIONS &	5,664.			
a		5,004.			
b					
c					
d					
е	-				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	405,251.			
26	Joint costs. Check here 🕨 🛄 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				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

Form 990 (2010)

UNITED	FISHERMEN	OF	ALASKA

92-0048504 Page **11**

Par	t X	Balance Sheet						
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				54,466.	1	12,268.
	2	Savings and temporary cash investments				531,483.	2	373,991.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				6,830.	4	2,550.
	5	Receivables from current and former officers, dia employees, and highest compensated employee of Schedule L	es. Com	plete Part II			5	
	6	Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of sect employees' beneficiary organizations (see instru	defined)(3)(B), a ion 501(under section nd contributing (c)(9) voluntary			6	
ats	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
4	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	42,00)2.			
	b			<u>42,00</u> 39,81	LO.	3,065.	10c	2,192.
	11	Investments - publicly traded securities					11	·····
	12	Investments - other securities. See Part IV, line					12	
	13	Investments - program-related. See Part IV, line	11				13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equ				595,844.	16	391,001.
	17	Accounts payable and accrued expenses					17	2,661.
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	

Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0. 26 2,661. Organizations that follow SFAS 117, check here **>** X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 195,844. 388,340. 27 Unrestricted net assets 27 400,000. 0. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🛄 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 595,844. 33 388,340. 33 595,844. 391,001. Total liabilities and net assets/fund balances 34 34

Form 990 (2010)

Form	990 (2010) UNITED FISHERMEN OF ALASKA	92-00	048504	Pag	je 12
Par	t 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	197	<u>7,7</u>	<u>47.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	405	5,2	<u>51.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-207	7,5	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	595	5,8	<u>44.</u>
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	388	3,3	40.
Pa	t 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: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis 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 Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
				<u>~~~</u>	

Form 990 (2010)

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SCHEDULE C	Po	litical Campaign a	and Lobbyir	ng Activities	0	MB No. 1545-0047
(Form 990 or 990-EZ)		inizations Exempt From Income	-	-		2010
Department of the Treasury Internal Revenue Service	Complete	if the organization is described See separa	d below. ► Attach te instructions.	to Form 990 or Form 99	ю-е г . О	open to Public Inspection
If the organization ans	wered "Yes," to	Form 990, Part IV, line 3, or For		ne 46 (Political Campaig	gn Activities)	, then
		plete Parts I-A and B. Do not con				
		1(c)(3)) organizations: Complete	Parts I-A and C below	v. Do not complete Part I	•В.	
 Section 527 organiz 		•				
		Form 990, Part IV, line 4, or For			••	
		have filed Form 5768 (election un			-	
		nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy			-	
		ions: Complete Part III.	14x), 0110111 350-L	, Fart V, and 55a (FT).		
Name of organization	<u>,, o. (o/ o.ga</u> ,,,240			Er	nployer iden	tification number
	UNITED	FISHERMEN OF ALAS	SKA		92-0	048504
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527	7 organiza	tion.
1 Provide a descripti	on of the organiz	ation's direct and indirect politica	l campaign activities	in Part IV.		
3 Volunteer hours						
Part I-B Compl	ata if the are	anization is exempt unde	reaction E01(a)	/2)		
		anization is exempt under incurred by the organization under			•	
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 f				Yes No
						Yes No
b If "Yes," describe i	n Part IV.					
Part I-C Comp	lete if the org	anization is exempt unde	er section 501(c)	, except section 50	01(c)(3).	
1 Enter the amount of	directly expended	I by the filing organization for sec	tion 527 exempt fund	ction activities	►\$	
		ization's funds contributed to oth	•			
					▶\$	
•	•	. Add lines 1 and 2. Enter here ar				
		1100 DOL for this year?				Yes No
		1120-POL for this year?		olitical organizations to v		
		tion listed, enter the amount paid		•		
		omptly and directly delivered to a				
political action cor	nmittee (PAC). If	additional space is needed, provi	de information in Par	t IV.		
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid fro		nount of political
				filing organization's		tions received and ptly and directly
				funds. If none, enter		ed to a separate
						cal organization. one, enter -0
••••••••••••••••••••••••••••••••••••••						
			····			
For Paperwork Reduc	tion Act Notice.	see the Instructions for Form 9	90 or 990-EZ.	Schedul	e C (Form 99	0 or 990-EZ) 2010

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Schedule C (Form 990 or 990-EZ) 2010	UNITED	FISHERMEN	OF	ALASKA		
Part II-A Complete if the org	anization is	exempt under	sect	ion 501(c)(3)	and filed	For

(election under sec	•	npr under section			
A Check 🕨 🛄 if the filing organiza	tion belongs to an affil	iated group.			
B Check 🕨 📃 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add I					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a) o		bying nontaxable amo			
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
	ero on either line 1h or year? 4-Year Ave zations that made a s	eraging Period Under ection 501(h) electior	ation file Form 4720 Section 501(h) In do not have to com	plete all of the five	Yes N
C(olumns below. See th	e instructions for line nditures During 4-Yea	• •	age 4.)	
			Averaging renou		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) ⊺otal
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))		n altre ferse et sond te staat gebre. Ne	n de la constanción de la substanción. Na	n en en en en en en en en en ekkeler. Namme	
c Total lobbying expenditures					
d Grassroots nontaxable amount				- Alexandra da terre de la clarent	
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	5				

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 UNITED FISHERMEN OF ALASKA 92-0048504 Page 3 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	a)	(b)		
		Yes	No	Amo	ount	
1	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: Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities? If "Yes," describe in Part IV					
		1 des des	1946-1947			
	Total. Add lines 1c through 1i					
Par		on 501(c))(5), or se	ection		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, li	ine 3 is a	nswered		
1	Dues, assessments and similar amounts from members		1	16	2,900.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal		-		
	expenses for which the section 527(f) tax was paid).					
а	Current year		<u>2a</u>	4	1,027.	
b	Carryover from last year		2b			
С	Total		2c	1	1,027.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	4	1,027.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	- 19 ja			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		4			
	The second secon		1			
Pa	t IV Supplemental Information					
Corr	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II·B	, line 1i. Als	o, complete	e this part	

for any additional information.

SCH	EDU	LE	D
-----	-----	----	---

(Form 990)

Supplemental Financial Statements

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



	nent of the Treasury Revenue Service		990. ► See separate instructions.			Open 1 Inspec	tion
	e of the organizat				Empl	oyer identificati	
	une or guinzat	UNITED FISHERMEN O	F ALASKA			92-0048	
Par	t I Organiz	ations Maintaining Donor Advise		s or A	ccour		
	organizatio	on answered "Yes" to Form 990, Part IV, line	9 6.				
			(a) Donor advised funds	(t) Fund	Is and other acco	ounts
1	Total number at e	nd of year					
2		outions to (during year)					
3							
4		at end of year					
5		on inform all donors and donor advisors in		ised fund	ds		
	are the organizati	on's property, subject to the organization's	exclusive legal control?			Yes	N
6	Did the organizati	ion inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used o	nly		
	for charitable pur	poses and not for the benefit of the donor c	or donor advisor, or for any other purpose	e conferr	ing		
	impermissible priv	vate benefit?				Yes	<u> </u>
Par	t II Conserv	vation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV,	line 7.		
1	Purpose(s) of cor	nservation easements held by the organizati	on (check all that apply).				
	Preservatio	n of land for public use (e.g., recreation or e	education) Preservation of an h	istoricall	y impoi	rtant land area	
	Protection	of natural habitat	Preservation of a ce	rtified his	storic s	tructure	
	Preservatio	n of open space					
2	Complete lines 2	a through 2d if the organization held a quali	fied conservation contribution in the form	n of a co	nserva	tion easement or	n the last
	day of the tax yea	ar.		ſ			
				ļ		Held at the End of	the Tax Ye
а	Total number of o	conservation easements			2a		
	-	-			2b		
		ervation easements on a certified historic str			2c		
d		ervation easements included in (c) acquired					
		onal Register			2d		
3		ervation easements modified, transferred, re	leased, extinguished, or terminated by t	he organ	ization	during the tax	
	year 🕨	· · · · · · · · · · · · · · · ·					
4		s where property subject to conservation ea		-			
5	•	ation have a written policy regarding the pe					
~		nforcement of the conservation easements					
6		er hours devoted to monitoring, inspecting,					
7		nses incurred in monitoring, inspecting, and ervation easement reported on line 2(d) abo				•	
8						Yes	
9		h)(4)(B)(ii)? ribe how the organization reports conservat					
9		able, the text of the footnote to the organization	•				
	conservation eas		alon's mancial statements that describe	s the org	Janizati	ion s accounting	101
Pa	rt III Organiz	zations Maintaining Collections of	of Art. Historical Treasures. or	Other 3	Simila	ar Assets.	
		if the organization answered "Yes" to Form					
1a		n elected, as permitted under SFAS 116 (A		ement ar	nd bala	nce sheet works	of art.
1 ca	-	es, or other similar assets held for public ex					
		otnote to its financial statements that descr			1223.10	, p. o do,	
b		n elected, as permitted under SFAS 116 (A		ent and h	alance	sheet works of a	art, historic
5	-	er similar assets held for public exhibition, e					
	relating to these				, P		3 U
	-	cluded in Form 990, Part VIII, line 1				\$	
		ded in Form 990, Part X					
2		n received or held works of art, historical tre					
	÷	ounts required to be reported under SFAS					
а	-	led in Form 990, Part VIII, line 1	, , <u>-</u>			\$	
		in Form 990, Part X				\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Scheo Par		FISHERMEN (Other		48504		ge 2
L									
	Using the organization's acquisition, accession	on, and other record	s, check any of the	e tollowing that a	re a signi	licant use of its	collection	tems	
	(check all that apply):				_				
a	Public exhibition	d		change program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
	Provide a description of the organization's co						t XIV.		
	During the year, did the organization solicit o								í.
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Ye	es" to For	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other asse	ts not inc	luded			
	on Form 990, Part X?					L_	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
							Amount		
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIV								
Par			swered "Yes" to F	orm 990, Part IV	, line 10.				
		(a) Current year	(b) Prior year	(c) Two years I		Three years back	(e) Four	vears l	back
19	Beginning of year balance	(u) ourroint you:					(0) 00.	<u>,</u>	
	Contributions						, secondary		
	Net investment earnings, gains, and losses					i A potente de la compañía	A BABB		
	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
	Administrative expenses					in an			
_	End of year balance								
2	Provide the estimated percentage of the year								
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administere	d for the	organization	г	r	
	by:							Yes	No
	(i) unrelated organizations						. <u>3a(i)</u>		
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?				3b		
	Describe in Part XIV the intended uses of th								
Pa	rt VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X, line 10.						
	Description of investment	(a) Cost or o basis (invest		st or other s (other)	• •	umulated ciation	(d) Bool	k value	Э
1a	Land				ters yas				
	Buildings								
~ c	Leasehold improvements								
с Н	Equipment			42,002.	3	9,810.		2.1	92.
	Other					- /		- / -	<u></u>
	I. Add lines 1a through 1e. (Column (d) must		t X column (P) line	10(c)			•	2,1	92
1013	n. Aud intes la tritough le. (Columnia) must	equal i uni 330, rall							~ ~ •

Schedule D (Form 990) 2010

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UNITED FISHERMEN OF ALASKA 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		d of valuation: -year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
() Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			an a
Part VIII Investments - Program Related.	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation: f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			······································
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li			(b) Book value
	(a) Description		(b) BOOK value
(2)	Warne		
(3)			
(4) (5)			
(6)			
(7)	*******		
(8)			
(9)			
(10)			
	ling 15)		
Total, (Column (b) must equal Form 990, Part X, col (B)			
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	X, line 25.		
Part X Other Liabilities. See Form 990, Part	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (2)	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3)	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8)	X, line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, line 25.		

	dule D (Form 990) 2010 UNITED FISHERMEN OF ALASKA			<u>92-004850</u>	4 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	I Financial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
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				
4	Net unrealized gains (losses) on investments	· · · · · · · · · · · · · · · · · · ·			
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
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				
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With	n Revenue pe	er Return	
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:				
а	Net unrealized gains on investments		<u> </u>		
b	Donated services and use of facilities	_2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	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:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5					
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme				
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses	1 1	· · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d				
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b			
-	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	·
Pa	rt 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.

SCHEDULE G	S	Supplemental Inform						OMB No. 1545-0047
(Form 990 or 990-EZ)		Fundraising or Ga		-				2010
Department of the Treasury Internal Revenue Service	or if t	f the organization answered "Yes" he organization entered more thar Attach to Form 990 or Form 990-E	n \$15,0)00 or	n Form 990-EZ, line	6a.		Open To Public nspection
Name of the organizatio			7					ntification number
Eundraid		FISHERMEN OF ALASK Complete if the organization answe		(92-0048	
	complete this part		erea 1	es ic	o Form 990, Part IV, I	ine i	7. Form 990-E2	Lifters are not
 a Mail solicita b Internet and c Phone solicita d In-person so 2 a Did the organizati key employees lis b If "Yes," list the term 	tions d email solicitations itations blicitations on have a written c ted in Form 990, P	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (incluo rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and addres or entity (fun		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								·
								-
		<u>I</u>		L				
3 List all states in w		on is registered or licensed to solicit		oution	s or has been notifie	d it is	s exempt from	registration
or licensing.								
······								

Schedule G (Form 990 or 990-EZ) 2010

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	edu rt I	e G (Form 990 or 990 EZ) 2010 UNITED Fundraising Events. Complete if th of fundraising event contributions and gro	e organization answered	"Yes" to Form 990, Part	IV, line 18, or reported	
		<u>_</u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, , ,				()
Pa	11 11	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	1
L	÷	\$15,000 on Form 990-EZ, ine 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
He	1	Gross revenue		452,258.		452,258.
ses	2	Cash prizes		352,668.		352,668.
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses		70,052.		70,052.
	6	Volunteer labor	└── Yes %	Yes%	Yes %	
	7					(422,720)
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	29,538.
	a is	nter the state(s) in which the organization opera the organization licensed to operate gaming a "No," explain:	ctivities in each of these	states?		X Yes No
		ere any of the organization's gaming licenses r "Yes," explain:				Yes X No
	_					

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Schedule G (Form 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 UNITED FISHERMEN OF ALASKA 92-0	0485	504	Page 3
11	Does the organization operate gaming activities with nonmembers?	X	'es	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	<u>ا</u>	'es	X No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility	13b	L00	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name MARK VINSEL			
	Address ▶ 211 FOURTH STREET, SUITE 110 - JUNEAU, AK 99801			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	X	es	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	: If "Yes," enter name and address of the third party:			
	Name LOYAL LADY ENTERPRISES			
	Address 🕨 PO BOX 92669 - ANCHORAGE, AK 99669			
16	Gaming manager information:			
	Name KEVIN MEINERS			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee X Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	X	Yes	No No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$ 45,294.			
Pa	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatio	n (see ii	nstruc	tions).
				<u> </u>
				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047 **2010** Open to Public Inspection

UNITED FISHERMEN OF ALASKA

Employer identification number 92-0048504

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

COMPONENT OF ALASKA'S SOCIAL AND ECONOMIC WELL-BEING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2010 UFA BEGAN A PROJECT TO ESTABLISH A NATIONAL SEAFOOD MARKETING

COALITION, FUNDED BY A \$400,000 GRANT FROM THE ALASKA FISHERIES

MARKETING BOARD IN 2009.

FORM 990, PART VI, SECTION A, LINE 6: ORGANIZATION HAS FOUR CLASSES OF

MEMBERSHIP, DESCRIBED AS FOLLOWS:

MEMBER GROUPS (38) - EACH GROUP GETS ONE SEAT ON THE BOARD OF DIRECTORS;

ASSOCIATE MEMBERS - INDIVIDUAL AND LIFETIME MEMBERS ELECT FOUR AT-LARGE

BOARD REPRESENTATIVE;

BUSINESS MEMBERS - NO BOARD REPRESENTATION AND

CREW/SUPPORTERS - NO BOARD REPRESENTATION

FORM 990, PART VI, SECTION A, LINE 7A: UFA'S INDIVIDUAL AND LIFETIME

MEMBERS ANNUALLY ELECT FOUR AT-LARGE REPRESENTATIVES TO THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE UFA BOARD WILL MEET IN OCTOBER AT WHICH TIME THE MEMBERS WILL REVIEW THE FORM 990 PRIOR TO FILING,

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORMS

1023, 990 AND 990T AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

ame of the orgar		FISHERMEN (<u> OF</u>	ALASKA			Employer id 92-00	entific) <u>4 8 5</u>	ation numl 504
OVERNING	DOCUMENTS,	POLICIES AN	ND	FINANCIAL	STATEMENTS	AV	AILABLE	то	THE
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		<u> </u>					-9 Malifications		
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Depreciation and Amortization Detail FORM 990 PAGE 10

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Asset	Description of property										
lumber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction			
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^{# -} Current year section 179 (D) - Asset disposed

Depreciation and Amortization Detail FORM 990 PAGE 10

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Asset		Description of property												
Number		Date placed in service	Method/ IRC sec.	Life or rate	Line No.	C	Cost or other basis		Basis reduction	Accumulated depreciation/amortization	Current year deduction			
	*	GRAND	TOTAL	990	PAGI	E 10	DEPR	& A	MORT		0.70			
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016261 05-01-10		∃		L	#	+ - Currer	nt year se	ction 17	9 (D) - Asset dis	posed	<u></u>			

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			EXTENDED TO NOV			— .	1	OMB No. 1545-0687			
Form 990-	T	E	xempt Organization Bus			ax Return	ן ו	2010			
Department of the Internal Revenue		F	(and proxy tax unde	er sec	• •			conto Public Inspection for			
A Check								r(c)(3) Organizations Only er identification number			
	ss changed			langea a			(Employ instruct	/ees' trust, see ions.)			
B Exempt und	der section	Print	Print UNITED FISHERMEN OF ALASKA 92-004850								
X 501(C)		or									
408(e)		Туре	211 FOURTH STREET, NO.				(000 113	a dealons.			
408A	530(a)		City or town, state, and ZIP code								
529(a)			JUNEAU, AK 99801				7132	00			
C Book value	of all assets			►							
at end of yea		G Checl	k organization type 🕨 🛛 🗶 501(c) corporation	1 L_	_ 501(c) trust	401(a) trust	L	_ Other trust			
	,001.	l									
			·····		TATEMENT 1	>		XNO			
•	•		poration a subsidiary in an affiliated group or a parer tifying number of the parent corporation. ►	it-sudsia	lary controlled group?	▶	Yes	INU			
			MARK VINSEL		Telenho	ne number 🕨	(907)	586-2820			
			de or Business Income	T	(A) Income	(B) Expense		(C) Net			
1a Gross re											
	urns and allo		c Balance	1c							
			A, line 7)	2				gaster der dat.			
	ofit. Subtrac			3							
4 a Capital g	ain net incoi	me (attac	ch Schedule D)	4a							
			Part II, line 17) (attach Form 4797)	4b							
c Capital lo	oss deductio	n for tru	sts	4c		an a	i tra tra d				
5 Income	(loss) from p	partnerst	nips and S corporations (attach statement)	5		esteraesteraest					
	ome (Sched			6							
			me (Schedule E)	7							
		-	and rents from controlled organizations (Sch. F)	8							
			on 501(c)(7), (9), or (17) organization								
(Schedu	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9							
			ome (Schedule I)	10 11							
			e J) ns; attach schedule.) STATEMENT 2	12	29,539.	negation ang e	a a ja ja ja	29,539.			
	Combine line			13	29,539.	v		29,539.			
			ot Taken Elsewhere (See instructions for	- In section of the s		*****					
			utions, deductions must be directly connecte			income.)					
14 Compe	ensation of o	fficers, d	irectors, and trustees (Schedule K)				14				
19 Taxes a	Taxes and licenses						<u>19</u> 20				
20 Charita	0 Charitable contributions (See instructions for limitation rules.)										
			1562)								
	2 Less depreciation claimed on Schedule A and elsewhere on return						22b				
23 Depleti							23 24				
• •											
27 Excess	s readership	costs (S	chedule J)				27				
28 Other of	deductions (attach so	;hedule)	•••••	SEE STAT	EMENT 3	28	29,539.			
29 Total	deduction	s. Add li	nes 14 through 28				29	29,539.			
			income before net operating loss deduction. Subtra					0.			
31 Net op	erating loss	deductio	n (limited to the amount on line 30)				31				
32 Unrela	ted business	s taxable	income before specific deduction. Subtract line 31 f	rom line	30		32	0.			
			lly \$1,000, but see instructions for exceptions.)				33	1,000.			
			cable income. Subtract line 33 from line 32. If line	-				-			
of zero	o or line 32						34	0.			

