

**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**

*[Insert title and date of hearing]*

For Witnesses Representing Organizations:

1. Name: Jerry Isaac
2. Name of Organization(s) You are Representing at the Hearing:  
Tanana Chiefs Conference
3. Business Address: 122 1<sup>st</sup> Avenue, Ste. 600
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: 907-452-8251

Name/Organization: Tanana Chiefs Conference

Title/Date of Hearing Subcommittee on Indian and Alaska Native Affairs Oversight Hearing on the fiscal year 2013 budget request of the Indian Health Service. 3.6.2012.

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.

Leadership, Board, Audit and Accounting, Federal Contracting training.

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.

Alaska Federation of Natives Board Member

Alaska Federation of Natives Human Resources Committee Chair

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.

20 years experience as tribal administrator and tribal chief.

6 years experience as President/CEO of Tanana Chiefs Conference.

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

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.

N/A

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

Name/Organization: Tanana Chiefs Conference

Title/Date of Hearing Subcommittee on Indian and Alaska Native Affairs Oversight Hearing on the fiscal year 2013 budget request of the Indian Health Service. 3.6.2012.

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.

President, Tanana Chiefs Conference

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

Please see attachment in excel.

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).

N/A

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.

N/A

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)).

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY



Form **990**Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

**2009**Open to Public  
Inspection**A** For the **2009** calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>TANANA CHIEFS CONFERENCE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>122 FIRST AVENUE 600</b> City or town, state or country, and ZIP + 4 <b>FAIRBANKS, AK 99701-4897</b>	<b>D</b> Employer identification number <b>92-0040308</b>	<b>E</b> Telephone number <b>907-452-8251</b>	
		<b>F</b> Name and address of principal officer: <b>JERRY ISAAC</b> <b>122 FIRST AVENUE, FAIRBANKS, AK 99701-4897</b>	<b>G</b> Gross receipts \$ <b>116,124,041.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶		
		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.TANANACHIEFS.ORG</b>		
		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1971</b> <b>M</b> State of legal domicile: <b>AK</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE OBJECTIVES OF THE TANANA CHIEFS CONFERENCE ARE TO PROVIDE HEALTH, SOCIAL, AND ECONOMIC</b>		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>9</b>
	<b>5</b> Total number of employees (Part V, line 2a) .....	<b>5</b>	<b>881</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>-1,053,087.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>-1,001,122.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>73,857,758.</b>	<b>83,918,340.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>9,736,617.</b>	<b>12,739,953.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>-1,153,589.</b>	<b>396,408.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>336,982.</b>	<b>-610,736.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>82,777,768.</b>	<b>96,443,965.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>9,375,860.</b>	<b>7,673,766.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>33,869,094.</b>	<b>41,769,468.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	<b>42,304,120.</b>	<b>44,371,155.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>85,549,074.</b>	<b>93,814,389.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-2,771,306.</b>	<b>2,629,576.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>64,850,361.</b>	<b>69,696,497.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>19,684,091.</b>	<b>23,141,415.</b>
		<b>45,166,270.</b>	<b>46,555,082.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	Signature of officer <b>BRIAN RIDLEY, CFO</b> Type or print name and title	Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>KEY E. GETTY, CPA</b> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MIKUNDA, COTTRELL &amp; CO., CPA'S</b> <b>3601 C STREET, SUITE 600</b> <b>ANCHORAGE, AK 99503</b>	Date <b>08/09/11</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)  EIN ▶ Phone no. ▶ <b>907-278-8878</b>

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

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE OBJECTIVES OF THE TANANA CHIEFS CONFERENCE ARE TO PROVIDE HEALTH, SOCIAL, AND ECONOMIC SERVICES TO THE NATIVE PEOPLE AND VILLAGES OF CENTRAL ALASKA KNOWN AS THE TCC REGION, USING FEDERAL, STATE, AND LOCAL RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 60601342. including grants of \$ 1,206,082. ) (Revenue \$ 10484004. )

HEALTH SERVICES: IN PARTNERSHIP WITH THOSE WE SERVE, PROMOTES AND ENHANCES SPIRITUAL, PHYSICAL, MENTAL AND EMOTIONAL WELLNESS THROUGH EDUCATION, PREVENTION AND THE DELIVERY OF QUALITY SERVICES, MANAGES THE HEALTH DELIVERY SYSTEM FOR THE VILLAGES OF INTERIOR ALASKA AND ALSO MANAGES SMALLER SATELLITE CLINICS IN 28 VILLAGES.

4b (Code: ) (Expenses \$ 19179629. including grants of \$ 5,478,627. ) (Revenue \$ 530,388. )

CLIENT DEVELOPMENT: THE CLIENT DEVELOPMENT DIVISION PROVIDES AND INTEGRATES EDUCATION, EMPLOYMENT, TRAINING, AND A WIDER RANGE OF SUPPORTIVE SERVICES TO ENABLE TRIBAL MEMBERS TO DEVELOP THEIR KNOWLEDGE AND SKILLS AND BUILD SAFE, STABLE, AND ECONOMICALLY SELF-SUFFICIENT FAMILIES THAT PROTECT, NURTURE, AND EDUCATE THEIR CHILDREN AND SUPPORTS AND ENCOURAGES THE PRACTICE OF THE VALUES, TRADITIONS, AND CULTURE OF INTERIOR ALASKA TRIBES.