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Form 990-T	(2010) UNITED FISHERMEN OF ALASKA 92-00	<u>48504</u>	Page 2
Part I			
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here 🕨 🥅 See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
5	(2) Additional 3% tax (not more than \$100,000) \$		
•		35c	0.
	Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	336	
36		00	
07	Tax rate schedule or Schedule D (Form 1041)		
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.
Lanarananan	/ Tax and Payments		······
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	-	
b	Other credits (see instructions) 40b	_	
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 40a through 40d		
41	Subtract line 40e from line 39	41	0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42	
43	Total tax. Add lines 41 and 42	43	0.
44 a	Payments: A 2009 overpayment credited to 2010		
	2010 estimated tax payments		
c	Tax deposited with Form 8868 44c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (Attach Form 8941) 441		
	Other credits and payments:		
	Other credits and payments: □ Form 2439 □ Form 4136 □ Other Total		
45	Total payments. Add lines 44a through 44g	45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		0
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	- 48	0
40	Enter the amount of line 48 you want: Credited to 2011 estimated tax	- 49	0
Part		45	
L	ny time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial	acount	Yes No
	nk, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Ban		TES NU
			v
2 Dur	Incial Accounts. If YES, enter the name of the foreign country here ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file.		
			-
	er the amount of tax-exempt interest received or accrued during the tax year \triangleright \$ Iule A - Cost of Goods Sold. Enter method of inventory valuation \triangleright N/A		
	entory at beginning of year 6 Inventory at end of year	. 6	
	chases 7 Cost of goods sold. Subtract line 6	14 EU 2	
	t of labor from line 5. Enter here and in Part I, line 2	. 7	
	litional section 263A costs		Yes No
	er costs (attach schedule) 4b property produced or acquired for resale) apply to		- 2월만 - 48
<u>5 To</u>	al. Add lines 1 through 4b		X
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	nowledge and belief,	it is true,
Sign Here		May the IRS discuss	this return with
Here	EXECUTIVE DIRECTOR	the preparer shown I	
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- employe	d	
Prep	ROBERT L. REHFELD 10/19/11	P0010	4959
Use	Doly Firm's name ► ELGEE REHFELD MERTZ, LLC Firm's EIN	▶ 92-01	27098
	9309 GLACIER HWY STE B-200		
	Firm's address ► JUNEAU, AK 99801 Phone no.	(907)78	89-3178

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990-T (2010)	UNTTED	ΤŦ	SHERMEN	OF	ALASKA

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023721 03-03-11

Form 990-T (2010) UNTTED Schedule C - Rent Inco	FTSH me (Fro	ERMEN OF om Real Prop	ALASK	A Personal I	Property	Lease	92-00 ed With Real Pr	485 oper	0.4 Page ty)(see instructions)
. Description of property									
(1)									
(2)									
(3)									
(4)									
(+)	2.	Rent received or acc	crued						
(a) From personal property (if rent for personal property 10% but not more th	f the percenta	ge of (b) From real a of rent for p	nd personal propert ersonal property exc t is based on profit	ceeds 50% or i	tage if	3(a) Deductions directions directions 2(a	otly conr) and 2(b	nected with the income in) (attach schedule)
(1)									
2)									
3)									
4)									
otal		0. Total				0.			
•) Total income. Add totals of co ere and on page 1, Part I, line 6, c	column (A)	>	•			0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)		0
chedule E - Unrelated	I Debt-F	inanced Inco	ome (see	instructions)					
							3. Deductions directly	connecte	ed with or allocable
				2. Gross inc or allocable			to debt-fin	i	
1. Description of	f debt-finance	d property		financed p		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)									
(2)									
									······································
(3)									
(4)						_			
 Amount of average acquisition debt on or allocable to debt-financ property (attach schedule) 	n ied	 Average adjuste of or allocable debt-financed pr (attach schede) 	e to operty	6. Column - by colu			 Gross income reportable (column 2 x column 6) 		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					%				
(1)					<u>///</u>				
(2)									
(3)					%				
(4)	l				%				
Totals Total dividends-received deduc					Þ	•	nter here and on page 1, Part I, line 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B). 0
Total dividends-received deduc Schedule F - Interest,	Annuitie	es, Royalties,					nizations (see i	nstruc	tions)
			Exem	pt Controlled C	T				1.
1. Name of controlled organiza	tion	2. Employer identificat number		3. unrelated income (see instructions)	Total of	4. specified nts made	5. Part of column included in the con organization's gross	trolling	connected with income
(4)									
(1)									
(2)									,
(3)									
(4)		<u> </u>							
Ionexempt Controlled Organ	izations								
7. Taxable Income		unrelated income (loss) see instructions)	9 . T	otal of specified pay made	ments 1	in the cor	column 9 that is included ntrolling organization's gross income		Deductions directly connecte with income in column 10
(1)	1							1	
	+							+	
(2)	+							+	
(3)									
(4)	_								
						Enter here	columns 5 and 10. e and on page 1, Part I, e 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
					.				
Totals					▶		0.		0

92-0048504

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	▶ 0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

(1) (1) (2) (2) (3) (2) (4) (2) Enter here and on page 1, Part 1, page 1,	1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(3) (4) Enter here and on page 1, Part I, page 1, Part I, Enter here and on on page 1, Part I,	(1)						
(4) Enter here and on page 1, Part I, Enter here and on on page 1, Part I, Enter here and on on page 1,	(2)						
Enter here and on Enter here and on page 1, Part I, on page 1, Part I, on page 1, Part I, on page 1,	(3)						
page 1, Part I, page 1, Part I, of the second state of the second	(4)						
line 10, col. (A). line 10, col. (B). Part II, line 26.							
							0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensatio	n of Officers	Directors and	d Tructoos (soo ir	netructions)		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	time devoted to business	 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

« STATE OF ALASKA CHARITABLE GAMING PULL TAB PERMIT

TO FORM 990-T, PAGE 1

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FORM 990-T	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
INCOME FROM CHARITABL	E GAMING PULL TABS	29,53	39.
TOTAL TO FORM 990-T,	PAGE 1, LINE 12	29,53	39.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	

DESCRIPTION	AMOUNT
TOTAL LAWFUL PURPOSE EXPENDITURES IN 2010 LESS EXPENDITURES DEEMED APPLIED TO 2009 DEEMED EXPENDITURES TO BE INCURRED IN 2011	45,294. -18,453. 2,698.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	29,539.

Form 8	3868 (Rev. 1-2011)					Page 2			
	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ох x	▶	X			
	Only complete Part II if you have already been granted an a								
If yo	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).						
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies n	eeded).				
Type	Name of exempt organization			Empl	oyer identification	number			
Type of print									
•	UNITED FISHERMEN OF ALASKA 92-0048504								
extende	xtended Number, street, and room or suite no. If a P.O. box, see instructions.								
filing you	" ATT FOORTH DIREEL, NO. ITO								
return. S instructi		oreign add	iress, see instructions.						
	DONEAU, AK 99001								
Entor	the Return code for the return that this application is for (file		to application for each return)			0 1			
Criter	the Neturn code for the return that this application is for (inc	e a separa		•••••					
Applic	cation	Return	Application			Return			
Is For		Code	Is For			Code			
Form		01				194999			
Form	990-BL	02	Form 1041-A			08			
Form	990-EZ	03	Form 4720			09			
Form	990-PF	04	Form 5227			10			
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form	990-T (trust other than above)	06	Form 8870			12			
STOP	! Do not complete Part II if you were not already granted	d an autor	matic 3-month extension on a previou	isly file	d Form 8868.				
	MARK VINSEL								
	e books are in the care of \blacktriangleright 211 FOURTH ST.	STE		301	<u></u>				
	ephone No. ► <u>(907) 586-2820</u>		FAX No. ►						
	he organization does not have an office or place of busines								
	his is for a Group Return, enter the organization's four digit								
			ach a list with the names and EINs of al BER 15,2011.	memo	ers the extension is	ior.			
	For calendar year 2010 , or other tax year beginning	MO V ISIM	, and ending						
6	If the tax year entered in line 5 is for less than 12 months, of	heck reas		Final r	eturn	· · · ·			
U	Change in accounting period	Shook roue		i inca i	oturr				
7	State in detail why you need the extension								
	THE TREASURER IS WORKING TO C	OMPIL	E THE INFORMATION TH	IE A	CCOUNTANT				
	NEEDS TO COMPLETE THE RETURN.	ADDI	TIONAL TIME IS RESPI	ECTF	ULLY REQUE	STED			
	TO PREPARE AND FILE THE TAX	RETUR	N .						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any						
	nonrefundable credits. See instructions.			8a	\$	0.			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and estimated						
	tax payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid			_			
	previously with Form 8868.			8b	\$	0.			
С	Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			~			
	EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.			
н I.	-		nd Verification	a h : = 1		aliaf			
	penalties of perjury, I declare that I have examined this form, includue, correct, and complete, and that I am authorized to prepare this f		panying schedules and statements, and to tr	ie dest 0	n my knowledge and b	iellei,			

Signature 🕨

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tili in

Title 🕨 CPA

Form 8868 (Rev. 1.2011)

Date 🕨

Form 8	8	7	9	-	E	υ
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IRS e-file Signature Authorization

for an Exempt Organization

Department of the Treasury

Do not send to the IRS. Keep for your records.

See instructions.

, 2010, and ending



Internal Revenue Service

Name of exempt organization

UNITED FISHERMEN OF ALASKA

92-0048504

Employer identification number

Name and title of officer

MARK VINSEL EXECUTIVE DIRECTOR

For calendar year 2010, or fiscal year beginning

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	197747
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize ELGEE REHFELD MERTZ, LLC	to enter my PIN 99801
ERO firm name	Enter five numbers, bu do not enter all zeros
	ed return. If I have indicated within this return that a copy of the return he IRS Fed/State program, I also authorize the aforementioned ERO to
• • • • • • •	on the organization's tax year 2010 electronically filed return. If I have h a state agency(ies) regulating charities as part of the IRS Fed/State an.
Officer's signature	Date 🕨
<u> </u>	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	92016327098 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 confirm that I am submitting this return in accordance with the requirements o <i>e-file</i> Providers for Business Returns.	,
ERO's signature 🕨	Date > 10/19/11

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 023051 12-27-10

Form 8879-EO (2010)

UNITED FISHERMEN OF ALASKA TAX RETURN 2009

Department of the Treasury

Internal Revenue Service

EXTENSION ON FILE UNTIL NOVEMBER 15, 2010 **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)



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

<u>A F</u>	or the	2009 calendar year, or tax year beginning and er	nding		
B C a	heck if pplicable	use IRS		D Employer identific	ation number
	Addres	print or UNITED FISHERMEN OF ALASKA			
	Name change	type D to D to D		92-00)48504
]Initial return		oom/suite	E Telephone number	
]Termin ated	- Specific 211 FOURTH STREET 1	10	(907)	586-2820
]Ameno]return	led tions. City or town, state or country, and ZIP + 4		G Gross receipts \$	625,344.
	Applic	JUNEAU, AR 33001		H(a) Is this a group re	turn
	pendin	F Name and address of principal officer:MARK VINSEL		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
		empt status: 🔀 501(c) (5) 🗲 (insert no.) 🗌 4947(a)(1) or 📃 527		1	ist. (see instructions)
		e: WWW.UFA-FISH.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1974 M	State of legal domicile: AK
Pa	nrt I	Summary			
e		Briefly describe the organization's mission or most significant activities: TO PR			
Governance		COMMON INTERESTS OF ALASKA'S COMMERCIAL F			
veri		Check this box \blacktriangleright if the organization discontinued its operations or dispose			
ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			<u> 41</u> 41
ა ა					<u>41</u> 5
itie	6	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)	•••••	6	0
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	•••••	7a	34,188.
Ā		Net unrelated business taxable income from Form 990.T, Ine 34			0.
			T	Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		228,601.	585,290.
ňuć	1	Program service revenue (Part VIII, line 2g)			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,499.	3,295.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,560.	36,332.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		258,660.	624,917.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
		Benefits paid to or for members (Part IX, column (A), line 4)			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		137,017.	109,474.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		50,662.	
Ц. Д	1	Total fundraising expenses (Part IX, column (D), line 25)		0.7.001	
hadaad		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		27,321.	119,322.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		215,000.	228,796.
L S		Revenue less expenses. Subtract line 18 from line 12		43,660.	396,121.
ancie	20	Total assets (Part X, line 16)	Be	ginning of Current Year 200,709.	End of Year 595,844.
Assi Bal	20	Total liabilities (Part X, line 26)		52,438.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		148,271.	595,844.
	art II	Signature Block	·····	140,2710	
L		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements,	and to the best of my knowledg	e and belief, it is true, correct,
			y knowledge.		
Sig	n	IAXPAYER'S			
Her	е	Signature of officer		Date	
		MARK VINSEL, EXECUTIVE DIRECTOR			
		Type or print name and title			
Paid	i	Preparer's Date	sel		r's identifying number tructions)
_	parer's	Signature ////////////////////////////////////	/10 em	ployed 🕨 🛄	
	Only	yours if ELGEE REAFELD MERIA, LLC		EIN 🕨	
		self-employed), address, and			
		ZIP + 4 JUNEAU, AK 99801		Phone no. 🕨 (907)789-3178
					X Yes No
9320	101 02-0 S	⁴⁴⁻¹⁰ LHA For Privacy Act and Paperwork Reduction Act Notice, see the sep EE SCHEDULE O FOR ORGANIZATION MISSION ST			Form 990 (2009)

	1 990 (2009) UNITED FISHERMEN OF ALASKA	92-0048504 Page 2
1	Briefly describe the organization's mission: TO PROMOTE AND PROTECT THE COMMON INTERESTS OF ALASKA'S FISHING INDUSTRY, AS A VITAL COMPONENT OF ALASKA'S SOCIA WELL-BEING.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Re ESTABLISH AND MAINTAIN A TRADE ASSOCIATION OF COMMERCIAL ALASKA; TO PROMOTE AND ENCOURAGE THE USE OF FISH BY THE AND TO PROMOTE THE COMMON INTERESTS OF FISHERS	
4b	(Code:) (Expenses \$ including grants of \$) (Re TO PROMOTE AND MAINTAIN A SYSTEM FOR DISTRIBUTION OF INE FISHERIES ORGANIZATIONS CONCERNING COMMERCIAL FISHERIES MATTERS OF COMMON CONCERN TO COMMERCIAL FISHERS.	
4c	(Code:) (Expenses \$ including grants of \$) (Re TO PROMOTE AND ENCOURAGE RESEARCH IN AND DEVELOPMENT OF REHABILITATION.	venue \$) FISHERIES
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► \$	Form 990 (2009)
93200 02-04-		r onn 330 (2009)

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Form 990 (200	9)
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Form 990 (2009) UNITED FISHERMEN OF ALASKA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144	1	
2	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10	1	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-	- <u>**</u>
	complete Schedule G, Part III	19	x	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	11	x
20	The are organization operate one of more hospitale in the complete our educern	1 20		1 27

Form 990 (2009)

			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	21		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	22		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	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	<u>24c</u>		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
1.	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	0.51		
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	06		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
20	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2	_36	<u> </u>	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	<u> </u>	<u> </u>
00	Note. All Form 990 filers are required to complete Schedule O.	38	x	

Form **990** (2009)

Form	990 (2009) UNITED FISHERMEN OF ALASKA 92-004	8504	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?			ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2009)

Form 990 (2009)

UNITED FISHERMEN OF ALASKA
rnance, Management, and Disclosure For each "Yes" response to lines 2 through
8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See
verning Body and Management
mber of voting members of the governing body1a
mber of voting members that are independent
er, director, trustee, or key employee have a family relationship or a business relationship with
tor, trustee, or key employee?
nization delegate control over management duties customarily performed by or under the dire
irectors or trustees, or key employees to a management company or other person?
nization make any significant changes to its organizational documents since the prior Form 99
nization become aware during the year of a material diversion of the organization's assets?
anization have members or stockholders?
rapization have members, stackholders, or other persons who may cleat one or more

92-0048504 Page 6 h 7h halaw and for a "Ma"

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.
Section /	A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 4	41		
b	Enter the number of voting members that are independent	1b 4	41		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	m 990 was filed?	. 4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?			X
6	Does the organization have members or stockholders?		. 6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the			
	governing body?		<u>7a</u>	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following:				
а	The governing body?		8a	X	
b	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 rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
					ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No " go to line 13		120	X	

120	Does the organization have a written connict of interest policy in No, go to line 13	12a	A	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			**
	to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	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			

exemp	ot status w	ith respect	to such	arrangements?	
Section C). Disclo	sure			

17	List the states	with which a	copy of this	Form 990 is	required to be	e filed ► <u>AK</u>
----	-----------------	--------------	--------------	-------------	----------------	---------------------

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 X Upon request
40	Dependence Control of any fear of the second state of the second s

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public.

20	State the name, phy	sical addr	ess, and tele	phone number of th	ne person	who possesses	the books and records of the organization: 🕨
	MARK VINSE	L - (907) 58	36-2820			
	211 FOURTH	ST.	STE 11), JUNEAU,	AK	99801	

Form 990 (2009)

16b

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

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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

.....

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position		Reportable	Reportable	Estimated				
	hours	_(cł	(check all that apply)		compensation	compensation	amount of			
	per week	ector						from the	from related organizations	other compensation
	Week	or dir	ę			ated		organization	(W-2/1099-MISC)	from the
		ustee	truste		8	suadu		(W-2/1099-MISC)	(organization
		ual tr	tional		ploy	st con yee				and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
JOE CHILDERS										
BOARD PRESIDENT	1.00	x		х				0.	0.	0.
CHIP TREINEN								<u></u>	<u> </u>	<u> </u>
BOARD VICE PRESIDENT	1.00	x		x				0.	0.	0.
RICH DAVIS										
BOARD SECRETARY/TREASURE	2.00	X		X				0.	0.	0.
ROBERT ALVERSON										
BOARD MEMBER	1.00	X						0.	0.	0.
LINDSEY BLOOM										
BOARD MEMBER	1.00	X						0.	0.	0.
MIKE BOWEN										
BOARD MEMBER	1.00	X				ļ		0.	0.	0.
STEVE BROWN										
BOARD MEMBER	1.00	X				ļ		0.	0.	0.
JULIANNE CURRY					-					
BOARD MEMBER	1.00	X						0.	0.	0.
PHIL DOHERTY	1 00									
BOARD MEMBER	1.00	X						0.	0.	0.
KEN DUCKETT	1 00									
BOARD MEMBER	1.00	X						0.	0.	0.
GARY FANDREI	1 00	37						0		0
BOARD MEMBER DUNCAN FIELDS	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
KATHY HANSEN	1.00	•						U.	U.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
OLIVER HOLM	1.00							U.	U.	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
NORMAN HUGHES	1.00	Δ						<u></u>		<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
DALE KELLEY	1.00	- 23							<u>U•</u>	<u></u>
BOARD MEMBER	1.00	x						0.	0.	0.
LINDA KOZAK						1	<u> </u>	U.		<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
					.	·				- 000

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Form 990 (2009) UNITED FI									92-004	<u>850</u>	<u>4</u> F	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key E	mpk	oyee	s, a	nd I	ligh	est	Compensated Employ	rees (continued)			
(A) Name and title	(B) Average hours			((Pos	C) itior	n		(D) Reportable compensation	(E) Reportable compensation	1	(F) Estimat amount	of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	0	other ompens from th organiza and rela rganizat	ation ne tion ted
BUCK LAUKITIS												
BOARD MEMBER	1.00	x						0.	0			Ο.
DEBORAH LYONS						1		<u>.</u>		-		
BOARD MEMBER	1.00	x						0.	0			0.
STEPHANIE MADSEN						1	1					
BOARD MEMBER	1.00	x						0.	0			0.
ROLAND MAW						1		1	`	-		<u> </u>
BOARD MEMBER	1.00	x						0.	0			Ο.
SCOTT MCALLISTER							<u> </u>		`			
BOARD MEMBER	1.00	x						0.	0			Ο.
BERT MCCAY	1.00	122			 					•		0.
BOARD MEMBER	1.00	x		1				0.	0			0.
JERRY MCCUNE	1.00	122				+			U	•		0.
BOARD MEMBER	1.00	x						0.	0			0.
CHRIS MCDOWELL	1.00						\vdash		U	-		0.
BOARD MEMBER	1.00	x						0.	o			0.
MAC MEINERS	1.00	<u>~</u>				+		<u>U</u> .	V	•		0.
BOARD MEMBER	1.00	x						0.	0			0.
DAVID OTTE	1.00					+	+	<u></u>	U	•		0.
BOARD MEMBER	1.00	x						0.		•		Ο.
1b Total			1	I	I		I	69,600.		•	0 7	380.
2 Total number of individuals (including but n						2) W	ho r			•		
compensation from the organization		1000	1000	Jula	000	C) 🗤						0
											Yes	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			· ·			,		J		3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n an	d ot	ther compensation from	the organization			x
5 Did any person listed on line 1a receive or a										·		
the organization? If "Yes," complete Sched					-			-		. 5		x
Section B. Independent Contractors		<u></u>							***************************************	<u> </u>		
1 Complete this table for your five highest co the organization. NONE	mpensated in	dep	ende	ent c	cont	racto	ors	that received more than	\$100,000 of compe	nsatio	n from	
(A)								(B)	ŀ		(C)	
Name and business	address							Description of s	services	Com	pensati	on
				-,								
			····					 				
2 Total number of independent contractors (i \$100,000 in compensation from the organized	zation 🕨				1	0						
SEE SCHEDULE J-2 FOR	PART V	II	, ;	SE	CT.	IOI	N	A CONTINUATI	ON	For	m 990	(2009)

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	<u>1 990 (</u>		<u>FISHER</u>	<u>MEN OF A</u>	LASKA		<u>92-0048</u>	504 Page 9
Pa	rt VII	I 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
its its	1 a	Federated campaigns	1a					
pun	b	Membership dues	1b	158,725.				
s, g		Fundraising events						
ar		Related organizations						
n,s		Government grants (contributions)						
rior r si		All other contributions, gifts, grants, an						
the		similar amounts not included above	1 1	426,565.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f.		1				
Sel		Total. Add lines 1a-1f		1	585,290.			
				Business Code	······			
e	2 a							
Program Service Revenue	b							
S	с							
eve	d							
P ^d	е							
P	f	All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including divid						
		other similar amounts)		▶	3,295.			3,295.
	4	Income from investment of tax-exe		1				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b							
	с	-						
	d	Net rental income or (loss)		▶				
			Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		>				
Other Revenue		Gross income from fundraising even	•					
Sve		contributions reported on line 1c).						
щ		Part IV, line 18						
the	h	Less: direct expenses						
Ó		Net income or (loss) from fundrais						
		Gross income from gaming activiti	-					
	0 4	Part IV, line 19		34,615.				
	b	Less: direct expenses						
		Net income or (loss) from gaming		► <u> </u>	34,188.		34,188.	
		Gross sales of inventory, less retu			01/1001		51/1001	
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales of						
ł	¥	Miscellaneous Revenue	inventory	Business Code				
	11 a	OTHER REIMBURSEME	NTS	900099	2,144.	2,144.		
	b							**************************************
	c							
		All other revenue						
		Total. Add lines 11a-11d			2,144.		·	
	12	Total revenue. See instructions.		i i i i i i i i i i i i i i i i i i i	624,917.		34,188.	3,295.
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Form **990** (2009)

UNITED FISHERMEN OF ALASKA Part IX Statement of Functional Expenses

	All other organizations must comple include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
	9b, and 10b of Part VIII.		expenses	general expenses	expenses	
	ants and other assistance to governments and					
	ganizations in the U.S. See Part IV, line 21					
	ants and other assistance to individuals in					
th	e U.S. See Part IV, line 22					
	ants and other assistance to governments,					
	ganizations, and individuals outside the U.S.					
	e Part IV, lines 15 and 16					
	enefits paid to or for members					
	ompensation of current officers, directors,					
	ustees, and key employees	77,980.				
6 Co	mpensation not included above, to disqualified					
pe	rsons (as defined under section 4958(f)(1)) and					
pe	rsons described in section 4958(c)(3)(B)					
7 Ot	her salaries and wages	19,817.				
8 Pe	nsion plan contributions (include section 401(k)					
an	d section 403(b) employer contributions)	284.				
9 Ot	ther employee benefits	3,858.				
0 Pa	ayroll taxes	7,535.				
	ees for services (non-employees):					
аM	anagement					
	egal					
c Ad	ccounting	3,854.				
	bbying	41,000.				
	ofessional fundraising services. See Part IV, line 17					
f In	vestment management fees					
	ther					
	dvertising and promotion	5,492.				
	ffice expenses	18,038.				
	formation technology	1,446.				
	oyalties					
	ccupancy	13,218.	·····			
	avel	13,043.				
	ayments of travel or entertainment expenses				·····	
	r any federal, state, or local public officials					
	onferences, conventions, and meetings	10,399.				
	terest					
	ayments to affiliates					
	epreciation, depletion, and amortization	873.				
	surance	2,502.	979(100-2,010-10-10-10-10-10-10-10-10-10-10-10-10-			
	her expenses. Itemize expenses not covered	4,504.			·····	
ab	ove. (Expenses grouped together and labeled					
m	iscellaneous may not exceed 5% of total					
	penses shown on line 25 below.)	9,457.		1		
		5,457.				
b	······································					
с						
d _						
e						
	l other expenses	220 705				
	tal functional expenses. Add lines 1 through 24f	228,796.				
	int costs. Check here if following					
	OP 98-2. Complete this line only if the organization					
re	ported in column (B) joint costs from a combined					

932010 02-04-10

Form **990** (2009)

UNITED	FISHERMEN	OF	ALASKA

	990 (t X	2009) UNITED FISHERM Balance Sheet		AUADAA		34-0	048504 Page 11
L		L			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			178,251.	1	54,466.
	2	Savings and temporary cash investments				2	531,483.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			9,428.	4	6,830.
	5	Receivables from current and former officers, dir					
		employees, and highest compensated employee	s. Complete	Part II			
		of Schedule L				5	
	6	Receivables from other disgualified persons (as					
		4958(f)(1)) and persons described in section 495	8(c)(3)(B). Co	omplete			
		Part II of Schedule L				6	
ង	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥8	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	42,002.			
	b	Less: accumulated depreciation	10b	38,937.	3,938.	10c	3,065.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		9,092.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa		200,709.		595,844.	
	17	Accounts payable and accrued expenses	985.	17			
	18	Grants payable			18		
	19	Deferred revenue			51,453.	19	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Payables to current and former officers, directors	s, trustees, ł	key employees,			
iabi		highest compensated employees, and disqualified	ed persons.	Complete Part II			
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ited third pai	ties	··· ····	23	
	24	Unsecured notes and loans payable to unrelated			мданадаал улуу дагуу манана улуу туу аттар баттага калана калана калана калана калана калана калана калана кала	24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			52,438.	26	0.
		Organizations that follow SFAS 117, check he	ere 🕨 🛛 🗙	and complete			
ses		lines 27 through 29, and lines 33 and 34.					
and	27	Unrestricted net assets			148,271.	27	195,844.
Bal	28	Temporarily restricted net assets				28	400,000.
pu	29			·····		29	
Ľ		Organizations that do not follow SFAS 117, cl					
2 or		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
Vet	32	Retained earnings, endowment, accumulated in			4 / 0 0	32	
~	33	Total net assets or fund balances			148,271.		595,844.
	34	Total liabilities and net assets/fund balances			200,709.	34	595,844.

595,844. Form **990** (2009)

<u> </u>	2000	<u> </u>	
1	Ra	lance	Shoo

Form 990	(2009)
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 Form 990 (2009)
 UNITED FISHERMEN OF ALASKA

 Part XI
 Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	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?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
с	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis 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?	3a		Х
b	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.	3b		
			000	

Form 990 (2009)

Sched	ule B
(Form 990,	990-EZ,
or 990-PF)	

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

92-0048504

Name of the organization

JN	Ί	TED	FIS	SHERMEN	OF	ALASKA	
							٠

Organization type(check one):

τ

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(5) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, ine 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

UNITED FISHERMEN OF ALASKA

is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALASKA FISHERIES MARKETING BOARD 725 CHRISTENSEN DRIVE., SUITE 4 ANCHORAGE, AK 99503	\$400,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	SALMON FOR ALASKA'S FUTURE 211 FOURTH STREET, SUITE 110 JUNEAU, AK 99801	\$16,126.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there

Employer identification number

92-0048504

SCHEDULE C	Pc	litical Campaign a	nd Lobbvin	a Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Income	-	-	2009
Department of the Treasury Internal Revenue Service	•	Complete if the organiz			Open to Public Inspection
		Attach to Form 990 or Form 990			
		Form 990, Part IV, line 3, or Forr plete Parts I-A and B. Do not com		ne 46 (Political Campai	gn Activities), then
		1(c)(3)) organizations: Complete F		Do not complete Part I	B
 Section 527 organization 					0.
9	•	Form 990, Part IV, line 4, or Forr	n 990-EZ, Part VI, li	ne 47 (Lobbving Activit	ies). then
		nave filed Form 5768 (election und			
Section 501(c)(3) or	ganizations that I	nave NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B. D	Do not complete Part II-A.
		Form 990, Part IV, line 5 (Proxy	Tax), then		
), or (6) organizat	ions: Complete Part III.			
Name of organization				Er	nployer identification number
Part I-A Compl		FISHERMEN OF ALAS anization is exempt unde		or is a section 527	<u>92-0048504</u>
		ation's direct and indirect political			organization.
	-	ation's direct and indirect pointcal			►\$
				•••••••••••••••••••••••••••••••••••••	
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)	(3).	
		incurred by the organization unde			
		incurred by organization manager			
		n 4955 tax, did it file Form 4720 fo			
					YesNo
b If "Yes," describe in Part I-C Compl		anization is exempt unde	r section $501(c)$	excent section 50	1(c)(3)
	-	by the filing organization for sect			> \$
		ization's funds contributed to othe			φ
			-		►\$
		. Add lines 1 and 2. Enter here an			• • • • • • • • • • • • • • • • • • •
line 17b				>	►\$
4 Did the filing organ	ization file Form	1120-POL for this year?			Yes No
		ployer identification number (EIN)			
		he amount paid from the filing org			
		vered to a separate political organ I, provide information in Part IV.		parate segregated fund	or a political action committee
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	m (e) Amount of political
	5		(C) EIN	filing organization's funds. If none, enter	contributions received and
For Privacy Act and Pa	perwork Reduc	tion Act Notice, see the Instruct	ions for Form 990 o	r 990-EZ. Schedule	e C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	UNITED F	ISHERMEN OF A	LASKA	92-0	0048504 Page 2
Part II-A Complete if the orga		exempt under section	on 501(c)(3) and file	ed Form 5768	
(election under section					
A Check L if the filing organization	-				
B Check L if the filing organization	on checked box	A and "limited control" pr	ovisions apply.		
	on Lobbying E tures" means a	xpenditures mounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opin	ion (grass roots lobbying)			
b Total lobbying expenditures to influe	ence a legislative	body (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c an	d 1d)		······	
f Lobbying nontaxable amount. Enter	the amount from	m the following table in bo	th columns.	Ang	
If the amount on line 1e, column (a) or	(b) is: The	lobbying nontaxable an	nount is:		
Not over \$500,000	20%	6 of the amount on line 16)		
Over \$500,000 but not over \$1,000,	000 \$10	0,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	<u>0,000 \$17</u>	5,000 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	00,000 \$22	5,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	000,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f)		·····	
h Subtract line 1g from line 1a. If zero		,			
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero	,				
reporting section 4911 tax for this ye					Yes No
(Some organiza	4-Year	• Averaging Period Unde e a section 501(h) election	r Section 501(h)		
		e the instructions for lin			
	Lobbying E	xpenditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 UNITED FISHERMEN OF ALASKA 92-004850 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)).

		(8	(a)		(b)	
		Yes	No	Amo	unt	
1	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:					
а	Volunteers?					
b						
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities? If "Yes," describe in Part IV					
	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	· · · · · · · · · · · · · · · · · · ·	
L	501(c)(6).	.,	· //			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3					X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction		
L	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa					
	"Yes."					
1	Dues, assessments and similar amounts from members		1	165	645.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a	38	,055.	
	Carryover from last year				1	
	Total			38	,055.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				,055.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		·····		10001	
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		4			
	t IV Supplemental Information	<u>AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA</u>	3			
L	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	ad Dart II P		ormalata	this part	
	prete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information.	iu rat Irb,		, complete	uns part	
iui d	ny autonarmothaton.					