4c (Code: ) (Expenses \$ 5,186,148. including grants of \$ 10,499. ) (Revenue \$ 459,759. )

NATURAL AND CULTURAL: THE MISSION OF THE NATURAL AND CULTURAL RESOURCES DIVISION IS TO PROVIDE SERVICE TO TRIBAL MEMBERS IN LAND AND FOREST MANAGEMENT, LAND SURVEYS, ARCHAEOLOGY, APPRAISAL, ENVIRONMENTAL RESTORATION, ENERGY ALTERNATIVES AND EFFICIENCY, AND SUBSISTENCE STUDIES AND ADVOCACY.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 7,812,372. including grants of \$ 733,521. ) (Revenue \$ 66,385. )

4e Total program service expenses ► \$ 92,779,491.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<b>12</b>	X
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>12A</b> Yes No X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b> X	
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20</b>	X

Form 990 (2009)

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

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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 Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b> X	
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	<b>38</b> X	

Form 990 (2009)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

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**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
<b>1a</b> Enter the number of voting members of the governing body	9	
<b>b</b> Enter the number of voting members that are independent	9	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> 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?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?		X
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</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 exempt status with respect to such arrangements?	X	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BRIAN RIDLEY - 907-452-8251**  
**122 FIRST AVENUE, FAIRBANKS, AK 99701**

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**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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD F. ADAMS MEMBER	2.00	X						16,800.	0.	0.
NIKOLAI ALEXIA SR. MEMBER	2.00	X						15,600.	0.	0.
JULIE ROBERTS-HYSLOP MEMBER	2.00	X						15,300.	0.	0.
LEO LOLNITZ MEMBER	2.00	X						16,200.	0.	0.
RICHARD FRANK ELDER ADVISOR	2.00	X						13,500.	0.	0.
MICHAEL AMBROSE YOUTH ADVISOR	2.00	X						0.	0.	0.
DONALD V. HONEA SR 1ST TRADITIONAL CHIEF	2.00	X						3,600.	0.	0.
NANCY JAMES MEMBER	2.00	X						12,000.	0.	0.
EUGENE J PAUL MEMBER	2.00	X						0.	0.	0.
PATRICK MCCARTY SECRETARY/TREASURER	5.00	X		X				15,000.	0.	0.
CARL JERUE JR VICE PRESIDENT	5.00	X		X				9,600.	0.	0.
JERRY ISAAC PRESIDENT, CHAIRMAN	40.00			X				204,302.	0.	65,118.
TED R CHARLES CHIEF ADMINISTRATIVE OFFICER	40.00			X				185,199.	0.	54,134.
BRIAN D. RIDLEY CHIEF FINANCIAL OFFICER	40.00			X				150,431.	0.	41,402.
NIGEL WAPPETT PHYSICIAN	40.00					X		358,736.	0.	67,510.
MICHAEL FITCH PHYSICIAN	40.00					X		199,943.	0.	27,335.
GINA ESCOBAR PSYCHOLOGIST	40.00					X		184,344.	0.	24,444.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHA UPPAL PHYSICIAN	40.00					X		197,839.	0.	55,317.
M. CLARK FULTZ PHYSICIAN	40.00					X		181,331.	0.	55,173.
<b>1b Total</b>								1,779,725.	0.	390,433.

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

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- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
FAIRBANKS MEMORIAL HOSPITAL 1650 COWLES ST., FAIRBANKS, AK 99701	LEASED SPACE	6,781,507.
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE, ANCHORAGE, AK 99508	MEDICINE AND MEDICAL SUPPLIES	4,033,158.
YUKON TITLE COMPANY, INC. 714 GAFFNEY ROAD, FAIRBANKS, AK 99701	LAND PURCHASE FOR SUPER CLINIC	2,193,369.
FAIRBANKS NATIVE ASSOCIATION 605 HUGHES AVE, FAIRBANKS, AK 99701	PASS THROUGH GRANT	1,927,945.
ALASKA AREA NATIVE HEALTH SERVICE 4141 AMBASSADOR DR, ANCHORAGE, AK 99508	COMMISSIONED CORP, LEASED CLINICS	1,602,645.