Sch	edu	le D
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(Form 990)

Department of the Treasury

Supplemental Financial Statements

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



ternal Revenue		990. ► See separate instructions.		Inspection
lame of the	organization UNITED FISHERMEN OF	F AT.AGKA		er identification number 92-0048504
Part I	Organizations Maintaining Donor Advised		Accounts	Complete if the
	organization answered "Yes" to Form 990, Part IV, line		Accounts	
		(a) Donor advised funds	(h) Funds a	nd other accounts
1 Total n	umber at end of year	(4)	(2) + 41100 0	
	jate contributions to (during year)			
	rete grapte fram (during uppe)			
	pate value at end of year			
	e organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	inds	
	organization's property, subject to the organization's	-		Yes N
	organization inform all grantees, donors, and donor a			
	ritable purposes and not for the benefit of the donor of		-	
	nissible private benefit?		-	🛄 Yes 📃 N
	Conservation Easements. Complete if the org			
	se(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or p	·	ally importar	nt land area
F I	Protection of natural habitat	Preservation of a certified		
F	Preservation of open space			
2 Compl	ete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservatior	easement on the last
	the tax year.			
			Hel	d at the End of the Tax Yea
a Total n	umber of conservation easements		2a	
	creage restricted by conservation easements			
	er of conservation easements on a certified historic stru			
d Numbe	er of conservation easements included in (c) acquired a	after 8/17/06	2d	
5 Does t violatio	er of states where property subject to conservation eas the organization have a written policy regarding the per ons, and enforcement of the conservation easements it	iodic monitoring, inspection, handling of the total to		
	nd volunteer hours devoted to monitoring, inspecting,			
	nt of expenses incurred in monitoring, inspecting, and e		-	
and se	each conservation easement reported on line 2(d) abov ection 170(h)(4)(B)(ii)?		• • • • •	Yes N
include	XIV, describe how the organization reports conservative, if applicable, the text of the footnote to the organizat vation easements.	-		•
	Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r Similar /	Assets.
	Complete if the organization answered "Yes" to Form			
1a If the c	organization elected, as permitted under SFAS 116, not	t to report in its revenue statement and balance	ce sheet wor	ks of art, historical
treasu	res, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public s	service, prov	ide, in Part XIV, the text
	otnote to its financial statements that describes these i			
	organization elected, as permitted under SFAS 116, to		heet works c	of art, historical treasure
	er similar assets held for public exhibition, education, o			
	evenues included in Form 990, Part VIII, line 1		► \$	
(ii) As	sets included in Form 990, Part X		···· • • • \$	
	organization received or held works of art, historical trea			
	lowing amounts required to be reported under SFAS 1	-	., բ	
	ues included in Form 990, Part VIII, line 1	•	🕨 \$	
	s included in Form 990, Part X		···· • • • • •	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		FISHERMEN								4 Page 2		
Par	t III Organizations Maintaining C											
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	gnificant u	se of its	collectio	n items		
	(check all that apply):		·1									
а	Public exhibition	d			hange progra							
b	Scholarly research	e		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co							se in Parl	: XIV.			
5	During the year, did the organization solicit of											
	to be sold to raise funds rather than to be m								Yes	No		
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if org	anization ar	nswered "Yes	s" to Forn	n 990, Par	t IV, line	9, or			
	reported an amount on Form 990, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for a	contribution	s or other as	sets not i	included					
	on Form 990, Part X? Yes No											
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:											
									Amoun	t		
с	Beginning balance						1c					
	Additions during the year											
	Distributions during the year											
f												
2a	Ending balance 1f 1f Yes No											
	If "Yes," explain the arrangement in Part XIV					•••••			1.00			
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.											
L		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears hack		
1a	Beginning of year balance			Jou.	(0) 1110 you	o buok 1			(0)100	youro buok		
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities			······								
U												
f												
	Administrative expenses			····								
g	End of year balance		l									
2	Provide the estimated percentage of the year											
a L	Board designated or quasi-endowment		%									
	Permanent endowment											
		%										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	red for th	ne organiza	ation	ſ			
	by:									Yes No		
	(i) unrelated organizations			••••••					3a(i)			
	(ii) related organizations					••••••			3a(ii)			
b	If "Yes" to 3a(ii), are the related organization						•••••		3b			
4	Describe in Part XIV the intended uses of the									· · · · · · · · · · · · · · · · · · ·		
Par	t VI Investments - Land, Building		T	······	1			······				
	Description of investment	(a) Cost or c basis (investr			or other (other)		cumulate		(d) Boo	k value		
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment			4	2,002.		38,93	37.		3,065.		
	Other											
	. Add lines 1a through 1e. (Column (d) must e		X, colun	n (B), line 1	 0(c),)					3,065.		
	· · · · · · · · · · · · · · · · · · ·								· · · · ·			

Schedule D (Form 990) 2009

Schedule D	(Form 990) 2009
Dart VII	Invoctmonte (

UNITED FISHERMEN OF ALASKA Otho - 0-

(a) Description of security or category (including name of security)	(b) Book value		thod of valuation: d-of-year market value
inancial derivatives			
losely-held equity interests			
ther			
······			
	·		
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments - Program Related	 See Form 990, Part X, lir 		
(a) Description of investment type	(b) Book value		thod of valuation:
		Cost or en	d-of-year market value
	·····		
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,			
	(a) Description		(b) Book value
	·····		
	······································		
otal. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		
Part X Other Liabilities. See Form 990, Par	t X, line 25.		
. (a) Description of liability		(b) Amount	
ederal income taxes			
		~	
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)		
2. FIN 48 Footnote. In Part XIV, provide the text of the		on's financial statements that re	ports the organization's liability fo

uncertain tax positions under FIN 48. 932053 02-01-10

Sche	dule D (Form 990) 2009 UNITED FISHERMEN OF ALASKA			92-004	8504 Page 4								
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited	Financial Sta	atements									
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												
4	Net unrealized gains (losses) on investments												
5	Donated services and use of facilities	5											
6	Investment expenses												
7	Prior period adjustments												
8	Other (Describe in Part XIV.)												
9	Total adjustments (net). Add lines 4 through 8		9										
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar												
Par	Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return												
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:												
а	Net unrealized gains on investments	. 2a											
b	Donated services and use of facilities												
с	Recoveries of prior year grants												
d	Other (Describe in Part XIV.)												
е	Add lines 2a through 2d	2e											
3	Subtract line 2e from line 1												
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:												
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a											
b	Other (Describe in Part XIV.)	. 4b											
С	Add lines 4a and 4b			4c									
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5									
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	nents Witl	n Expenses p	er Return									
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:												
а	Donated services and use of facilities	. 2a											
b	Prior year adjustments	. 2b											
С	Other losses	2c											
d	Other (Describe in Part XIV.)	. 2d											
е	Add lines 2a through 2d			2e									
3	Subtract line 2e from line 1												
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:												
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a											
b	Other (Describe in Part XIV.)	. 4b											
с	Add lines 4a and 4b			4c									
_5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5												
Pa	t 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.

SCHEDULE G	9	Supplemental Inform	nati	on	Regarding		-	OMB No. 1545-0047
(Form 990 or 990-EZ)		Fundraising or Ga						2009
Department of the Treasury Internal Revenue Service	or if t	e if the organization answered "Yes the organization entered more that Attach to Form 990 or Form 990-E	n \$15,(000 o	n Form 990-EZ, line	6a.		Open To Public Inspection
Name of the organization	n							entification number
Eundrais		FISHERMEN OF ALASK . Complete if the organization answe		/oc" t	o Form 000 Part IV	lino 1	92-004	
Part I required to	complete this par	t.		185 U	o Form 990, Far IV,	ine i	7. FOITI 990-6	z hers are not
		sed funds through any of the followir	-			•		
a Mail solicitat b Internet and	ions email solicitations			~	overnment grants mment grants			
c Phone solici		g Special		-	-			
d In-person so			r	P				
		or oral agreement with any individual Part VII) or entity in connection with p					sor	s 🗌 No
		ividuals or entities (fundraisers) purs						
compensated at le	east \$5,000 by the	organization.						
(i) Name of ind or entity (fund		(ii) Activity	have custody or control of from activity			tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		,						
						1		
			1					
Total		•						
		n is registered or licensed to solicit	funds	or has	been notified it is ex	l kemp	t from registra	tion or licensing.
		All M. 19.					-	
								·····

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	nd Dependent. D			<i></i>			0-1-1-1-0/7	
LIN FOR PRIVACY ACT a	nu Paperwork Re	eduction Act Notice, see the Instru	ctions	TOP F	orm 990 or 990-EZ.		ocnedule G (Fo	rm 990 or 990-EZ) 2009

4

Sch Pa		le G (Form 990 or 990 EZ) 2009 UNITED			IV, line 18, or reported	00485 more tha	5 04 F n \$15.00	Page 2)0
·		on Form 990-EZ, Ine 6a. List events with	gross receipts greater	than \$5,000.				-
			(a) Event #1	(b) Event #2	(c) Other events	(add co	otal ever ol. (a) thr	
ne			(event type)	(event type)	(total number)	- (ol. (c))	
Revenue	1	Gross receipts						
-	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
ses	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct	7	Food and beverages						
	8	Entertainment						
	9 10	Other direct expenses				1		
	11	Direct expense summary. Add lines 4 throug Net income summary. Combine line 3, column				()
Pa								
L		\$15,000 on Form 990-EZ, ine 6a.		, , ,				
				(b) Pull tabs/instant		(d) Tota	l gaming	n (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) t		
Revenue								
œ	1	Gross revenue		541,724.			541,	724.
ses	2	Cash prizes		424,986.			424,9	986.
ect Expenses	3	Noncash prizes						
Direct [4	Rent/facility costs		82,123.			82,2	123.
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	Yes % X No	└── Yes % └── No			
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	(!	507,2	109,
	8	Net gaming income summary. Combine line	1, column (d), and line 7	,	•		34,6	~~~~
9	En	ter the state(s) in which the organization opera	tos comina octivitios	አሦ			Yes	No
		the organization licensed to operate gaming a					a X	
		No," explain:	stivites in each of these					
				- 1				
		ere any of the organization's gaming licenses r Yes," explain:	evoked, suspended or t	terminated during the tax y	/ear?	<u>1</u> (Da	x
11 12		es the organization operate gaming activities the organization a grantor, beneficiary or truste		er of a partnership or other			<u>1 X</u>	
		minister charitable gaming?				1	2	x

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 UNITED FISHERMEN OF ALASKA 92-0	04850	4 Page	e 3
		Yes N	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%		
b An outside facility 13b 100.00	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name MARK VINSEL	-		
Address 🕨 211_FOURTH STREET, SUITE 110 - JUNEAU, AK 99801			
	-		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$34,615. and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name 🕨 LOYAL LADY ENTERPRISES			
Name P HOIRL HADI ENIERFRISES	-		
Address 🕨 PO BOX 92669 - ANCHORAGE, AK 99669			
16 Gaming manager information:			
News N VEVITN METNEDC			
Name KEVIN MEINERS	-		
Gaming manager compensation 🕨 \$			
Description of services provided <a> INDEPENDENT GAMING OPERATOR SERVICES			
Director/officer Employee X Independent contractor			
Director/officer Employee X Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	x	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year \triangleright \$ 16,612.			
Schedule & /Forn	1 990 or 90	0.F7) 2	nna

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047 2009 Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 See the Instructions for Form 990.

	FISHERME								Employer Identif	8504	
Part I Continuation of Officers,	T	ust	ees			Em	plo	oyees, and Highes	t Compensated I	Employees	
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average			Posi	ition)		Reportable	Reportable	Estimated	
	hours	(cl	hecł	k all 1	that	app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	1				loyee		the	organizations	compensation	
		irecto				emp		organization	(W-2/1099-MISC)	from the	
		ord	ee			sated		(W-2/1099-MISC)		organization	
		rustee	Itrus		ee	uben				and related	
		fual t	nstitutional trustee		nploy	st cor	_			organizations	
		Individual trustee or director	nstitu	Officer	Key employee	Highest compensated employee	Former				
BRENT PAINE			<u> </u>	-	<u> </u>	<u> </u>					
BOARD MEMBER	1.00	x						0.	0.	0.	
WALT PASTERNAK	1.00								v.		
BOARD MEMBER	1.00	x						0.	0.	0.	
SAM RABUNG				1	· · · · ·				v .		
BOARD MEMBER	1.00	x						· 0.	0.	0.	
BRUCE SCHACTLER								· ·	v .		
BOARD MEMBER	1.00	x						0.	0.	0.	
PAUL SHADURA	1.00	123							<u> </u>		
BOARD MEMBER	1.00	x						0.	0.	0.	
JEFF STEELE	1.00	23	-						U •	<u>0.</u>	
BOARD MEMBER	1.00	x						0.	0.	0.	
JAY STINSON	1.00			1		-		.	U •	· · ·	
BOARD MEMBER	1.00	x						0.	0.	0.	
JIM STONE					 			v.	<u> </u>	.	
BOARD MEMBER	1.00	x						0.	0.	0.	
LORI SWANSON				1	1		1	````		.	
BOARD MEMBER	1.00	x						0.	0.	0.	
BOB THORSTENSON		1			1	1	1				
BOARD MEMBER	1.00	x						0.	0.	0.	
BRUCE WALLACE				1	1						
BOARD MEMBER	1.00	x						0.	0.	0.	
JASON WELLS			1				1				
BOARD MEMBER	1.00	x						0.	0.	0.	
THOM WISCHER		1		Γ	1						
BOARD MEMBER	1.00	X						0.	0.	0.	
ROB ZUANICH											
BOARD MEMBER	1.00	X						0.	0.	0.	
MARK VINSEL											
EXECUTIVE DIRECTOR	40.00			X				69,600.	0.	8,380.	
								- more - 1			
		<u> </u>	<u> </u>	1	<u> </u>	<u> </u>					
				<u> </u>	<u> </u>	<u> </u>	<u> </u>				
	1	4	4	1	1	1	1	1		1	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No. 1545-0047 2009 Open to Public Inspection

Employer identification number

92-0048504

UNITED FISHERMEN OF ALASKA

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

COMPONENT OF ALASKA'S SOCIAL AND ECONOMIC WELL-BEING.

FORM 990, PART VI, SECTION A, LINE 6: ORGANIZATION HAS FOUR CLASSES OF

MEMBERSHIP, DESCRIBED AS FOLLOWS:

MEMBER GROUPS (38) - EACH GROUP GETS ONE SEAT ON THE BOARD OF DIRECTORS;

ASSOCIATE MEMBERS - INDIVIDUAL AND LIFETIME MEMBERS ELECT FOUR AT-LARGE

BOARD REPRESENTATIVE;

BUSINESS MEMBERS - NO BOARD REPRESENTATION AND

CREW/SUPPORTERS - NO BOARD REPRESENTATION

FORM 990, PART VI, SECTION A, LINE 7A: UFA'S INDIVIDUAL AND LIFETIME

MEMBERS ANNUALLY ELECT FOUR AT-LARGE REPRESENTATIVES TO THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD TREASURER PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORMS

1023, 990 AND 990T AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2009

Depreciation and Amortization Detail FORM 990 PAGE 10

Asset					Description of	property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation	Current year deduction
	MACHINER	Y & E	OUIPM	IENT				
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	COPIER	121	3.00	16	650.		650.	0.
5		ST.	3.00	16	1,500.		1,500.	0.
6	COMPUTER		5.00	TT O	1,300.1		<u> </u>	<u> </u>
	042390		5.00	16	4,202.		4,202.	0.
7	OFFICE E					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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8	COMPUTEF			4 -	1 222			
		200DE	5.00	17	1,682.		1,682.	0.
9	PRINTER			17	734.		734.	0
10	EQUIPMEN		5.00		/34•		/34.	0.
10	11,05,99		5.00	17	114.		114.	0.
11	COMPUTER							` .
	052698		5.00	17	1,393.		1,113.	0.
12	EQUIPMEN				-			
	060100			17	270.		270.	0.
13	OFFICE E			1 17	100			
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					25,189.	0.	22,744.	574.
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14	08 30 01				SISTENCE GRANT 8,225.		8,225.	
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1.5					6,000.	IN 1	6,000.	0.
16					RE, SUBSISTENC	E GRANT	<u> </u>	
	123003	3	36M	43	1,095.		1,095.	0.
21					SUBSISTENCE GR	ANT		
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916261 04-24-09				#	+ - Current year section 179	(D) - Asset dispos		

04-24-09

(D) - Asset disposed 26.1 # - Current year section 179

990

Depreciation and Amortization Detail FORM 990 PAGE 10

Asset		Description of property													
Number		Date placed in servic	l Ce	Method/ IRC sec.	Life or rate	Line No.		Cos other	t or basis	T:	Basis eduction	Ac depreciat	cumulated ion/amortization	Current year deduction	
	*	GRANI	D	TOTAL	990	PAG	E 1(0 DE	EPR & A	MORT	I				
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916261 04-24-09						#	Jun	on yea		26.					