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

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d				
	e	Government grants (contributions) .....	1e	83,912,326.			
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	6,014.			
	g	Noncash contributions included in lines 1a-1f: \$ .....					
	h	<b>Total.</b> Add lines 1a-1f .....		83,918,340.			
Program Service Revenue	2 a	MEDICAL RECEIPTS .....	Business Code 621400	10,379,803.	10,379,803.		
	b	ANTHC CONTRACT REVENUE .....	900099	1199417.	1199417.		
	c	CLIENT DEVELOPMENT .....	624100	530,388.	530,388.		
	d	NATURAL AND CULTURAL R .....	900099	459,759.	459,759.		
	e	HEALTH SERVICES .....	621400	104,201.	104,201.		
	f	All other program service revenue .....	561000	66,385.	66,385.		
	g	<b>Total.</b> Add lines 2a-2f .....		12,739,953.			
	3	Investment income (including dividends, interest, and other similar amounts) .....		107,003.			107,003.
4	Income from investment of tax-exempt bond proceeds .....						
5	Royalties .....						
Other Revenue	6 a	Gross Rents .....	(i) Real 56,580.				
	b	Less: rental expenses .....	198037.				
	c	Rental income or (loss) .....	-141,457.				
	d	Net rental income or (loss) .....		-141,457.	-128726.	-12,731.	
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities 18,291,925.				
	b	Less: cost or other basis and sales expenses .....	18,002,520.				
	c	Gain or (loss) .....	289405.				
	d	Net gain or (loss) .....		289,405.		289,405.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a				
	b	Less: direct expenses .....	b				
	c	Net income or (loss) from fundraising events .....					
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a	1,556,280.			
	b	Less: direct expenses .....	b	1,479,519.			
	c	Net income or (loss) from gaming activities .....		76,761.	76,761.		
	10 a	Gross sales of inventory, less returns and allowances .....	a				
	b	Less: cost of goods sold .....	b				
	c	Net income or (loss) from sales of inventory .....					
	Miscellaneous Revenue			Business Code			
11 a	ADMINISTRATIVE REVENUE .....	900099	230,113.			230,113.	
b	OTHER REVENUE .....	900099	224,969.			224,969.	
c	DNH REVENUE .....	900099	-1,001,122.		-1,001,122.		
d	All other revenue .....						
e	<b>Total.</b> Add lines 11a-11d .....		-546,040.				
12	<b>Total revenue.</b> See instructions. ....		96,443,965.	12,739,953.	-1,053,087.	838,759.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	765,003.	765,003.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	6,908,763.	6,908,763.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	813,366.		813,366.	
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 .....	26,732,362.	23,933,957.	2,798,405.	
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions) .....	1,808,443.	1,495,816.	312,627.	
9 Other employee benefits .....	10,318,605.	8,489,356.	1,829,249.	
10 Payroll taxes .....	2,096,692.	1,735,747.	360,945.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	390,440.		390,440.	
c Accounting .....	67,665.		67,665.	
d Lobbying .....	82,614.		82,614.	
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	22,995,039.	22,167,459.	827,580.	
12 Advertising and promotion .....				
13 Office expenses .....	3,459,067.	3,225,048.	234,019.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	2,868,572.	221,865.	2,646,707.	
17 Travel .....	6,812,432.	6,047,724.	764,708.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	314,876.		314,876.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,496,362.		1,496,362.	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>EQUIPMENT</b> .....	2,716,879.	428,990.	2,287,889.	
b <b>DIRECT OPERATING COSTS</b> .....	2,234,580.	1,655,810.	578,770.	
c <b>MISCELLANEOUS EXPENSE</b> .....	731,631.	627,253.	104,378.	
d <b>INDIRECT COST ALLOCATIO</b> .....	200,998.	15,076,700.	-14875702.	
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	93,814,389.	92,779,491.	1,034,898.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	3,207,264.	1	2,495,006.
	2 Savings and temporary cash investments .....	18,910,580.	2	13,973,543.
	3 Pledges and grants receivable, net .....	7,557,372.	3	6,518,070.
	4 Accounts receivable, net .....	3,176,430.	4	2,529,451.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....	847,121.	7	1,921,933.
	8 Inventories for sale or use .....		8	305,112.
	9 Prepaid expenses and deferred charges .....	68,807.	9	218,472.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 32,225,530.		
	b Less: accumulated depreciation .....	10b 12,067,628.	10c	20,157,902.
	11 Investments - publicly traded securities .....	17,903,407.	11	18,589,526.
	12 Investments - other securities. See Part IV, line 11 .....	10,503,316.	12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	2,676,064.	15	2,987,482.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	64,850,361.	16	69,696,497.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	5,133,480.	17	7,190,562.
	18 Grants payable .....	0.	18	
	19 Deferred revenue .....	2,814,593.	19	2,760,808.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	8,576,015.	23	9,271,685.
	24 Unsecured notes and loans payable to unrelated third parties .....	973,124.	24	
	25 Other liabilities. Complete Part X of Schedule D .....	2,186,879.	25	3,918,360.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	19,684,091.	26	23,141,415.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....		27	
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....	35,743,049.	30	34,208,262.
	31 Paid-in or capital surplus, or land, building, or equipment fund .....	9,423,221.	31	12,346,820.
	32 Retained earnings, endowment, accumulated income, or other funds .....	0.	32	0.
	33 Total net assets or fund balances .....	45,166,270.	33	46,555,082.
34 <b>Total liabilities and net assets/fund balances</b> .....	64,850,361.	34	69,696,497.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ 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? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**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? .....

**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. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	66,496,097.	71,187,087.	73,483,112.	73,857,758.	83,918,340.	368,942,394.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	66,496,097.	71,187,087.	73,483,112.	73,857,758.	83,918,340.	368,942,394.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						368,942,394.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....	66,496,097.	71,187,087.	73,483,112.	73,857,758.	83,918,340.	368,942,394.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,114,556.	1,634,865.	838,275.	451,110.	401,500.	4,440,306.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					-1,053,087.	-1,053,087.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	75,197.	10,127.	24,302.	1,928,985.	455,082.	2,493,693.
<b>11 Total support.</b> Add lines 7 through 10						374,823,306.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	54,086,694.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.43	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>		%
<b>19a 33 1/3% support tests - 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support tests - 2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....			

Schedule A (Form 990 or 990-EZ) 2009

**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, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (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, line 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

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	U.S. DEPT OF INTERIOR 1849 C STREET, N.W. WASHINGTON, DC 20240	\$ 13,515,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	U.S. DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE S.W. WASHINGTON, DC 20201	\$ 56,294,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF ALASKA DEPT OF HEALTH AND SOCIAL SERVICES PO BOX 110601 JUNEAU, AK 99811-0601	\$ 4,957,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ALASKA HOUSING FINANCE CORPORATION PO BOX 101020 ANCHORAGE, AK 99510-1020	\$ 4,016,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization <b>TANANA CHIEFS CONFERENCE</b>	Employer identification number <b>92-0040308</b>
---	---

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

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009  
LHA

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

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		82,614.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			82,614.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE ORGANIZATION CONTRACTED WITH PROFESSIONAL LOBBYISTS TO WORK WITH  
LEGISLATORS ON FEDERAL INDIAN MATTERS.

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition      d ☐ Loan or exchange programs
- b ☐ Scholarly research      e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Term endowment ☐ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,382,721.		5,382,721.
b Buildings		18,076,003.	7,488,959.	10,587,044.
c Leasehold improvements				
d Equipment		7,521,986.	3,728,067.	3,793,919.
e Other		1,244,820.	850,602.	394,218.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,157,902.

Schedule D (Form 990) 2009





**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	96,443,965.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	93,814,389.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,629,576.
4	Net unrealized gains (losses) on investments	4	888,068.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-1,248,537.
8	Other (Describe in Part XIV.)	8	-880,295.
9	Total adjustments (net). Add lines 4 through 8	9	-1,240,764.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,388,812.

**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	99,634,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	888,068.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	2,302,539.
e	Add lines 2a through 2d	2e	3,190,607.
3	Subtract line 2e from line 1	3	96,443,965.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	96,443,965.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	96,116,928.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,302,539.
e	Add lines 2a through 2d	2e	2,302,539.
3	Subtract line 2e from line 1	3	93,814,389.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	93,814,389.

**Part XIV Supplemental Information**

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DNH COMPONENT NET ASSETS: -880295.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DNH EXPENSES NETTED AGAINST DNH REVENUE: 2104502.

RENTAL CB EXPENSES NETTED AGAINST RENTAL REVENUE: 198037.

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DNH EXPENSES NETTED AGAINST DNH REVENUE: 2104502.

RENTAL CB EXPENSES NETTED AGAINST RENTAL REVENUE: 198037.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2009

### Open To Public Inspection

Name of the organization

## TANANA CHIEFS CONFERENCE

Employer identification number  
92-0040308

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**Total** .....

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

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

Schedule G (Form 990 or 990-EZ) 2009

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....				
2 Less: Charitable contributions .....				
3 Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....				
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
11 Net income summary. Combine line 3, column (d), and line 10 .....				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue .....	1,009,071.	545,099.	2,110.	1,556,280.
<b>Direct Expenses</b>				
2 Cash prizes .....	773,368.	435,621.		1,208,989.
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....	196,603.	72,240.	1,687.	270,530.
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( 1,479,519 )
8 Net gaming income summary. Combine line 1, column (d), and line 7 .....				76,761.

9 Enter the state(s) in which the organization operates gaming activities: AK

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
9a	X	
10a		X
11	X	
12	X	

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility ..... **13a** 100.00 %  
**b** An outside facility ..... **13b** \_\_\_\_\_ %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ► CHENA BINGOAddress ► 109 CLAY STREET - FAIRBANK, AK 99701**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 ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:Name ► CHERYL ANDERSONGaming manager compensation ► \$ 77,113.Description of services provided ► MANGES OPERATION OF BINGO, RAFFLES, AND PULL TAB ACTIVITIES.☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **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 ► \$ 76,761.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**TANANA CHIEFS CONFERENCE**

Employer identification number  
**92-0040308**

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRBANKS NATIVE ASSOCIATION 605 HUGHES AVE., STE 100 FAIRBANKS, AK 99701	92-0037488	501(C)(3)	654,504.	0.			PROVIDES INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES
MORRIS THOMPSON CENTER 101 DUNKEL STREET, #210 FAIRBANKS, AK 99701	20-1113317	501(C)(3)	10,499.	0.			EDUCATE RESIDENTS AND VISITORS ABOUT NATURAL AND CULTURAL HISTORY OF INTERIOR ALASKA

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **2**
- 3** Enter total number of other organizations ▶ **2**

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

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ENERGY ASSISTANCE	1237	1,386,176.	0.		
ALASKA HEATING ASSISTANCE	197	92,806.	0.		
CITGO FUEL	1673	1,188,786.	0.		
BUREAU OF INDIAN AFFAIRS COMPACTS	99	61,783.	0.		
BIA CLIENT SERVICE-ASSISTANCE	3314	1,015,145.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE PAID TO THIRD PARTY VENDORS TO PAY

EXACT AMOUNT INCURRED.



**Part II** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDIAN HEALTH SERVICE	14,005.	849,769.	0.		
ASAP TANF	1,260.	1,713,317.	0.		
SG MINTO REC FOOD STAMPS	221.	17,910.	0.		
SG CHILD CARE FOOD PROGRAM	607.	321,765.	0.		
VOCATIONAL REHAB	32.	58,942.	0.		
ELDER NUTRITION	608.	20,269.	0.		
FEDERAL HEADSTART	1,102.	28,561.	0.		
ALASKA WIA YOUTH - IN SCHOOL	139.	34,203.	0.		
FAS - COMM DEVELOPMENTAL DISABILITIES	0.	78,131.	0.		

Schedule I-1 (Form 990) 2009



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number  
92-0040308

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

SERVICES TO THE NATIVE PEOPLE AND VILLAGES OF CENTRAL ALASKA KNOWN AS  
THE TCC REGION, USING FEDERAL, STATE, AND LOCAL RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRIBAL DEVELOPMENT: PROVIDES ASSISTANCE TO LOCAL GOVERNMENTS AND  
INDIVIDUALS WITH REGARD TO COMMUNITY GOVERNMENT AND SERVICES, INCLUDING  
THE VILLAGE PUBLIC SAFETY OFFICER PROGRAM, TRIBAL GOVERNMENT SERVICES,  
TRIBAL TRANSPORTATION AND ECONOMIC DEVELOPMENT.

EXPENSES \$ 7812372. INCLUDING GRANTS OF \$ 733521. REVENUE \$ 66385.