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26.2

	~~~ =		EXTENSION ON FILE UNT					OMB No. 1545-0687				
Form	990-T	E	xempt Organization Bus			ax Return		2000				
	ent of the Treasury		(and proxy tax und	er se			c	LUUJ				
	Revenue Service (77)	For ca	alendar year 2009 or other tax year beginning		, and ending		5	01(c)(3) Organizations Only yer identification number				
A [	Check box if address changed		Name of organization ( Check box if name c	hanged	and see instructions.)		(Emplo	yees' trust, see instructions ck D on page 9.)				
B Exe	mpt under section	Print	UNITED FISHERMEN OF AL	ASK	A		92	2-0048504				
	501(c)(5)	or Type	Number, street, and room or suite no. If a P.O. box		+		E Unrelat (See in:	ted business activity codes structions for Block E				
	408(e) 220(e)		211 FOURTH STREET, NO.	11	0		on pag	e 9.)				
	408A 530(a)		City or town, state, and ZIP code									
	529(a)		JUNEAU, AK 99801	<b></b>			7132	200				
	k value of all assets nd of year		exemption number (See instructions for Block F.)									
ut of	-	GUNECH	corganization type <b> X</b> 501(c) corporation	n L	501(c) trust	401(a) trust	L	_] Other trust				
H Dec	595,844. Describe the organization's primary unrelated business activity. SEE STATEMENT 1											
			poration a subsidiary in an affiliated group or a pare			▶	Yes	s X No				
			lifying number of the parent corporation.	11 3003	ulary controlled group :	F	168					
			ARK VINSEL		Telepho	ne number 🕨 (	907	) 586-2820				
Par			te or Business Income		(A) Income	(B) Expenses		(C) Net				
1a (	Gross receipts or sal	es				***************						
bl	ess returns and allo	wances	c Balance ►	1c								
2 (	Cost of goods sold (	Schedule	A, line 7)	2								
	Gross profit. Subtrac			3								
			h Schedule D)	4a								
b N	let gain (loss) (Forn	n 4797, P	art II, line 17) (attach Form 4797)	4b								
			sts	4c								
			ips and S corporations (attach statement)	5								
	Rent income (Sched			6								
			ne (Schedule E)	7								
		-	and rents from controlled organizations (Sch. F) $_{\cdots}$	8								
			on 501(c)(7), (9), or (17) organization									
				9								
			me (Schedule I)	10								
			e J)	11	24 615							
			ns; attach schedule.) STATEMENT 2	12	34,615.			34,615.				
13 Par	rotal. Combine line		ign 12 ot Taken Elsewhere (See instructions fo	13	<u>34,615.</u>		l	34,615.				
Γαι			utions, deductions must be directly connecte		,	income.)						
14			rectors, and trustees (Schedule K)				14					
15												
16												
17							17	M.M.				
18							18	· · · · · · · · · · · · · · · · · · ·				
19												
20	Charitable contribu	tions (Se	e instructions for limitation rules.)				20					
21			562)									
22			n Schedule A and elsewhere on return				22b					
23							23					
24	Contributions to de	ferred co	mpensation plans				24					
25							25					
26	Excess exempt exp	enses (S	chedule I)				26					
27	Excess readership	costs (Sc	hedule J)				27					
28	Other deductions (a	attach scl	hedule)		SEE STATI	EMENT 3	28	34,615.				
29	Total deduction	<b>s.</b> Add lir	nes 14 through 28				29	34,615.				
30			ncome before net operating loss deduction. Subtra				30	0.				
31	Net operating loss	deduction	n (limited to the amount on line 30)				31					
32			ncome before specific deduction. Subtract line 31 f				32	0.				
33			y \$1,000, but see instructions for exceptions.)				33	1,000.				
34			able income. Subtract line 33 from line 32. If line					•				
923701	of zero or line 32						34	<u>0.</u>				
923701 01-08-	10 LHA FORPR	ivacy Act	and Paperwork Reduction Act Notice, see instruc	TIONS.				Form <b>990-T</b> (2009)				

Form 990

Form 990-T	(2009) UNITED FISHERMEN OF ALASKA 9	<u>2-004</u>	<u>1850</u>	4	F	Page 2
Part II	Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here <b>See instructions</b> and:					
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) \$ (2) \$ (3) \$					
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
C	Income tax on the amount on line 34	►	35c			0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:					
	Tax rate schedule or Schedule D (Form 1041)	▶	36			
37	Proxy tax. See instructions		37			
	Alternative minimum tax		38			
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39			0.
	/ Tax and Payments		00			<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)					
			-			
	Other credits (see instructions)		-			
C	General business credit. Attach Form 3800 40c		-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		-			
	To <b>tal credits</b> . Add lines 40a through 40d		40e			
41	Subtract line 40e from line 39		41			0.
42	Other taxes. Check if from: 🔄 Form 4255 🔄 Form 8611 🔄 Form 8697 💭 Form 8866 💭 Other (attack	n schedule)	42			
43	Total tax. Add lines 41 and 42		43			0.
44 a	Payments: A 2008 overpayment credited to 2009 44a					
	2009 estimated tax payments					
- C	Tax deposited with Form 8868 44c		-			
ч Б	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		-			
	Backup withholding (see instructions)					
t	Other credits and payments:          Form 2439					
	] Form 4136 Total 🏓 🛛 44f		_			
45	Total payments. Add lines 44a through 44f		45			·····
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄		46			
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	>	47			0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	>	48			0.
	Enter the amount of line 48 you want: Credited to 2010 estimated tax 🕨 Refund	ed 🕨	49			
Part V	Statements Regarding Certain Activities and Other Information (See instruction	ns on pag	ge 17)			
1 Ata	ny time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a	financial a	ccount	Y	es	No
	k, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of For			E E		X
	ncial Accounts. If YES, enter the name of the foreign country here <b>&gt;</b>	orgin Burn	unu			
2 Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see page 5 of the instructions for other forms the organization may have to file.					х
	r the amount of tax-exempt interest received or accrued during the tax year ►\$ ule A - Cost of Goods Sold. Enter method of inventory valuation ►					
Scheu	· •					
<u> </u>	N/A					
1 Inve	ntory at beginning of year 1 6 Inventory at end of year		6			
<b>2</b> Pure	chases 7 Cost of goods sold. Subtract line 6					
3 Cost	t of labor from line 5. Enter here and in Part I, line 2		7			
4 a Add		to		Y	es	No
	itional section 263A costs	.0				
b Othe						х
	er costs (attach schedule) 4b property produced or acquired for resale) a					
	Add lines 1 through 4b     4b     property produced or acquired for resale) a the organization?	ipply to	owledge a	nd belief, it is tru	e,	
	er costs (attach schedule) 4b property produced or acquired for resale) a	ipply to est of my kn			_	
<u>5 Tota</u>	arr costs (attach schedule)       4b       property produced or acquired for resale) a the organization?         II. Add lines 1 through 4b       5       the organization?         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becomparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ipply to est of my kn	May the IR	S discuss this re	turn w	vith
5 Tota Sign	arr costs (attach schedule)       4b       property produced or acquired for resale) a the organization?         II. Add lines 1 through 4b       5       the organization?         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becomplete Declaration of which preparer has any knowledge.         Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becomplete Declaration of which preparer has any knowledge.         EXECUTIVE DIRECT	ipply to ast of my kn	May the IR he prepare	S discuss this re er shown below (:	turn w	7
5 Tota Sign	arr costs (attach schedule)       4b       property produced or acquired for resale) a the organization?         ul. Add lines 1 through 4b       5       the organization?         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becomplete Declaration of which preparer has any knowledge.         Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becomplete Declaration of which preparer has any knowledge.         Signature of officer       Date         Date       Date	ipply to ast of my kn	May the IR he prepare	S discuss this re er shown below (: s)? X Yes	turn w	vith ] No
<u>5</u> Tota Sign Here	er costs (attach schedule) 4b   II. Add lines 1 through 4b 5   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer OPY Date Date Date Date Date Check if	ipply to ast of my kn	May the IR he prepare nstruction reparer's	S discuss this re er shown below (; s)? X Yes SSN or PTIN	turn w see	7
5 Tota Sign	arr costs (attach schedule)       4b       property produced or acquired for resale) at the organization?         ul. Add lines 1 through 4b       5       the organization?         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becompared or acquired for resale) at the organization?       EXECUTIVE DIRECT         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becompared or acquired for resale) at the organization?       EXECUTIVE DIRECT         Signature of office       Date       Title         Preparer's signature       Date       Check if self-employed	P	May the IR he prepare nstruction reparer's P0	S discuss this re er shown below (: s)? X Yes SSN or PTIN 010495	turn w see	7
5 Tota Sign Here Paid	arr costs (attach schedule)       4b       property produced or acquired for resale) at the organization?         ul. Add lines 1 through 4b       5       the organization?         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becompared or acquired for resale) at the organization?       EXECUTIVE DIRECT         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becompared or acquired for resale) at the organization?       EXECUTIVE DIRECT         Signature of office       Date       Title         Preparer's signature       Date       Date         Firm's name (or visit self-employed       Firm's name (or visit self-employed       Check if self-employed	POR P	May the IR he prepare nstruction reparer's P0	S discuss this re er shown below (; s)? X Yes SSN or PTIN	turn w see	7
5 Tota Sign Here Paid Prepare	arcosts (attach schedule)       4b       property produced or acquired for resale) at the organization?         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the become and complete Declaration of property is based on all information of which preparer has any knowledge.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the become and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Signature of officeropy       Date         Preparer's signature       Date         Firm's name (or yours if self-employed), address and for self-employed.       9309         Glace REHFELD MERTZ, LLC       Employed.         address and for self-employed.       P3009         glace REHFELD MERTZ, LLC       Employed.	P	May the IR he prepare nstruction reparer's P0 2-01	S discuss this re er shown below ( $:$ s)? X Yes SSN or PTIN 010495 27098	turn w see 9	No
5 Tota Sign Here Paid Prepare	arr costs (attach schedule)       4b       property produced or acquired for resale) a the organization?         ul. Add lines 1 through 4b       5       the organization?         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becompared of office of the reparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becompared of office of the reparer has any knowledge.         Signature of office of property       Date         Preparer's signature       Date         Firm's name (or yours if self-employed)       ELGEE REHFELD MERTZ, LLC         Firm's name (or yours if self-employed)       9309 GLACTER HWY STE B-200	POR P	May the IR he prepare nstruction reparer's P0 2-01	S discuss this re er shown below (: s)? X Yes SSN or PTIN 010495	turn w see 9	No

923711 01-08-10
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Form 990-T (2009)

Form 990-T (2009) UNTTED FTS Schedule C - Rent Income (I	HERMEN From Real	OF AI Propert	ASK	A Personal I	Propert	y Leas	sed	92-00 With Real Pr	485 ope	<u>04</u> Page <b>rty)</b> (see instr. on pg 18)
1. Description of property										
(1)										
(2)				•••••••••••••••••••••••••••••••••••••••						
(3)										
(4)										
	2. Rent receiv	ed or accrued						• ( ) =		
(a) From personal property (if the perc rent for personal property is more t 10% but not more than 50%)	entage of han	( <b>b)</b> Fro	ent for pe	d personal propert rsonal property exc is based on profit	ceeds 50% (	entage or if		<b>3(                                    </b>	otly con and 2(1	nected with the income in b) (attach schedule)
(1)										
(2)										
(3)										
(4)										
Total	0.	Total				0.	_			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	🕨				0.	Ent	Total deductions er here and on page 1 t I, line 6, column (B)		0
Schedule E - Unrelated Deb	t-Financed	Income	e (See	nstructions or	page 19	)				
				9			3.	Deductions directly o to debt-fina		
1. Description of debt-financed property				2. Gross income from or allocable to debt- financed property (a) Straight line depreciatio (attach schedule)			ight line depreciation			
(1)										
(2)										
(3)				~~~~~~						
(4)										
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	ble to debt-financed of or allocable to			by column 5 repo			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)					9	6				
(2)					9	6				
(3)					9	6				
(4)					9	6				
								nd on page 1, , column (A).	F	Enter here and on page 1, Part I, line 7, column (B).
Totals					•••••				0.	0
Total dividends-received deductions inc Schedule F - Interest, Annui	luded in column	18	d Don	to From C	ontrolle	d Ora	<u></u>	ations (Dec.		0
Schedule 1 - Interest, Annul				t Controlled O			amz	auons (Seen	Istruc	ctions on page 20)
1. Name of controlled organization	2. Employer idi num	entification	Net un	3. related income	Total	4. of specified	5. Part of column 4 that is included in the controlling		connected with income	
	That is	501	(1033) (3	see instructionay	payn	ienta made		organization's gross	ncome	
(1)										
(2)						·				
(3)										
(4)										
Nonexempt Controlled Organizations										
7. Taxable Income 8. N	let unrelated incom (see instructions		9. To	al of specified pay made	nents	10. Part of in the c	ontrolli	mn 9 that is included ing organization's s income		Deductions directly connected with income in column 10
(1)										
(2)										
(3)		1	·····							
(4)										
						Add colum	ins 5 a	nd 10.	Add c	olumns 6 and 11.
						Enter here line 8, colu		n page 1, Part I,	1	here and on page 1, Part I, , column (B).

0.

0.

Form 990-T (2009)

29

92-0048504

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

1. Description of income	2. Amount of income	<ol> <li>Deductions directly connected (attach schedule)</li> </ol>	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals 🕒 🕨	0.			ο.

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)
Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)			-			
Totale (carry to Part II line (5))	0.	0.				0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation 6. Readership come costs			<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		Ο.					,	0.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	<b>d Trustees</b> (see ir	nstructio	ns on pag	e 21)		
1. Name				2. Title		3. Percei time devot busine	edito		pensation attributable related business
							%		
							%		
							%		
							%		
Total. Enter here and on page 1, Part II, I	line 14						🕨		0.

923731 01-08-10

### FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

#### STATE OF ALASKA CHARITABLE GAMING PULL TAB PERMIT

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2	
DESCRIPTION		AMOUNT		
INCOME FROM CHARITABLE	34,615.			
TOTAL TO FORM 990-T, PA	34,6	15.		
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3	

DESCRIPTION	AMOUNT
TOTAL LAWFUL PURPOSE EXPENDITURES IN 2009 LESS EXPENDITURES DEEMED APPLIED TO 2008 DEEMED EXPENDITURES TO BE INCURRED IN 2010	16,612. -450. 18,453.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	34,615.

Form 8	3868 (Rev. 4-2009)			Pag				
● If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box		► X				
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously f	led Form	8868.					
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		*******					
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (n	o copies i	needed).					
Туре	Name of Exempt Organization	Emp	loyer iden	tification numb				
print								
File by 1	UNITED FISHERMEN OF ALASKA		2-004					
extende	xtended Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only							
return. S instruct	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Chec	k type of return to be filed (File a separate application for each return):							
X	Form 990       Form 990-EZ       Form 990-T (sec. 401(a) or 408(a) trust)       Form 1041-A         Form 990-BL       Form 990-PF       Form 990-T (trust other than above)       Form 4720		orm 5227 orm 6069	Form 88				
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously file	ed Form 8	868.				
	MARK VINSEL							
• Th	e books are in the care of 🕨 211 FOURTH ST. STE 110 - JUNEAU, AK 9	9801						
	lephone No. ▶ (907) 586-2820 FAX No. ▶			*****				
	he organization does not have an office or place of business in the United States, check this box			▶ □				
● lft	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	f this is fo	r the whole	e group, check t				
box	If it is for part of the group, check this box	f all memt	ers the ex	tension is for.				
4	I request an additional 3-month extension of time until <b>NOVEMBER 15, 2010</b> .							
5	For calendar year 2009, or other tax year beginning, and endir	g						
6	If this tax year is for less than 12 months, check reason: L Initial return		Change in	accounting per				
7	State in detail why you need the extension							
	SEE STATEMENT 4							
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits. See instructions.	8a	\$					
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
	previously with Form 8868.	8b	\$					
с	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	ns. 8c	\$	N/A				
	Signature and Verification							
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and t ue, correct, and complete, and that I am authorized to prepare this form.	o the best (	of my knowl	edge and belief,				

Signature	Title 🕨 CPA	Date 🕨
****		

Form 8868 (Rev. 4-2009)

### FORM 8688

STATEMENT 4

### EXPLANATION

THE SUMMER MONTHS ARE THE BUSIEST TIME OF YEAR FOR THE ORGANIZATION. THE TREASURER IS WORKING TO COMPILE THE INFORMATION FOR THE ACCOUNTANT TO PREPARE THE RETURN. ADDITIONAL TIME IS REQUESTED TO ACCURATELY COMPLETE AND FILE THE RETURN.

Form 8879-EO	IRS e-file Signature Authorization		OMB No. 1545-1878
	for an Exempt Organization		~~~~
	For calendar year 2009, or fiscal year beginning, 2009, and ending	,20	2009
Department of the Treasury	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>See instructions.</li> </ul>		
Name of exempt organization	See instructions.	Employer identi	fication number
	UNITED FISHERMEN OF ALASKA	92-0048	504
Name and title of officer			
	MARK VINSEL EXECUTIVE DIRECTOR		
Part I Type of I	Return and Return Information (Whole Dollars Only)		
	rn for which you are using this Form 8879-EO and enter the applicable amount, if any,	from the return	vou check the box
	a, below, and the amount on that line for the return for which you are filing this form wa		
	plicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on th		
complete more than 1 line	in Part I.		
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	624917
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check here			
Part II Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement of processing the return or re an electronic funds withdr organization's federal taxe the U.S. Treasury Financia institutions involved in the issues related to the paym	der, transmitter, or electronic return originator (ERO) to send the organization's return to f receipt or reason for rejection of the transmission, (b) an indication of any refund offs ifund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its awal (direct debit) entry to the financial institution account indicated in the tax preparat s owed on this return, and the financial institution to debit the entry to this account. To I Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settleme processing of the electronic payment of taxes to receive confidential information nece ent. I have selected a personal identification number (PIN) as my signature for the orga n's consent to electronic funds withdrawal.	et, <b>(c)</b> the reason designated Finar tion software for p o revoke a paymer ent) date. I also au essary to answer ir	for any delay in ncial Agent to initiate payment of the nt, I must contact uthorize the financial nquiries and resolve
Officer's PIN: check one	box only		
X I authorize EL	GEE REHFELD MERTZ, LLC	to enter my PIN	99801
	ERO firm name		Enter five numbers, but
is being filed wit	on the organization's tax year 2009 electronically filed return. If I have indicated within h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a the return's disclosure consent screen.		
indicated within program, I will e	the organization, I will enter my PIN as my signature on the organization's tax year 2009 this return that a copy of the return is being filed with a state agency(ies) regulating chater my <b>PIN orthographic files</b> on the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic files</b> of the return is being filed with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state agency (ies) regulating chater my <b>PIN orthographic filed</b> with a state ag	arities as part of t	he IRS Fed/State
Officer's signature 🕨			
Part III Certifica	tion and Automntication		
ERO's EFIN/PIN. Enter yo	our six-digit EFIN followed by your five-digit self-selected PIN. 9201632709 do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2009 electronically filed return for the the return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (Mess Returns.		

ERO's signature 🕨

Date 🕨 <u>11/08/10</u>

### ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 923051 03-02-10 Form 8879-EO (2009)

UNITED FISHERMEN OF ALASKA TAX RETURN 2008

EXTENDED	TO	NOVEMBER	1	6,	2009
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Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds 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.

OMB No. 1545-1150 2008

Open to Public Inspection

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.							
			ndar year, or tax year beginning and ending				
<b>B</b> (	Check if applicabl	le: Please C	C Name of organization D Emp	oloyer i	dentification number		
X	Addres	s use IRS					
	Name Change		JNITED FISHERMEN OF ALASKA 9	2 - 0	048504		
	Initial	type.	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel				
-	return Termii				)586-2820		
-	ation	Instruc-					
	— return	1 1 1			mption		
	Applica			mber 🕨			
	• Sec	tion 501(c)(3)	) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m	ethod:	Cash X Accrual		
			Schedule A (Form 990 or 990-EZ). Other (specify	()			
1 1	Websit	e: 🕨 <u>WWW</u>	V.UFA-FISH.ORG H Check 🕨	if t	the organization is not		
J	Organiz	zation type (c	check only one)— I 501(c) ( 5 ) 🛋 (insert no.) 🛄 4947(a)(1) or 🛄 527 required to attacl	1 Sched	dule B (Form 990, 990-EZ, or 990-PF).		
K	Check ]	▶ 🛄 if th	e organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more	than \$2	25,000. A return is not		
1	reauire		rganization chooses to file a return, be sure to file a complete return.				
			d 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	288,911.		
	art I	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Pa	rtl.)		
L	1	1	s, gifts, grants, and similar amounts received	1	69,101.		
	2		vice revenue including government fees and contracts	2			
	3			3	159,500.		