FORM 990, PART VI, SECTION A, LINE 6: PER THE ORGANIZATION'S BY-LAWS,  
EACH MEMBER VILLAGE OR GROUP ELECTS ONE DIRECTOR. THOSE ELECTED COMPRISE  
THE MEMBERS OF THE FULL BOARD OF DIRECTORS FOR TANANA CHIEFS CONFERENCE.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS ELECTS NINE  
DIRECTORS TO SERVE AS AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THE  
MEMBERS OF WHICH HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS  
IN THE MANAGEMENT OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE EXECUTIVE BOARD OF DIRECTORS  
MAY EXERCISE AND HAVE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANGEMENT  
OF THE CORPORATION, PROVIDED THAT SUCH EXECUTIVE BOARD OF DIRECTORS SHALL  
NOT HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN REFERENCE TO AMENDING,  
ALTERING, OR REPEALING THE ORGANIZATION'S BYLAWS; ELECTING, APPOINTING, OR  
REMOVING ANY MEMBER OF THE EXECUTIVE BOARD OF DIRECTORS OR ANY DIRECTOR OR

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number  
92-0040308

OFFICER OF THE CORPORATION; AMENDING THE ARTICLES OF INCORPORATION;  
ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER COPRORATION; AUTHORIZING THE  
SALE, LEASE, OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND  
ASSETS OF THE CORPORATION; AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE  
CORPORATION OR REVOKING PROCEEDINGS THEREFORE; OR AMENDING ANY RESOLUTION  
OF THE BOARD OF DIRECTORS UNLESS PROVIDED FOR BY THE BOARD OF DIRECTORS OR  
THE MEMBER VILLAGES.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY SENIOR  
MANAGEMENT BEFORE IT IS FILED, INCLUDING THE CHIEF FINANCIAL OFFICER,  
DEPUTY FINANCE OFFICER AND CONTROLLER.

FORM 990, PART VI, SECTION B, LINE 12C: A COMMITTEE OF THE WHOLE CALLED  
PLANNING AND ORGANIZATION SETS COMPANY POLICY AND MEETS PERIODICALLY TO  
REVIEW EXISTING POLICIES.

FORM 990, PART VI, SECTION B, LINE 15: SALARIES ARE REVIEWD BIANNUALLY.  
PERIODICALLY, AFTER A REVIEW OF COMPANY COMPENSATION, SALARY STUDIES ARE  
COMMISSIONED FOR THE ENTIRE ORGANIZATION. ADOPTION OF THE STUDY BY THE  
EXECUTIVE BOARD CONSTITUTES APPROVAL OF THE SALARIES.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE TO THE  
PUBLIC UPON REQUEST.

FORM 990 PART XI LINE 1

OTHER ACCOUNTING METHOD

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number  
92-0040308

THE ORGANIZATION USES THE FUND ACCOUNTING METHOD.

FORM 990 PART XI LINE 2C

AUDIT PROCESS OVERSIGHT

THERE HAS BEEN NO CHANGE IN THE AUDIT OVERSIGHT PROCESS FROM THE PRIOR  
YEAR.

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
 ► **Attach to Form 990.** ► **See separate instructions.**

**2009**  
**Open to Public**  
**Inspection**

**Name of the organization****TANANA CHIEFS CONFERENCE**

**Employer identification number**  
**92-0040308**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DNH FUELS, LLC - 26-2170480					
201 FIRST AVENUE					
FAIRBANKS, AK 99701	WHOLESALE FUEL SERVICES	ALASKA	0.	0.	
DNH CONSTRUCTION LLC - 26-2498417					
201 FIRST AVENUE	CONSTRUCTION SERVICES	ALASKA	0.	0.	
FAIRBANKS, AK 99701					
DNH MANAGEMENT SERVICES LLC	MANAGEMENT SERVICES	ALASKA	0.	0.	
122 FIRST AVENUE SUITE 600					
FAIRBANKS, AK 99701					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule R (Form 990) 2009**





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) DNH CONSTRUCTION	D	197,764.
(2) DNH CONSTRUCTION	L	145,502.
(3) DNH INCORPORATED	D	972,403.
(4) CHENA BINGO	I	56,580.
(5) CHENA BINGO	R	56,716.
(6) DNH FUEL	Q	837,676.



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2009 or other tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**

OMB No. 1545-0687

**2009**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>TANANA CHIEFS CONFERENCE</b> Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. <b>122 FIRST AVENUE , NO. 600</b> City or town, state, and ZIP code <b>FAIRBANKS, AK 99701-4897</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>92-0040308</b>  <b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>713200 532000</b>
<b>C</b> Book value of all assets at end of year <b>69696497.</b>	<b>F</b> Group exemption number (See instructions for Block F.) <b>▶</b> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity. **▶ SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **▶** ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶ BRIAN RIDLEY** Telephone number **▶ 907-452-8251**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance <b>▶</b>	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	1,140,618.	1,140,618.
6 Rent income (Schedule C)	6	STMT 2	
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 <b>Total.</b> Combine lines 3 through 12	13	1,140,618.	1,140,618.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15	837,244.	
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18	SEE STATEMENT 3	
19 Taxes and licenses	19	2,980.	
20 Charitable contributions (See instructions for limitation rules.)	20	874.	
21 Depreciation (attach Form 4562)	21	75,787.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	57,249.	18,538.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28	SEE STATEMENT 4	
29 <b>Total deductions.</b> Add lines 14 through 28	29	1,282,104.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,141,740.	
31 Net operating loss deduction (limited to the amount on line 30)	31	-1001122.	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-1001122.	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.	
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-1001122.	

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** 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**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.**Part IV Tax and Payments****40a** 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 40c**d** Credit for prior year minimum tax (attach Form 8801 or 8827) 40d**e Total credits.** 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 (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 0.**44a** Payments: A 2008 overpayment credited to 2009 44a**b** 2009 estimated tax payments 44b**c** Tax deposited with Form 8868 44c**d** Foreign organizations: Tax paid or withheld at source (see instructions) 44d**e** Backup withholding (see instructions) 44e**f** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other 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.**49** Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded 49**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 17)

1	At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b	5					

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

**CFO**

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

KEY E. GETTY, CPA

Date

08/09/11

Check if self-employed ☐

Preparer's SSN or PTIN

P00121200

Firm's name (or yours if self-employed), address, and ZIP code

MIKUNDA, COTTRELL & CO., CPA'S  
3601 C STREET, SUITE 600  
ANCHORAGE, AK 99503

EIN 92-0088037

Phone no.

907-278-8878

Form 990-T (2009)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 18)**1.** Description of property

(1)			
(2)			
(3)			
(4)			
<b>2.</b> Rent received or accrued		<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)	0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 5	STATEMENT 6
(1) CHENA BINGO BUILDING		51,488.	57,249.	129,048.
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
<b>Total dividends-received deductions</b> included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

<b>1.</b> Name of controlled organization		<b>2.</b> Employer identification number	<b>Exempt Controlled Organizations</b>		
			<b>3.</b> Net unrelated income (loss) (see instructions)	<b>4.</b> Total of specified payments made	<b>5.</b> Part of column 4 that is included in the controlling organization's gross income
					<b>6.</b> Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
<b>7.</b> Taxable income	<b>8.</b> Net unrelated income (loss) (see instructions)	<b>9.</b> Total of specified payments made	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income	<b>11.</b> Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.	0.	

**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	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)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 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)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 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)						
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.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

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

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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JOINT VENTURE - PULL-TABS  
CONSTRUCTION SERVICES  
REAL PROPERTY RENTAL

TO FORM 990-T, PAGE 1

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FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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DESCRIPTION	AMOUNT
PULL TAB REVENUE FROM JOINT VENTURE	37,238.
NET LOSS FROM DNH CORPORATION	1,103,380.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	1,140,618.

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FORM 990-T	INTEREST PAID	STATEMENT	3
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DESCRIPTION	AMOUNT
	2,980.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	2,980.

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
MANDATORY CHARITABLE CONTRIBUTION	37,238.
DIRECT OPERATING COSTS	1,006,244.
TRAVEL	16,270.
SUPPLIES	16,748.
FACILITIES	90,665.
PROFESSIONAL AND CONTRACT SERVICES	38,726.
EQUIPMENT	2,056.
OTHER EXPENSE	74,157.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,282,104.



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FORM 990-T                      SCHEDULE E - DEPRECIATION DEDUCTION                      STATEMENT      5

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		57,249.	
- SUBTOTAL -	2		57,249.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			57,249.

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FORM 990-T                      SCHEDULE E - OTHER DEDUCTIONS                      STATEMENT      6

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		70,232.	
MAINTENANCE		33,685.	
TAXES		25,131.	
- SUBTOTAL -	2		129,048.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			129,048.

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2009 DEPRECIATION AND AMORTIZATION REPORT

CHENA BINGO BUILDING

E--

2

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
41	CHENA BINGO BUILDING	VARI	ESSL	39.00	16	2,232,695.			2,232,695.	653,532.		57,249.
	* TOTAL 990-T SCH E					2,232,695.		0.	2,232,695.	653,532.	0.	57,249.
	DEPR											

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
	TANANA CHIEFS CONFERENCE	92-0040308
	Number, street, and room or suite no. If a P.O. box, see instructions. 122 FIRST AVENUE , NO. 600	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRBANKS, AK 99701-4897	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
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

BRIAN RIDLEY

- The books are in the care of ► 122 FIRST AVENUE - FAIRBANKS, AK 99701

Telephone No. ► 907-452-8251

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning OCT 1, 2009, and ending SEP 30, 2010.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a 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.	3a	\$	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 allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2011)

- If you 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 filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	TANANA CHIEFS CONFERENCE	92-0040308
	Number, street, and room or suite no. If a P.O. box, see instructions. 122 FIRST AVENUE , NO. 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRBANKS, AK 99701-4897	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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 an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **BRIAN RIDLEY - 122 FIRST AVENUE - FAIRBANKS, AK 99701**  
Telephone No. **907-452-8251** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **AUGUST 15, 2011**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$	0.
<b>b</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.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CFO** Date

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning OCT 1, 2009, and ending SEP 30, 2010**2009**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**TANANA CHIEFS CONFERENCE****92-0040308**

Name and title of officer

**BRIAN RIDLEY  
CFO****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 for which you are filing 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>96443965</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

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 2009 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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**

☒ I authorize MIKUNDA, COTTRELL & CO., CPA'S to enter my PIN 40308  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.9206388878

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 08/09/11

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



# 2008 Income Tax Returns

TANANA CHIEFS CONFERENCE



KPMG PEAT MARWICK  
Suite 600  
601 WEST FIFTH AVENUE, SUITE 700  
ANCHORAGE

Telephone 907-265-1200  
Fax 907-265-1295

**Private**

The TANANA CHIEFS CONFERENCE  
122 FIRST AVENUE Suite 600  
FAIRBANKS, AK 99701-4897

Enclosed are the original and one copy of your income tax return(s) for the period ended September 30, 2009 for TANANA CHIEFS CONFERENCE as follows:

2008 990 - Return of Organization Exempt from Income Tax  
2008 Schedule A - Public Charity Status and Public Support  
2008 Schedule B - Schedule of Contributors  
2008 Schedule D - Supplemental Financial Statements  
2008 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S  
2008 Schedule J - Compensation Information  
2008 Schedule O - Supplemental Information to Form 990  
2008 Schedule R - Related Organizations and Unrelated Partnerships  
2008 990-T - Exempt Organization Business Income Tax Return  
2008 8879-EO - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions included with the copy of the return. This bound copy is for your use and should be retained for your files.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Also enclosed are the original source documents you furnished, if any, for our use in preparing the return(s). Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to



*Robert McGee*


provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

A tax-exempt organization is required to provide copies of Form 990 if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990 "widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990 to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect a Form 990 in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990, the organization can disclose the internet address from which he/she can print a copy of the Form 990.

We recommend that the return(s) be mailed by either registered or certified mail with the sender's receipt postmarked to prove filing before the due date.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

KPMG LLP

  
*Enclosure(s)*



Instructions for filing  
TANANA CHIEFS CONFERENCE  
Form 8879-EO - IRS E-file Signature Authorization  
for the period ended September 30, 2009

\*\*\*\*\*

Signature...