	1 -		dues and assessments	4	159,500.		
	4						
	5a		nt from sale of assets other than inventory STMT 4 5a 24, 687.				
	b		r other basis and sales expenses 5b 29 , 830 .				
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<u>5</u> c	-5,143.		
Revenue	6	Special event	its and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here $\blacktriangleright$ 🗶				
ven	a	Gross revenu	ue (not including \$ of contributions				
Re		reported on I	line 1) 6a 33,124.				
	Ь		expenses other than fundraising expenses 6b 421.	]			
	c		or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	32,703.		
	7a		of inventory, less returns and allowances 7a		· · · ·		
	b		f goods sold 7b	1			
		Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8		ue (describe <b>INTEREST INCOME</b> )	8	2,499.		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	258,660.		
			similar amounts paid (attach schedule)	10	230,000.		
	10				4,760.		
	11		d to or for members	11			
ses	12	Salaries, oth	ner compensation, and employee benefits	12	137,017.		
eus	13	Professional	I fees and other payments to independent contractors	13	50,662.		
Expens	14	Occupancy,	rent, utilities, and maintenance <u>SEE STATEMENT 5</u> blications, postage, and shipping	14	18,256.		
-	15		15	9,065.			
	16	Other expens	ses (describe SEE STATEMENT 1)	16	52,289.		
	17	Total expension	ises. Add lines 10 through 16	17	272,049.		
-	18	Excess or (d	deficit) for the year (Subtract line 17 from line 9)	18	-13,389.		
ëts	19	Net assets o	or fund balances at beginning of year (from line 27, column (A))				
<b>A</b> SS		(must agree	e with end-of-year figure reported on prior year's return)	19	161,660.		
Net Assets	20		ges in net assets or fund balances (attach explanation)	20			
Z	21		or fund balances at end of year. Combine lines 18 through 20	21	148,271.		
P	Part II		ce Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form				
		•	(See the instructions for Part II.) (A) Beginning of year		(B) End of year		
2	<b>0</b> Co	eh equinae qu	nd investments 216, 161				
2				23			
2	o Lai						
2			SEE STATEMENT 2 ) 35,100				
2			251,261		· · · · · · · · · · · · · · · · · · ·		
2			(describe ►				
			nd balances (line 27 of column (B) must agree with line 21) 161,660	<u> </u>			
83 12	2171	LHA FO	r Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Form <b>990-EZ</b> (2008)		

Form 990-EZ (2008) UNITED FISHERMEN OF ALASKA 92-						504	Page 2
P	art III Statement of Program Service Accomplishmen	Its (See the instructions for	Part III.)			Expenses	
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	10			(Require	d for 501(	c)(3)
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a	clear and concise manner, de	escribe the services		4947(a)	organizatio 1) trusts;	ontional
	vided, the number of persons benefited, or other relevant information for each pro				for other	s.)	
28	SEE STATEMENT 8						
	(Grants \$ ) If this amount includes foreign grants, check here				28a		
29	SEE STATEMENT 9	Tanta, check here	·····		200		
29	STATEMENT 5						
	(Grants \$ ) If this amount includes foreign g				29a		
30	TO PROMOTE AND ENCOURAGE RESEARCH I	N AND DEVELOP	MENT OF				
	FISHERIES REHABILITATION.						
	(Grants \$) If this amount includes foreign g	rants, check here			30a		
31	Other program services (attach schedule)						
	(Grants \$ ) If this amount includes foreign g			·	31a		
32	Total program service expenses (add lines 28a through 31a)				32		
P	art IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ev	en if not compensated	(See the	e instruction	s for Part IV	······
				1	ontribution	1	<u> </u>
		(b) Title and average hours	(c) Compensation		employee	(e) E	xpense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	efit plans &		unt and
		position	-0)		leferred		llowances
				COII	npensation		
	SEE STATEMENT 7		69,600.	6	5,400	•	
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Part V       Other Information (Note the statement requirements in the instructions for Part VI.)         33       Did the organization engage in any activity not previously reported to the IRS? If Yes,* attach a detailed description of each activity       33       X         34       We any changes made to the organizition or governing documents but not reported to the IRS? If Yes,* attach a centemet organ or each activity       34       X         35       If the organization have unrelated business gross income of \$1,000 or more or section 603(e) notice, reporting, and proxy       34       X         36       If Yes,* has it filed is a treture on Form 990-T.       100 the organization have unrelated business gross income of \$1,000 or more or section 603(e) notice, reporting, and proxy       35b       X         37       Enter amount of policial openditures, direct or indirect, as described in the instructions.       27a       0,+         38       Did the organization horow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a proy rear and stil unpade to evered by the return?       38a       X         39       Section 501(c)(7) organizations. Dicter and the treat of the period overed by the return?       39b       N/A         39       Section 501(c)(3) organizations. Enter anount of tax wesche and the associal negation and any escien 4636 keasses benefit transaction during the year or did to be office. Jestifice and any escient 4636 keasses benefit transaction during the year or did to becomplaciation. Bind en	Form	990-EZ (2008) UNITED FISHERMEN OF ALASKA	92-0048	3504	l	Page 3
33       Did the organization engage in any activity not previously reported to the HRSP 11 "ves," attach a detailed description of each activity       33       X         4       Were any changes made to the organizition of governing documents but not reported to the HRSP 11 "ves," attach a detailed description of each activity       34       X         4       Were any changes made to the organization business activities, such as times reported on form 590-7.       34       X         5       Did the organization had income form 590-16 or this year?       10       Yes, "has the filed a tax return on Form 990-16 or this year?       35a       X         5       Il "Yes," that thid a tax return on Form 990-16 or this year?       10       37a       C       35b       X         7       Bott he organization fuer or indirect, a described in the instructions.       13a       X       25b       X         8       Did the organization the form 11 to 20-F0L for this year?       35b       N/A       35b       X         30       Did the organization and still unpaid at the start of the perido covered by this return?       35b       N/A       35b       X         31       Text annound of political contributions included on line 9       35b       N/A       35b       N/A         32       Section 501(c)(3) organizations. Enter       N/A       :section 4917       N/A       35b<	Pa					
34       Were any changes made to the organizing or governing documants but not reported to the HS2 "vs_* state a conterves cay the changes       34       X         35       If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reporting the temperated no lines 2, 6a, and 7a (among others), but not reported on lines 2, 6a, and 7a (among others), but not reported on lines 2, 6a, and 7a (among others), but not reported to the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?       35a       X         35       If the organization is attemnt explaining your reaso to not reporting the interview.       37a       0.         36       Refer amount of potitical expenditures, direct on index cit, fursities, or key employee or were any such bans made in a prior year and still umpaid at the start of the period covered by this return?       37b       X         37       Was there a fliquidation, termination, or substantial contraction during the year ordiser, director, trustee, or key employee or were any such bans made in a prior year and still umpaid at the start of the period covered by this return?       37b       X         38       Did the organization file form 1120-PU. Lor this year?       38b       N/A       38a       X         9       Yes; complete Schedule L, Part II and enter the total anomation worked       38b       N/A       38a       X         9       Gross receipts, included on line 9, for public use of clib baciliti					Yes	No
34       Were any changes made to the organizing or governing documants but not reported to the HS2 "rwa," status a contervation of a tempore and the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reporting the organization had income from 990-T.       34       X         35       If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reporting the tempore of form 990-T.       36       X         36       If ves, 'has it filed a tax return on Form 990-T for this year?       36       X         37       Bx there an liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Sch. N       36       X         38       B firet amount of potitical experiments?       36       X       37a       Q         39       B there and undot the form 1120-POL for this year?       36a       X       37b       X         39       D the organization the form 1120-POL for this year?       38b       N/A       38a       X         94       Yes,' complete Schedule L, Part II an enter the total anonut involved       38b       N/A       38a       X         95       Gross receipts, included on line 9, for public use of club bacilities       39b       N/A       38a       X         96       Gross receipts, included on line 9, for public use of club	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description	of each activity	33		Х
35       If the organization had income from basiness activities, such as those reported on lines 2, 6a, and 7a (among others), but not reporting 4m income on Form 990-T.       35       X         36       Ub the organization have unrelated basiness gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?       35a       X         37       Enter amount of political expenditures, direct or indired, as described in the instructions.       37a       37a       X         38       Did the organization horow torun or, or make any least to, as described in the instructions.       37a       X         37a       Enter amount of political expenditures, direct or indired, as described in the instructions.       37a       X         38       Did the organization borrow from, or make any least to, any officer, director, trustee, or key employee or were any such leans made in a prior year and still unpid at the start of the period covered by the return?       38a       X         b If Yes, "complete Schedule L, Part II and enter the total amount involved       38b       N/A       38a       X         40a       Section 501(c)(3) organizations. Enter       39a       N/A       38a       X         40a       Section 501(c)(3) organizations. Enter       N/A       ; section 4912       N/A       ; section 4912       N/A         40a       Section 501(c)(3) organizations. Enter       N/A       ; section 4912	34					
a       Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?       35a       X         b       11° vsc, "has tifed a tax return on Form 990-T for this year?       35a       X         38       11° vsc, "has tifed a tax return on Form 990-T for this year?       35a       X         39       27a       Organization fue Form 1120-POL for this year?       37a       Organization fue Form 1120-POL for this year?         30       Did the organization fue Form 1120-POL for this year?       37a       X       37b       X         30       Did the organization fue Form 1120-POL for this year?       37b       X       37b       X         310       the organization fue Form 1120-POL for this year?       Initiation feas and capilal contributions included on line 9       37b       X         b       11° vsc, "complete Schedule L, Part II and enter the total amount involved       38b       N/A         38ction 501(c)(3) organizations. Enter:       39a       N/A       39b       N/A         40a       Section 501(c)(3) organizations. Enter:       N/A       ; section 4912, 4955, N/A       40b       N/A         40a       Section 501(c)(3) organizations. Enter:       N/A       ; section 4912, 4955, N/A       40b       N/A         40a       Ent	35					
a       Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?       35a       X         b       11° vsc, "has tifed a tax return on Form 990-T for this year?       35a       X         38       11° vsc, "has tifed a tax return on Form 990-T for this year?       35a       X         39       27a       Organization fue Form 1120-POL for this year?       37a       Organization fue Form 1120-POL for this year?         30       Did the organization fue Form 1120-POL for this year?       37a       X       37b       X         30       Did the organization fue Form 1120-POL for this year?       37b       X       37b       X         310       the organization fue Form 1120-POL for this year?       Initiation feas and capilal contributions included on line 9       37b       X         b       11° vsc, "complete Schedule L, Part II and enter the total amount involved       38b       N/A         38ction 501(c)(3) organizations. Enter:       39a       N/A       39b       N/A         40a       Section 501(c)(3) organizations. Enter:       N/A       ; section 4912, 4955, N/A       40b       N/A         40a       Section 501(c)(3) organizations. Enter:       N/A       ; section 4912, 4955, N/A       40b       N/A         40a       Ent			,. ,.			
b       If Yes," has it filed at a return on Form 990-T for this year?       95b       X         36       Was here a liquidation, dissolution, termination, or substantial contraction during the year? If Yes," complete applicable parts of Sch. N       95b       X         37a       Enter amount of political expenditures, direct on indirect, as described in the instructions.       >       37a       O         38a       Did the organization file Form 1120-POL for this year?       X       37a       X         38a       Did the organization bite Form 1120-POL for this year?       38a       X         38a       N/A       38a       N/A         39a       Section 501(c)(7) organizations. Enter:       38a       N/A         39a       N/A       39b       N/A         39a       Section 501(c)(3) organizations. Enter:       39a       N/A         39a       Section 501(c)(3) organizations. Enter:       N/A       ; section 4955       N/A         39a       Section 501(c)(3) organizations. Did the organization organization and any section 4955       N/A           39a       N/A       is this during the zayser, was the organization a party to a prohibite fact while L, Part I       40b       N/A         39a       N/A       Section 501(c)(3) organizations. Did the organization he arganization have any section	а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting	, and proxy			
b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a illudiation, disculation, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N Jas X Ta Enter amount of political expenditures, direct or indirect, as described in the instructions. D to 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? B Ub 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? B Ub 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? B Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 B Section 501(c)(3) organizations. Enter: a long of the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4915 ▶ N/A B Section 501(c)(3) organizations. There: a contra trustancion from a prior year? If Yes, complete Schedule I, Part I c Enter amount of tax ninposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax ninposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T Located at ≥ 211 F QURTH ST. STE 110, JUNEAU, AK 210+4 ▶ 210 F QURTH ST. STE 110, JUNEAU, AK 210+4 ▶ 210 F QURTH ST. STE 110, JUNEAU, AK 210+4 ▶ 210 F QURTH ST. STE 110, JUNEAU, AK 210+4 ▶ 210 F QURTH ST. STE 110, JUNEAU, AK 210+4 ▶ 210 F QURTH ST. STE 110, JUNEAU, AK 210 K here amoun		tax requirements?		35a	X	
36       Was there a liquidation, dissolution, termination, or substantial contraction during the year? IT Yes," complete applicable parts of Sch. N       37       28       X         37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.       37a       0.       37b       X         38       Did the organization file Form 1120-P0L for this year?       37b       X       37b       X         38       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?       38b       N/A         39       Exclose 501(c)(7) organizations. Enter:       38a       N/A         39       B Gross receipts, included on line 9, for ublic use of club tacilities       39b       N/A         39       Eaction 4911       N/A       ; section 4955       N/A         39       Section 501(c)(3) and (4) organizations. Theter amount of tax imposed on the organization during the year under: section 4912       N/A       ; section 4955       N/A         40       Section 501(c)(3) and (4) organization managers or disqualified persons during the year under: section 4912, 455, and 4956       0, -       0, -       0, -         41       List the states with which a copy of this return is ited.       AK       20       N/A       20       N/A	b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	X	
37a       Enter amount of political expenditures, direct or indirect, as described in the instructions.       ▶ 37a       0       37b       X         b Did the organization borrow from, or make any olcans 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?       38b       N/A         b If Yes, "complete Schedule L, Part II and enter the total amount involved       38b       N/A         38a       X         b If Yes," complete Schedule L, Part II and enter the total amount involved       38b       N/A         38a       X         b Gross receipts, included on line 9, for public use of club facilities       39b       N/A         a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶       N/A       ; section 4955 ▶       N/A         b Section 501(c)(3) and (4) organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.       0       0       0         d I droganizations. Diverse of the organization and parsy to a prohibited tax shelter transaction during the zay section 4958.       0       0       0         d I organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction during the section 4912, 4958.       0       0       0         d1 organizations. Diverese organiza		Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete app	licable parts of Sch. N	36		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?       38a       X         39b       If Yees; complete Schedule L, Part II and enter the total amount involved       38b       N/A         39       Section 501(c)(7) organizations. Enter:       39a       N/A         39       Br/A       39a       N/A         40       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4955 ▶ N/A       N/A         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or did it become aware of an excess benefit transaction furging the ayear wescentor 4985 exection 4955 ▶ M/A       N/A         40b       N/R       is excition 501(c)(3) or (4) organizations. Did the organization or a prior year? If Yes," complete Schedule L, Part I       40b       N/A         41       List the states with which a copy of this return is filed. ▶ AK       40c       X         42a       The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586 - 2820       40c       X         42a       The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586 - 2820       40c       X         42a       The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586 - 2820 <td>37 a</td> <td>Enter amount of political expenditures, direct or indirect, as described in the instructions.</td> <td>0</td> <td></td> <td></td> <td></td>	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0			
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?       38a       X         39b       If Yees; complete Schedule L, Part II and enter the total amount involved       38b       N/A         39       Section 501(c)(7) organizations. Enter:       39a       N/A         39       Br/A       39a       N/A         40       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4955 ▶ N/A       N/A         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or did it become aware of an excess benefit transaction furging the ayear wescentor 4985 exection 4955 ▶ M/A       N/A         40b       N/R       is excition 501(c)(3) or (4) organizations. Did the organization or a prior year? If Yes," complete Schedule L, Part I       40b       N/A         41       List the states with which a copy of this return is filed. ▶ AK       40c       X         42a       The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586 - 2820       40c       X         42a       The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586 - 2820       40c       X         42a       The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586 - 2820 <td>b</td> <td>Did the organization file Form 1120-POL for this year?</td> <td></td> <td>37b</td> <td></td> <td>X</td>	b	Did the organization file Form 1120-POL for this year?		37b		X
b If Yes, "complete Schedule L, Part II and enter the total amount involved						
39       Section 501(c)(7) organizations. Enter:       39a       N/A         a Initiation fees and capital contributions included on line 9       39b       N/A         39       Gross receipts, included on line 9, for public use of club facilities       39b       N/A         30       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       39b       N/A         section 501(c)(3) and (4) organizations. Enter amount of tax imposed on reganization engage in any section 4956 \$\screes M/A       N/A         6       Enter amount of tax imposed on organization managers or disqualified persons during the year under       0.         6       Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter       0.         6       All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       40e       X         11       List the states with which a copy of this return is filed.       AK       42a       Telephone no.       (907)       586-2820         12       Located at > 211       POURTH ST.       STE 110, JUNEAU, AK       ZIP+4       99801       42b       X         14       Vees No       account/?       Yees No       42c       X       42b       X         14       astany time during the calendaryear, did the organization		in a prior year and still unpaid at the start of the period covered by this return?		<u>38a</u>		X
a Initiation fees and capital contributions included on line 9       39a       N/A         b Gross receipts, included on line 9, for public use of club facilities       39b       N/A         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶       N/A       ; section 4955 ▶       N/A         b Gross receipts, included on line 9, for public use of club facilities       N/A       ; section 4955 ▶       N/A         40a       Section 501(c)(3) 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       40b       N/A         c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction PI "Yes," complete Form 8866-T       40e       X         41       List the states with which a copy of this return is filed. ► AK       AK       Telephone no. ► (907) 586-2820         Located at ▶ 211       FOURTH ST.       STE       10.       JUNEAU, AK       ZIP + 4 ▶ 99801         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.	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	N/A			