✓ The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

✓ Return your signed Form 8879-EO to:

KPMG LLP  
701 West 8th Avenue, Suite 600  
Anchorage AK 99501

Payment of tax...

No payment of tax is required.

The return should be sent certified mail, return receipt requested.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return, please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on August 16, 2010. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 10/01, 2008, and ending 09/30, 2009

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

See instructions.

2008

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

TANANA CHIEFS CONFERENCE

Name and title of officer

BRIAN RIDLEY, CFO

Employer identification number

92-0040308

## 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 from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing 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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	82777768
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

## Part II Declaration and Signature Authorization of Officer

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 2008 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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



I authorize KPMG LLP

ERO firm name

to enter my PIN

9 2 1 7 3

Enter five numbers, but  
do not enter all zeros

as my signature

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.



As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Brian Ridley

Date

8/10/10

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

9 2 0 0 3 4 3 5 4 6 8

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Kinda O Carpenter

Date

8/10/10

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2008)

\*\*\*\*\*

Tanana Chiefs Conference  
Instructions for filing  
Form 990- Copy for the State of Alaska  
for the year ended September 30, 2009

\*\*\*\*\*

Signature...

The original return should be signed and dated on page one by an authorized person.

Filing...

The state of Alaska requires a copy of the return. This copy should be mailed on or before the due date of the federal return, which is given in the federal instructions.

Please mail return to:

Alaska Department of Revenue  
P.O. Box 110420  
Juneau, Alaska 99811-0420

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the US Postal Service).

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

**A For the 2008 calendar year, or tax year beginning**

10/01, 2008, and ending

09/30, 2009

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization** TANANA CHIEFS CONFERENCE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

122 FIRST AVENUE SUITE 600

City or town, state or country, and ZIP + 4

FAIRBANKS, AK 99701-4897

**F Name and address of principal officer:** JERRY ISAAC

122 FIRST AVENUE FAIRBANKS, AK 99701-4897

**D Employer identification number**

92-0040308

**E Telephone number**

(907) 452-8251

**G Gross receipts \$** 98,532,586.**H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐

If "No," attach a list. (see instructions)

**H(c) Group exemption number** ▶**I Tax-exempt status:**☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.TANANACHIEFS.ORG**K Type of organization:**☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** 1971 **M State of legal domicile:** AK**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROVIDE HEALTH, SOCIAL AND ECONOMIC SERVICES TO THE NATIVE PEOPLE AND VILLAGES OF CENTRAL ALASKA KNOWN AS THE TCC REGION USING FEDERAL, STATE AND LOCAL RESOURCES</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	881
	6	Total number of volunteers (estimate if necessary)	6	NONE
		7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	NONE
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	73,483,112.	73,857,758.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,817,339.	9,736,617.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	838,275.	-1,153,589.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	216,193.	336,982.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85,354,919.	82,777,768.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	8,406,528.	9,375,860.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	29,564,654.	33,869,094.
	16b	Total fundraising expenses, Part IX, column (D), line 25) ▶		NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,673,912.	42,304,120.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,645,094.	85,549,074.
	19	Revenue less expenses. Subtract line 18 from line 12.	1,709,825.	-2,771,306.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year
21		Total liabilities (Part X, line 26)	65,303,844.	64,850,361.
22		Net assets or fund balances. Subtract line 21 from line 20.	18,919,700.	19,684,091.

**Part II Signature Block**

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

**Sign Here** ▶ Brian Ridley Signature of officer Date 8/16/10

▶ Brian Ridley Chief Financial Officer Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ [Signature] Date 8/11/10 Check if self-employed ☐ Preparer's identifying number (see instructions) 0001781

Firm's name (or yours if self-employed), address, and ZIP + 4 KPMC LLP 101 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501 EIN ▶ 13-5565 Phone no. ▶ 907-265-1110

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 53,745,217. including grants of \$ 1,088,169. ) (Revenue \$ 8,756,613. )

HEALTH SERVICES: PROMOTES AND ENHANCES SPIRITUAL, PHYSICAL,  
 MENTAL AND EMOTIONAL WELLNESS THROUGH EDUCATION, PREVENTION  
 AND THE DELIVERY OF QUALITY SERVICES. HEALTH SERVICES  
 MANAGES THE HEALTH DELIVERY SYSTEM FOR THE VILLAGES OF  
 INTERIOR ALASKA AND ALSO MANAGES SMALLER SATELLITE CLINICS  
 IN 28 VILLAGES.

4b (Code: ) (Expenses \$ 16,616,136. including grants of \$ 7,772,415. ) (Revenue \$ 439,735. )

CLIENT DEVELOPMENT: OFFERS A WIDE RANGE OF FAMILY-CENTERED  
 SERVICES FOCUSED ON PROMOTING AND SUPPORTING SAFE AND STABLE  
 FAMILIES. THE SERVICES ASSIST INDIVIDUALS IN ATTAINING THE  
 EDUCATION AND SKILLS NECESSARY TO SUPPORT HEALTHY LIFESTYLES,  
 DEVELOP MEANINGFUL CAREERS AND ENGAGE IN THE TRADITIONAL  
 ACTIVITIES OF THEIR COMMUNITIES.

4c (Code: ) (Expenses \$ 6,443,384. including grants of \$ 114,623. ) (Revenue \$ 336,542. )

NATURAL & CULTURAL RESOURCES: PROVIDES ASSISTANCE TO LOCAL  
 GOVERNMENTS AND INDIVIDUALS WITH REGARD TO LAND AND RESOURCE  
 MANAGEMENT.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 5,634,910. including grants of \$ 400,653. ) (Revenue \$ 203,727. )

4e Total program service expenses ► \$ 82,439,647. (Must equal Part IX, Line 25, column (B).)