b Gross receipts, included on line 9, for public use of club facilities       39b       N/A         40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A       100 N/A         5 Section 501(c)(3) organizations. Enter amount of tax imposed on reganization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year under sections 4912, 4955, and 4958       0.         6 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         6 Enter amount of tax imposed on reganization       0.         6 Enter amount of tax imposed on reganization       0.         6 Enter amount of tax imposed on organization sectors 4958 excess benefit transaction       0.         6 Enter amount of tax imposed on organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T       0.         7 List he states with which a copy of this return is fild. ► AK       AK         20 Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP+4 ► 99801         b At any time during the calendar year, did the organization naintain an office outside of the US.?       Yes No         42 The books are in care of the foreign country: ►       42 S         Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enthe foreign country: ►       42 S </td <td>39</td> <td>Section 501(c)(7) organizations. Enter:</td> <td></td> <td></td> <td></td> <td></td>	39	Section 501(c)(7) organizations. Enter:				
40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under;       N/A       ; section 4911 ▶       N/A       ; section 4912 ▶       N/A         b       Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did to become aware of an excess benefit transaction from a prior year? If Yes, "complete Schedule L, Part I       40b       N/A         c       Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d       Inter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-7       0.       0.         41       List the states with which a copy of this return is filed. ► AK       AK       40e       X         42a       The books are in care of ► MARK VINSEL       Telephone no. ► (907) 586-2820       10e 207) 586-2820       10e 207) 586-2820         Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP + 4 ► 99801       5       X       11 Yes," enter the name of the foreign country: Such as a bank account, securities account, or other authority over a financial account in a foreign country: ►       12e X       12e X       12e X         11 Yes," enter the name of the foreign country: ►	a	Initiation fees and capital contributions included on line 9 39a	N/A			1
section 4911▶       N/A       ; section 4952 ▶       N/A         b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year under sections 4912, 4955, and 4958       0.       40b       N/A         c Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958       0.       0.       0.         c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-7       0.       0.       0.         41       List the states with which a copy of this return is filed. ► AK       AK       40e       X         42a       The books are in care of ► MARK_VINSEL       Telephone no. ► (907) 586-2820       0.       40e       X         Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP + 4 ► 99801       586 - 2820       20       20       X         Vers financial accountin a foreign country (such as a bank account, securities account, or other financial accounts.       42b       X       42b       X         11 'Fourthy the calendar year, did the organization maintain an office outside of the US.?       1'Yes, "enter the name of the foreign country.       42c       X         42 b       X	b	Gross receipts, included on line 9, for public use of club facilities 39b	N/A	4		
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       40b       N/A         c       Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d       Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       0.       0.         41       List the states with which a copy of this return is filed. ▶ AK       AK       40e       X         42a       The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586-2820       10cated at ▶ 211 FOURTH ST. STE 110, JUNEAU, AK       2IP + 4 ▶ 99801       b       42b       X         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 in a foreign country. ▶       42b       X         41       Yes, "enter the name of the foreign country. ▶       43       44       X         42       Mark financial Accounts.       43       N/A       44       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amou	40 a					
did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I       40b       N/A         c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d Enter amount of tax on line 40c reimbursed by the organization       0.       0.       0.         d I 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       40e       X         41       List the states with which a copy of this return is filed. ► AK       AK       40e       X         42a       The books are in care of ► MARK VINSEL       Telephone no. ► (907) 586-2820       286-2820         Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP + 4 ► 99801       99801         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. ►						
c       Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d       Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       0.         40e       X         41       List the states with which a copy of this return is filed. ► AK       AK         42a       The books are in care of ► MARK VINSEL       Telephone no. ► (907) 586-2820         Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP +4 ► 99801         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. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       Yes No         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44       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       44       X	b					
sections 4912, 4955, and 4958       0.         d Enter amount of tax on line 40c reimbursed by the organization       0.         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       40e       X         41       List the states with which a copy of this return is filed. ► AK       AK         42a       The books are in care of ► MARK VINSEL       Telephone no. ► (907) 586-2820         Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP+4 ► 99801         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 accounts?       Yes No         see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42b       X         41 T'res," enter the name of the foreign country: ►				<u>40b</u>	<u>N/</u>	A
d Enter amount of tax on line 40c reimbursed by the organization       ▶       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       ↓       0.         transaction? If Yes," complete Form 8886-T       ↓       ↓       ↓       ↓         41       List the states with which a copy of this return is filed. ▶ AK       ▲       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓       ↓	C					
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       40e       X         41       List the states with which a copy of this return is filed. ► <u>AK</u> 40e       X         42a The books are in care of ► <u>MARK VINSEL</u> Telephone no. ► (907) 586-2820       Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP + 4 ► 99801         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)?       Yes No         11       If "Yes," enter the name of the foreign country: ►       42b       X         See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42c       X         c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       42c       X         If "Yes," enter the name of the foreign country: ►       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44       X       X       44       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 comp						
transaction? If "Yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed. ► AK       AK         42a       The books are in care of ► MARK VINSEL Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       Telephone no. ► (907) 586-2820         Located at ► 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP + 4 ► 99801         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)?       Yes No         If "Yes," enter the name of the foreign country.			•0.			
<ul> <li>41 List the states with which a copy of this return is filed. ► <u>AK</u></li> <li>42a The books are in care of ► <u>MARK VINSEL</u> Telephone no. ► <u>(907) 586-2820</u> Located at ► <u>211 FOURTH ST. STE 110, JUNEAU, AK</u> ZIP + 4 ► <u>99801</u></li> <li>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)? If "Yes," enter the name of the foreign country. ► <u>42b</u> X</li> <li>If "Yes," enter the name of the foreign country. ► <u>43</u></li> <li>If "Yes," enter the name of the foreign country. ► <u>43</u></li> <li>If "Yes," enter the name of the foreign country. ► <u>44</u></li> <li>X</li> <li>If "Yes," enter the name of the foreign country. ► <u>44</u></li> <li>X</li> </ul>	e					
42a The books are in care of ▶ MARK VINSEL       Telephone no. ▶ (907) 586-2820         Located at ▶ 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP +4 ▶ 99801         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)?       Yes No         42b       X         If "Yes," enter the name of the foreign country. ▶       42b         See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42c         c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       42c         If "Yes," enter the name of the foreign country. ▶       42c         Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43         44       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				40e		
Located at ▶ 211 FOURTH ST. STE 110, JUNEAU, AK       ZIP+4 ▶ 99801         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)?       Yes No         If "Yes," enter the name of the foreign country.				<b>F</b> 0 <b>C</b>		20
b At any time during the calendar year, did the organization have an interest in or a signature or other authority       Yes No         over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         If "Yes," enter the name of the foreign country:	42 a					20
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         if "Yes," enter the name of the foreign country:			ZIP+4 🏴 🛛	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, т</u>	
account)?       42b       X         If "Yes," enter the name of the foreign country:	U				Vec	No
If "Yes," enter the name of the foreign country:				496	103	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       42c       X         c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       If "Yes," enter the name of the foreign country:       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of the amount of tax-exempt interest received or accrued during the tax year       Image: Completed instead of tax and ta		/		420		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?       42c       X         If "Yes," enter the name of the foreign country:       ▶			inancial Accounts			
If "Yes," enter the name of the foreign country:       ▶         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here       ▶         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here       ▶         43       N/A         44       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	r			120		x
<ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year</li></ul>		If "Vee " enter the name of the foreign country.		720		1 42
and enter the amount of tax-exempt interest received or accrued during the tax year <ul> <li>43</li> <li>N/A</li> </ul> 44       Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <ul> <li>44</li> <li>X</li> </ul> 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              45              X	43					
Yes       No         44       Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ       44       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       45       X						
44       Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ       44       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       45       X					-	
44       Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ       44       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       45       X					Yes	No
Form 990-EZ       44       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       45       X	44	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of				
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       45       X	-			44	1	x
completed instead of Form 990-EZ	45		," Form 990 must be		1	1
				45		x
				Form	990-EZ	

Form 990-EZ (2008)	UNITED	FISHERMEN	OF	ALASKA	

Pa	art VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 ar	d complete the	
	tables for lines 50 and 51.		
46	Did the organization engage in direct or indirect political comparing activities on behalf of or in opposition to condidates for public	Vec	i

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public		Yes	No
	office? If "Yes," complete Schedule C, Part I	46		1
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 N/A	(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
	·			
	-			
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."

N/A		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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 correct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	and statements, and to the best of my knowle parer has any knowledge.	edge and belief, it is true,
Sign Here Signature AVER'S Mark In	) ( Date	112/1009
MARK MUNSEL, EXECUTIVE DIRECTOR		1
Type or print nime and file		
Paid Preparer's signature		dentifying Number (See instr.)
Preparer's ////////////////////////////////////	5 / 0 9 employed >	
Firm's name (or yours ELGEE REHFELD MERTZ, LLC	EIN	
if self-employed). 9309 GLACIER HWY STE B-200	Phone	
address, and ZIP + 4 JUNEAU, AK 99801	no. (	907) 789-3178
May the IRS discuss this return with the preparer shown above? See instructions		X Yes No
		Form 990-EZ (2008

4

Schedule B	
(Form 990, 990-EZ,	
or 990-PF)	

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

# 2008

Employer identification number

92-0048504

Name	of	the	organization
Name	<b>UI</b>	uic	organization

entretion time (chook one):

Organization type(check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 5) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

UNITED FISHERMEN OF ALASKA

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

#### **General Rule**

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B (Form	1990,	990-EZ,	or	990-PF)	(2008)
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Name	of orgar	nization
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Page 1 of 1 of Part I

Employer identification number

92-0048504

# UNITED FISHERMEN OF ALASKA

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>1</u>	ALASKA DEPARTMENT OF FISH AND GAME PO BOX 115526 JUNEAU, AK 99811	\$65,724.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

SCHEDULE C	Political Campaig	n and Lobbyin	g Activities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	) or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						
Department of the Treasury	To be completed by	Open to Public					
Internal Revenue Service							
If the organization answ	vered "Yes," to Form 990, Part IV, line 3, or	Form 990-EZ, Part VI, line	e 46 (Political Campaign /	Activities), then			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not	complete Part I-C.					
<ul> <li>Section 501(c) (othe</li> </ul>	than section 501(c)(3)) organizations: Comple	ete Parts I-A and C below.	Do not complete Part I-B.				
•	ations: Complete Part I-A only.						
-	vered "Yes," to Form 990, Part IV, line 4, or						
	anizations that have filed Form 5768 (election		•	•			
	anizations that have NOT filed Form 5768 (ele		)): Complete Part II-B. Do n	ot complete Part II-A.			
-	vered "Yes," to Form 990, Part IV, line 5 (Pr	oxy Tax), then					
Name of organization	, or (6) organizations: Complete Part III.		Emple	over identification number			
·······	UNITED FISHERMEN OF AL	ASKA		92-0048504			
Part I-A To be o	completed by all organizations exe	mpt under section 5	i01(c) and section 52	7 organizations.			
	structions for Schedule C for details.						
1 Provide a description	on of the organization's direct and indirect pol	itical campaion activities in	n Part IV.				
•	es						
Part I-B To be o	completed by all organizations exe	mpt under section 5	501(c)(3).				
See the i	nstructions for Schedule C for details.						
1 Enter the amount of	f any excise tax incurred by the organization ι	under section 4955	>\$				
	f any excise tax incurred by organization man						
	ncurred a section 4955 tax, did it file Form 47						
4a Was a correction m	ade?			Yes No			
b If "Yes," describe i							
Part I-C To be	completed by all organizations exe	mpt under section 5	out(c), except section	n 501(c)(3).			
	nstructions for Schedule C for details.						
	irectly expended by the filing organization for						
	f the filing organization's funds contributed to	-					
	tivities						
	indirect exempt function expenditures. Add lir						
	e 17b						
0 0							
	ddresses and employer identification number aid and indicate if the amount was paid from		-				
	tly delivered to a separate political organizatio		-				
	is needed, provide information in Part IV.	in, subir as a separate segi	regated fund of a political e				
· · · · · · · · · · · · · · · · · · ·		(a) EIN	(d) Amount paid from	(e) Amount of political			
<b>(a)</b> Nam	e (b) Address	(c) EIN	(d) Amount paid from filing organization's	contributions received and			
			funds. If none, enter -0	promptly and directly			
				delivered to a separate political organization.			
				If none, enter -0			

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990 EZ) 2008 C Part II-A To be completed by c				<u>92-(</u>	048504 Page 2
	-	•		t filed Form 5/6	8
(election under section			redule C for details.		
A Check  if the filing organization if the filing organization	-				
B Check 🕨 🔄 if the filing organization	h checked box A ar	nd "limited control" pro	ovisions apply.		
Limits (The term "expenditu	on Lobbying Expension pres" means amou		)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditures to influer	ce public opinion (	grassroots lobbying)			
b Total lobbying expenditures to influer					
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (	add lines 1c and 1c	I)			
f Lobbying nontaxable amount. Enter t	he amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (l	) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e	•		
Over \$500,000 but not over \$1,000,0	00 \$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	0 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter					
h Subtract line 1g from line 1a. Enter 0					
i Subtract line 1f from line 1c. Enter -0-					
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye			<u></u>		Yes No
(Some organizati columns	ons that made a s	eraging Period Under ection 501(h) election structions for lines 2	Section 501(h) n do not have to com a through 2f of the ins	plete all of the five tructions.)	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	( <b>c)</b> 2007	( <b>d)</b> 2008	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount			5		
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

# Schedule C (Form 990 or 990 EZ) 2008 UNITED FISHERMEN OF ALASKA 92-0048504 P Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a	)	(b	)
		Yes	No	Amo	ount
1	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?		-		
e f g	Publications, or published or broadcast statements?         Grants to other organizations for lobbying purposes?         Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?         Other activities? If "Yes," describe in Part IV         Total lines 1c through 1i				
b c	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A To be completed by all organizations exempt under section 501(c)(4)	section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details.			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	100	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
2	Did the organization agree to carryover lobbying expenditures of \$2,000 of less?				X
Par	t III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.	, section if Part III	501(c)(5) -A, ques	tion 3 is	
1	Dues, assessments and similar amounts from members	•••••	1	15'	7,525.
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).				
	Current year			4.	1,649.
	Carryover from last year			A ·	1 640
	Total			1	<u>1,649.</u>
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cess political		4.	1,649.
	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	·····	5		
Pa	t IV Supplemental Information				
Corr	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1i. Also	o, complete	this part

for any additional information.

832081 12-18-08

# **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990.

Department of the Treasury Internal Revenue Service		, 18, or 19, and by organizations						Open To Public Inspection
Name of the organization							Employer i	dentification number
		FISHERMEN OF ALA					92-004	8504
Part I Fundraisi	ng Activities	Complete if the organization a	inswered "	Yes" to	5 Form 990, Part IV,	line 1	7.	
	-	sed funds through any of the fo	llowing act	ivities.	Check all that apply	•		
a Mail solicitatio				-	overnment grants			
b Email solicitat				-	nment grants			
c Phone solicita		g 📖 Sp	ecial fundi	aising	events			
d In-person solid		r oral corporant with onvindiv	idual (inclu	dine e	fficere divectore two	_		
		or oral agreement with any indiv art VII) or entity in connection v		-				es X No
		ividuals or entities (fundraisers)	•		0			
		organization. Form 990-EZ file	-	-				
							A	
(i) Name of indi or entity (fundr		(ii) Activity	have or co	Did traiser custody ntrol of outions?	(iv) Gross receipts from activity	tò (	Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
								<u></u>
Total			►					
3 List all states in which	ch the organization	on is registered or licensed to s	olicit funds	or has	been notified it is e	xemp	t from regist	ration or licensing.
						_		



2008

Schedule G (Form 990 or 990-EZ) 2008

De

SCHEDULE G

Internal	Revenue	Service	
·			

(Form 990 or 990-EZ)

	(Form 990 or 990-EZ) 2008					92-0048	504	Pag
Part II	Fundraising Events.	Complete if the	organization answe	red "Ye	es" to Form 990,	Part IV, line 18, or reported more that	n \$15,	000

		on Form 990-EZ, ine 6a. List events with	gross receipts greater th	nan \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other Events	1	) Total col. (a		
0			(event type)	(event type)	(total number)	-	col. (	(c))	
Revenue								<u>.</u>	
Rev	1	Gross receipts							
	2	Less: Charitable contributions							
	3	Gross revenue (line 1 minus line 2)							
	4	Cash prizes					-		
ses	5	Non-cash prizes				<u> </u>			
Direct Expenses	6	Rent/facility costs							
Direc	7	Other direct expenses							
	8	Direct expense summary. Add lines 4 through	n 7 in column <b>(d)</b>			(			)
	9	Net income summary. Combine lines 3 and 8	in column (d)						
Pa	irt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, Ine 6a.	answered "Yes" to Form	1 990, Part IV, line 19, or re	eported more than				
		\$13,000 011 0111 990 LZ, IIIe 0a.		(b) Pull tabs/Instant		(d) To	otal ga	mina	(Add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming		) throu		
Be	1	Gross revenue		513,405.			51	3,4	05.
	_	Orah aviana							
nses	2	Cash prizes		403,158.	·		40	<u>, 1</u>	<u>58.</u>
Expe	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses		77,559.			7	7,5	59.
	6	Volunteer labor	Ves%	Yes%	└── Yes % └── No				
	Ŭ								
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	(	48	0,7	<u>17.</u> )
	8	Net gaming income summary. Combine lines	1 and 7 in column (d)				3	2,6	88.
								Yes	No
9		ter the state(s) in which the organization opera						v	
		the organization licensed to operate gaming ac No," Explain:	cuvities in each or these	states?			9a	<u>X</u>	
10:		ere any of the organization's gaming licenses r	avokad suspanded or te	rminated during the tax y	ear?		100		x
		Yes," Explain:		standed during the tax y			<u>10a</u>		
11	Do	bes the organization operate gaming activities	with nonmembers?				11	х	
12	ls	the organization a grantor, beneficiary or truste	ee of a trust or a membe	r of a partnership or other	entity formed to				_
_	ad	minister charitable gaming?					12		X

Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 UNITED FISHERMEN OF ALASKA 92-004	850	<b>4</b> Pa	age 3
13       Indicate the percentage of gaming activity operated in:         a       The organization's facility         b       An outside facility         13b       100.00 %         14       Provide the name and address of the person who prepares the organization's gaming/special events books and records:         Name ►       MARK VINSEL		Yes	No
<ul> <li>Address ► 211 FOURTH STREET, SUITE 110 - JUNEAU, AK 99801</li> <li>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</li> <li>b If "Yes," enter the amount of gaming revenue received by the organization ►\$ 32,688. and the amount of gaming revenue retained by the third party ►\$ 0.</li> <li>c If "Yes," enter name and address:</li> </ul>	<u>15a</u>	x	
Name ► LOYAL LADY ENTERPRISES         Address ► PO BOX 92669 - ANCHORAGE, AK 99669         16 Gaming manager information:			
Name KEVIN MEINERS Gaming manager compensation  \$ Description of services provided  INDEPENDENT GAMING OPERATOR SERVICES			
<ul> <li>Director/officer</li> <li>Employee</li> <li>Independent contractor</li> </ul> 17 Mandatory distributions: <ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the</li> </ul>	<u>17a</u>	x	
b Enter the amount or distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 44,647.			

Schedule G (Form 990 or 990-EZ) 2008

# Depreciation and Amortization Detail FORM 990-EZ PAGE 1

990-EZ

Asset	1				Description of	property		
lumber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
18	NEW ASS		<u>5.00</u>	MON 16	1,331.		111.	266
19	DIGITAL	and the second se	and the second se	12.0	1/0010		****•j	200
	11300		5.00	16	682.		11.	136
	DPOLYCOM 11300		KER PH	HONE	AND SPEAKERS		14.	172
1	FAX	Olar	2 00	10	1 7764		1 7 6 4	
	12018 REFRIGE		3.00	16	1,764.		1,764.	0
4	12018		3.00	16	50.		50.	0
3	SFILE CA						50.	0
	02288		3.00	16	424.		424.	0
4	4DICTAPH							
-	03319	0SL	3.00	16	650.		650.	0
5	5COPIER	0	10.00	4.0				
	03,31,9		3.00	16	1,500.		1,500.	0
e	5 COMPUTE 0 4 2 3 9		5.00	16	4,202.		4,202.	0
	70FFICE	and the second		<u>ITO</u>	4,404.		4,202.	0
	06019	4200DI	B5.00	17	6,619.		6,619.	0
8	BCOMPUTE					-		
	11 ₀ 39	9200DI	B5.00	17	1,682.		1,682.	0
9	9PRINTER			1				
	11099		B5.00	17	734.		734.	0
Τ(		9200DI	B5 00	17	114.		114.	0
1	1COMPUTE		45.00	11/	TT.3.		<u>+</u> +=•	0
		8200D	B5.00	17	1,393.		1,113.	0
1:	2EQUIPME				· · · · · · · · · · · · · · · · · · ·			
		0200D1		17	270.		270.	0
1:	3OFFICE			4.07	400		100	
11	7DELL CO	1200D		17	488.		488.	0
Ŧ			5.00	16	2,424.		1,980.	444
	* 990-E						1,500.	
					25,189.	0	. 21,726.	1,018
1.	4XEROX 4	20 CO	PIER,	SUE	SISTENCE GRANT			
		1200D			8,225.		8,225.	0
1					SUBSISTENCE GRA	NT		
	06010				6,000.		6,000.	0
1	6 PAVE BU		<u>1L SO</u> 36M	<u>FTW</u> 43		E GRANT	1 005	
2				and the second s	1,095. SUBSISTENCE GR	<u>ለ አነጥ</u>	1,095.	0
4	12310		5.00		1,494.			C
		Z PG	Contraction of the local data				dan	
-					16,814.	0	. 15,320.	C
	* GRAND	TOTA	L 990	-EZ	PG 1 DEPR & AM			
_					42,003.	0	. 37,046.	1,018
			1	1	1		T	
-								
			1		T T			
			1					
			1					

9 (D) 12.1

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
CONFERENCES/MEETINGS TRAVEL LOBBYING EXPENSES ADVERTISING/PUBLIC RELATIONS OFFICE EXPENSES INSURANCE LICENSES/FEES		14,985. 11,793. 9,233. 8,396. 3,380. 2,638. 1,864.
TOTAL TO FORM 990-EZ, LINE 16		52,289.
FORM 990-EZ	OTHER ASSETS	STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE OTHER CURRENT ASSETS OTHER DEPRECIABLE ASSETS	26,473. 5,164. 3,463.	9,428. 9,092. 3,938.
TOTAL TO FORM 990-EZ, LINE 24	35,100.	22,458.

FORM 990-EZ OTHER LIABILITIES		STATEMENT 3
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE/ACCRUED LIABILITIES DEFERRED REVENUE	120. 89,481.	985. 51,453.
TOTAL TO FORM 990-EZ, LINE 26	89,601.	52,438.

18,256.

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FORM 990-EZ	GAIN (	LOSS) FROM PUB	LICLY TRADED SEC	URITIES	STATEMENT	4
DESCRIPTION		GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
MUTUAL FUND SAL	ES	24,687.	29,830.	0.	-5,14	3.
TO FORM 990-EZ,	LINE 5	5 24,687.	29,830.	0.	-5,14	.3.
FORM 990-EZ	OCCUP#	ANCY, RENT, UTI	LITIES AND MAINT	ENANCE	STATEMENT	ļ
					AMOUNT	
DESCRIPTION					AMOUNT	

TOTAL TO FORM 990-EZ, LINE 14

=

F	FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	5	STATEN	IENT	6
P	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL FRACT?	ſ	] YES	[X]	NO
F	-	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [	] YES	[X]	NO

FORM 990-EZ PART IV - LIST OF TRUSTEES AND	OFFICERS, DIRECT KEY EMPLOYEES	STATEMENT		
NAME AND ADDRESS	TITLE AND ( AVRG HRS/WK S			EXPENSE
MARK VINSEL, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	EXECUTIVE DIREC		6,400.	0.
JOE CHILDERS, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD PRESIDENT 1.00	г О.	0.	0.
CHIP TREINEN, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD VICE PRES	SIDENT 0.	0.	0.
RICH DAVIS, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD SECRETARY 2.00	Y/TREASURI 0.	ER 0.	0.
ROBERT ALVERSON, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
LINDSEY BLOOM, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
MIKE BOWEN, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
STEVE BROWN, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
JULIANNE CURRY, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
PHIL DOHERTY, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
KEN DUCKETT, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
GARY FANDREI, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
DUNCAN FIELDS, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
KATHY HANSEN, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.

### UNITED FISHERMEN OF ALASKA

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OLIVER HOLM, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
NORMAN HUGHES, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
DALE KELLEY, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
LINDA KOZAK, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
BUCK LAUKITIS, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
DEBORAH LYONS, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
STEPHANIE MADSEN, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
ROLAND MAW, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
SCOTT MCALLISTER, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
BERT MCCAY, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
JERRY MCCUNE, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
CHRIS MCDOWELL, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
MAC MEINERS, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
DAVID OTTE, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
BRENT PAINE, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
WALT PASTERNAK, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
 SAM RABUNG, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.

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UNITED FISHERMEN OF ALASKA			92-	0048504
BRUCE SCHACTLER, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
PAUL SHADURA, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
JEFF STEELE, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
JAY STINSON, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
JIM STONE, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
LORI SWANSON, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
BOB THORSTENSON, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
BRUCE WALLACE, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
JASON WELLS, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
THOM WISCHER, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
ROB ZUANICH, 211 FOURTH STREET, SUITE 110, JUNEAU, AK 99801	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART	IV	69,600.	6,400.	0.

99	90	-EZ	$\mathbf{PG}$	2
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ESTABLISH AND MAINTAIN A TRADE ASSOCIATION OF COMMERCIAL FISHERS IN ALASKA; TO PROMOTE AND ENCOURAGE THE USE OF FISH BY THE GENERAL PUBLIC; AND TO PROMOTE THE COMMON INTERESTS OF FISHERS

9

990-EZ PG 2	STATEMENT

TO PROMOTE AND MAINTAIN A SYSTEM FOR DISTRIBUTION OF INFORMATION AMONG FISHERIES ORGANIZATIONS CONCERNING COMMERCIAL FISHERIES AND OTHER MATTERS OF COMMON CONCERN TO COMMERCIAL FISHERS. 990-EZ PG 2

STATEMENT 10

TO PROMOTE AND PROTECT THE COMMON INTERESTS OF ALASKA'S COMMERCIAL FISHING INDUSTRY, AS A VITAL COMPONENT OF ALASKA'S SOCIAL AND ECONOMIC WELL-BEING.

		EXTENDED TO NOV	EMBE	ER 16, 2009	_		OMD No. 1545 0897	
Form <b>990-T</b>	E	exempt Organization Bus	ines	s Income Ta	ax Return		OMB No. 1545-0687	
Department of the Treasury Internal Revenue Service	For c	(and proxy tax und alendar year 2008 or other tax year beginning	er sec	, and ending		Op	pen to Public Inspection for 1(c)(3) Organizations Only	
A X Check box if address changed		Name of organization ( Check box if name c	hanged			D Employer identification number (Employees' trust, see instructions for Block D on page 9.)		
B Exempt under section	Print	UNITED FISHERMEN OF AL	ASKA	A		92-0048504		
<b>X</b> 501( <b>c</b> )( <b>5</b> )	or	Number, street, and room or suite no. If a P.O. box				E Unrelate	d business activity codes	
408(e) 220(e)	Туре	211 FOURTH STREET, NO.		-		(See insi on page	tructions for Block E 9.)	
408A 530(a)		City or town, state, and ZIP code						
529(a)		JUNEAU, AK 99801				7132	00	
		p exemption number (See instructions for Block F.)						
at end of year 200,707.	G Checl	k organization type 🕨 🕱 501(c) corporatio	n	501(c) trust	401(a) trust		Other trust	
	n's prim	ary unrelated business activity.	EE S	STATEMENT 1	1			
		poration a subsidiary in an affiliated group or a pare			the second se	Yes	X No	
		tifying number of the parent corporation.		, , , , , , , , , , , , , , , , , , ,				
J The books are in care of				Telepho	one number 🕨 🌔	907)	586-2820	
Part I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses	;	(C) Net	
1 a Gross receipts or sal								
<b>b</b> Less returns and allo		c Balance ►	10					
		e A, line 7)	2					
3 Gross profit. Subtrac			3					
4 a Capital gain net incol	me (attac	ch Schedule D)	4a					
		Part II, line 17) (attach Form 4797)	4b					
c Capital loss deductio	n for tru	sts	4c					
		nips and S corporations (attach statement)	5		<u> </u>			
6 Rent income (Sched	ule C) and impo	ma (Cabadula E)	6					
		me (Schedule E)	7					
		and rents from controlled organizations (Sch. F) on 501(c)(7), (9), or (17) organization	8					
			9					
10 Exploited exempt act	ivity incr	ome (Schedule I)	10					
		e J)	11					
		ns; attach schedule.) <b>STATEMENT</b> 12	12	32,688.			32,688.	
13 Total. Combine line		Contraction of the second	13	32,688.			32,688.	
		ot Taken Elsewhere (see instructions for utions, deductions must be directly connecte					8	
		irectors, and trustees (Schedule K)				14		
						15		
16 Repairs and mainte	nance					16		
17 Bad debts				*****		17		
18 Interest (attach sch	edule)				••••••••••	18		
						19	· · · ·	
20 Charitable contribu	tions (Se	e instructions for limitation rules.)				20		
		562)						
		n Schedule A and elsewhere on return				22b		
23 Depletion						23		
24 Contributions to de	ferred co	ompensation plans				24	· •	
25 Employee benefit p	rograms					25		
26 Excess exempt exp	enses (S	chedule I)				26	<u> </u>	
27 Excess readership	costs (Se	chedule J)				27		
		hedule)				28	32,688.	
29 Total deduction	<b>s.</b> Add li	nes 14 through 28				29	32,688.	
		income before net operating loss deduction. Subtra				30	0.	
31 Net operating loss	deductio	n (limited to the amount on line 30)				31		
		income before specific deduction. Subtract line 31 f				32	0.	
		ly \$1,000, but see instructions for exceptions)				33	1,000.	
		able income. Subtract line 33 from line 32. If line					0	
823701 LLLA For Dr						34	0.	

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Form **990-T** (2008)

Form 990-T		2-004	850	4		Page 2
Part II			-			
	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions and:					
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) \$ (2) \$ (3) \$					
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	2) Additional 3% tax (not more than \$100,000) [\$		(C. 1			
C	ncome tax on the amount on line 34		35c			0.
36	Frusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:					
[	Tax rate schedule or Schedule D (Form 1041)		36			
37	Proxy tax. See instructions		37			
	Alternative minimum tax		38			
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	******	39			0.
	/ Tax and Payments					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		1			
			-			
	General business credit. Attach Form 3800		-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits. Add lines 40a through 40d		40e			_
41	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attac		41			0.
42	Other taxes. Check if from: 🔄 Form 4255 🔛 Form 8611 🛄 Form 8697 🔛 Form 8866 🛄 Other (attack	n schedule)	42			
• •	Total tax. Add lines 41 and 42		43			0.
44 a	Payments: A 2007 overpayment credited to 2008 44a					
	2008 estimated tax payments					
C	Tax deposited with Form 8868 44c					
d	Foreign organizations: Tax paid or withheld at source (see instructions) 44d					
	Backup withholding (see instructions)					
f	Other credits and payments: Form 2439					
	Form 4136 Other Total ▶ 44f					
45	Total saymente Add lines 44a through 44f		45			
40	Total payments. Add lines 44a through 44f		45			
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46			0
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47			0.
	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48			0.
	Enter the amount of line 48 you want: Credited to 2009 estimated tax		49		-	
Part V						
	ty time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a				Yes	No
	k, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Fo	eign Bank	and			X
2 Final	ncial Accounts. If YES, enter the name of the foreign country here g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see page 5 of the instructions for other forms the organization may have to file.					
L Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see page 5 of the instructions for other forms the organization may have to file.		*****			X
	r the amount of tax-exempt interest received or accrued during the tax year >\$					
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation					
	N/A					
1 Inve	ntory at beginning of year 1 6 Inventory at end of year		6			
_	hases 2 7 Cost of goods sold. Subtract line 6	*****				
	of labor from line 5. Enter here and in Part I, line 2		7			
4a Add	tional section 263A costs 4a 8 Do the rules of section 263A (with respect	to			Yes	No
	r costs (attach schedule) 4b property produced or acquired for resale) a				100	NU
	I. Add lines 1 through 4b 5 the organization?	արինչ ւս				x
<u> </u>		est of my knn	wiedne a	nd helief it is	true	<u> </u>
Sign	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the bi correct, and compared (19) mature of problem other than raxpayer) is based on all information of which preparer has any knowledge.		winder a	na bellet, it is	uue,	
Here				S discuss this		with
	Signature of officer PY Date EXECUTIVE DIRECT			er shown belo		- I
		and the second se		s)? X Ye	_	No
Paid	Preparer's Date Check if	Pro		SSN or PT		
Prepare	signature 11/06/09 self-employed			01049	59	
Use Only	y vours if self- ELGEE REHFELD MERTZ, LLC	IN 92	2-01	27098		
	employed), address and 9309 GLACIER HWY STE B-200	Phone no.				
	ZIP code JUNEAU, AK 99801	- inter	(90	7) 78	9-3	178
				Form 9	90-T	(2008)

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^{Form 990-T (2008)} UNTTED FT Schedule C - Rent Income	SHERMEN	OF A	LASK	Personal	Dronard	h/ I	0300	92-00 d With Bool D	485	CO4 Page
· · · · · · · · ·		Floper			ropen	LYL	.case		ope	(see instr. on pg 19
Description of property										
(1)										
(2)										
3)										
4)	2 Rent received									
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	rcentage of	(b) <b>F</b>	rent for pe	nd personal propert property exercise to profit	ceeds 50% (	centag or if	je	3(a)Deductions directions directions 2(a)	and 2	nnected with the income in (b) (attach schedule)
(1)								·		
(2)										
(3)										
(4)										
Total	0.	Total					0.			
c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)						0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	<b>&gt;</b>	•
chedule E - Unrelated De	bt-Financed	Incom	e (See	instructions or	n page 19	3)				
				2 Gross inc	ome from			3 Deductions directly of to debt-final		
1 Description of debt-f	nanced property			or allocable financed p	to debt-		(a) :	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)						+				
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted bas of or allocable to debt-financed property (attach schedule)		able to by column 5				7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)		-			0	%				
(2)					Q	%				
(3)					C	%				
(4)					0	%				
								re and on page 1, ne 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals Total dividends-received deductions i			•••••	• • • • • • • • • • • • • • • • • • • •					0.	
Schedule F - Interest, Anni	ities. Roval	ties. ar	nd Rer	ts From C	ontrolle	ed (	Orgai	nizations (See i	nstru	ctions on page 20)
,				t Controlled O				(000	ie ir ar	<u></u> pege _0,
1 Name of controlled organization	2 Employer id num	entification	Net ur	3 arelated income see instructions)	Total	4 of sp	ecified made	5 Part of column 4 included in the cont organization's gross	rolling	
(1)										
(1)										
(2)(3)										
(4)										
Ionexempt Controlled Organization	15		1		1					1
	Net unrelated incon (see instructions		<b>9</b> To	tal of specified pay made	ments	10 F in	the cont	lumn 9 that is included trolling organization's ross incomé	11	Deductions directly connect with income in column 10
(1)										
(1)										
(2)										
										<u> </u>
_(4)			1					5 and 10. d on page 1, Part I,		columns 6 and 11. r here and on page 1, Part

0 . Form 990-T (2008)

0.

92-0048504

Page 4

### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedute)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page Part I, line 9, column (A).	1,		Enter here and on page 1, Part I, line 9, column (B).
Totals		•		0.

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross Unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2) minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		K		Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.
Schedule J - Advertisi	na income (see i	instructions on page	21)			

Part | Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	<b>3</b> Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3), If a gain, compute cols, 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						1
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

		Direct ising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation ncome	<b>6</b> F	Readership costs	7 Excess readershi costs (column 6 min column 5, but not mo than column 4).	us	
(1)										
(2)						-				
(3)										
(4)										
(5) Totals from Part I	0.		0.					-		0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.		0.							0.
Schedule K - Compensatio	n of Officers,	Direct	tors, and	d Trustees (see in	nstructi	ons on pag	e 22)			
1 Name				2 Title		3 Perce time devo busine	ed to		ensation attributable related business	
							%			
							%			
							%			
							%			
Total. Enter here and on page 1, Part II, I	line 14						🕨			0.

Form 990-T (2008)

# FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 11 BUSINESS ACTIVITY

### STATE OF ALASKA CHARITABLE GAMING PULL TAB PERMIT

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 12			
DESCRIPTION		AMOUNT			
INCOME FROM CHARITABI	32,688.				
TOTAL TO FORM 990-T,	PAGE 1, LINE 12	32,688.			
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 13			
DESCRIPTION		AMOUNT			

TOTAL LAWFUL PURPOSE EXPENDITURES IN 2008	44,647.
LESS EXPENDITURES DEEMED APPLIED TO 2007	-12,409.
DEEMED EXPENDITURES TO BE INCURRED IN 2009	450.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	32,688.

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	ŀ	OMB No 1545-1878
Department of the Treasury	For calendar year 2008, or fiscal year beginning, 2008, and ending  Do not send to the IRS. Keep for your records.	.20	2008
Internal Revenue Service	See instructions.		
Name of exempt organization		Employer id	dentification number
	UNITED FISHERMEN OF ALASKA	92-00	48504
Name and title of officer	MADE VINCEI		
	MARK VINSEL EXECUTIVE DIRECTOR		
Part I Type of F	Return and Return Information (Whole Dollars Only)		
4b, or 5b, whichever is app complete more than 1 line i		was blank, then a the applicable	leave line 1b, 2b, 3b, line below. Do not
1a Form 990 check here		1b _	
2a Form 990-EZ check he 3a Form 1120-POL check		2b _	258660
4a Form 990-PF check he			
5a Form 8868 check here	b         Balance Due (Form 8868, line 3c)	) 4b _ 5b	
	on and Signature Authorization of Officer declare that I am an officer of the above organization and that I have examined a co		
an electronic funds withdra organization's federal taxes the U.S. Treasury Financial institutions involved in the p issues related to the payme applicable, the organization	und, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and it wal (direct debit) entry to the financial institution account indicated in the tax prepara owed on this return, and the financial institution to debit the entry to this account. T Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlem processing of the electronic payment of taxes to receive confidential information nec int. I have selected a personal identification number (PIN) as my signature for the org 's consent to electronic funds withdrawal.	ation software f Fo revoke a pay nent) date. I also ressant to apsw	for payment of the ment, I must contact o authorize the financial
Officer's PIN: check one b			
X I authorize ELC	EE REHFELD MERTZ, LLC	to enter my	PIN 99801
	ERO firm name		Enter five numbers, but do not enter all zeros
enter my PIN on t As an officer of th indicated within ti	n the organization's tax year 2008 electronically filed return. If I have indicated within a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a he return's disclosure consent screen. e organization, I will enter my PIN as my signature on the organization's tax year 200 his return that a copy of the return is being filed with a state agency(ies) regulating cl er my PIN on the return's disclosure consent screen.	authorize the af 08 electronically harities as part	at a copy of the return forementioned ERO to / filed return. If I have of the IRS Fed/State
	Date Date		
Part III Certificat	on and Authentication		
	r six-digit EFIN followed by your five-digit self-selected PIN. 9201632709 do not enter all zero	0\$	
I certify that the above num confirm that I am submitting <i>e-file</i> Providers for Business	eric entry is my PIN, which is my signature on the 2008 electronically filed return for this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e File (M Returns.	the organizatior leF) Information	indicated above. I for Authorized IRS
ERO's signature 🕨	Date 🍉 _ <b>1</b>	L/06/09	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D		
LHA For Paperwork Redu 823051 10-24-08	ction Act Notice, see instructions.	F	Form <b>8879-EO</b> (2008)