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X

Form **990** (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .	<b>1 a</b> 344		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1 b</b> NONE		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1 c</b>	X	
<b>2 a</b> 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 . . . . .	<b>2 a</b> 881		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2 b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to file this return. (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3 a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . .	<b>3 b</b>		
<b>4 a</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)? . . . . .	<b>4 a</b>		X
<b>b</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.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5 b</b>		X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5 c</b>		
<b>6 a</b> Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6 a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7 a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7 c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7 d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7 f</b>		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7 g</b>		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7 h</b>		
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		X
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12 a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12 b</b>		



**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body . . . . .	1a	9
b Enter the number of voting members that are independent . . . . .	1b	9
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 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 Form 990 was filed? . . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	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 members of the governing body? . . . . .	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? . . . . .	8a	X
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9a Does the organization have local chapters, branches, or affiliates? . . . . .	9a	X
b 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? . . . . .	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	X
11 Is there any officer, director or 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. . . . .	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13 Does the organization have a written whistleblower policy? . . . . .	13	X
14 Does the organization have a written document retention and destruction policy? . . . . .	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
b Other officers or key employees of the organization? . . . . .	15b	X
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	X
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 exempt status with respect to such arrangements? . . . . .	16b	X

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► AK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► BRIAN RIDLEY 122 FIRST AVE FAIRBANKS, AK 99701-4897  
907-452-8251





**Part VIII Statement of Revenue**

92-0040308

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	73,857,758.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		73,857,758.			
<b>Program Service Revenue</b>	<b>2a</b>	HEALTH SERVICES	Business Code 621400	58,853.	58,853.		
	<b>b</b>	CLIENT DEVELOPMENT	900099	439,735.	439,735.		
	<b>c</b>	NATURAL & CULTURAL RESOURCES	900099	336,542.	336,542.		
	<b>d</b>	TRIBAL DEVELOPMENT	900099	203,727.	203,727.		
	<b>e</b>	MEDICAL RECEIPTS	621400	8,697,760.	8,697,760.		
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		9,736,617.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . STMT 3. . . . .		451,110.		
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .		NONE			
<b>5</b>		Royalties . . . . .		NONE			
		(i) Real (ii) Personal					
<b>6a</b>		Gross Rents . . . . .					
<b>b</b>		Less: rental expenses . . . . .					
<b>c</b>		Rental income or (loss) . . . . .					
<b>d</b>		Net rental income or (loss) . . . . .		NONE			
<b>7a</b>		Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other				
		14,150,119.					
<b>b</b>		Less: cost or other basis and sales expenses . . . . .					
		15,754,818.					
<b>c</b>		Gain or (loss) . . . . .					
		-1,604,699.					
<b>d</b>		Net gain or (loss) . . . . .		-1,604,699.			
<b>8a</b>		Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18. . . . .	a				
<b>b</b>		Less: direct expenses . . . . .	b				
<b>c</b>		Net income or (loss) from fundraising events . . . . .		NONE			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . .	a					
<b>b</b>	Less: direct expenses . . . . .	b					
<b>c</b>	Net income or (loss) from gaming activities. . . . .		NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a					
<b>b</b>	Less: cost of goods sold . . . . .	b					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	ADMINISTRATION DIVISION	900099	377,051.	377,051.	NONE		
<b>b</b>	MISCELLANEOUS	900099	-40,069.	-40,069.			
<b>c</b>							
<b>d</b>	All other revenue . . . . .				NONE		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		336,982.				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		82,711,768.	10,073,599.	NONE	451,110.	

**Part IX** Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	646,935.	646,935.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	8,728,925.	8,728,925.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	650,166.		650,166.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	21,293,425.	17,184,343.	4,109,082.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . . . .	1,604,365.	1,256,401.	347,964.	
9 Other employee benefits . . . . .	8,483,706.	6,643,712.	1,839,994.	
10 Payroll taxes . . . . .	1,837,432.	1,438,919.	398,513.	
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	NONE			
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	23,950,870.	22,536,430.	1,414,440.	
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	2,372,363.	2,204,441.	167,922.	
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	4,070,734.	2,086,283.	1,984,451.	
17 Travel . . . . .	5,743,741.	5,132,399.	611,342.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	NONE			
20 Interest . . . . .	439,950.		439,950.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,137,896.		1,137,896.	
23 Insurance . . . . .	NONE			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DIRECT OPERATING COSTS . . . . .	1,704,674.	1,247,957.	456,717.	
b EQUIPMENT . . . . .	2,090,239.	1,112,484.	977,755.	
c INDIRECT COST ALLOCATION . . . . .	255,973.	12,019,963.	-11,763,990.	
d GRANT ADMINISTRATION . . . . .	166,779.	NONE	166,779.	
e MISCELLANEOUS EXPENSE . . . . .	370,901.	200,455.	170,446.	
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f . . . . .	85,549,074.	82,439,647.	3,109,427.	NONE
26 Joint Costs. Check here <input type="checkbox"/> If following SCP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	2,824,038.	1	3,207,264.
	2 Savings and temporary cash investments . . . . .	18,687,418.	2	18,910,580.
	3 Pledges and grants receivable, net . . . . .	3,895,045.	3	7,557,372.
	4 Accounts receivable, net . . . . .	2,633,448.	4	3,176,430.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .	936,081.	7	847,121.
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	346,758.	9	68,807.
	10a Land, buildings, and equipment: cost basis. . . . . 10a 28,433,682.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D . . . . . 10b 10,530,275.	17,374,142.	10c	17,903,407.
	11 Investments - publicly traded securities. . . . . SFMT 4 . . . . .	15,917,286.	11	10,503,316.
	12 Investments - other securities. See Part IV, line 11. . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11. . . . .	2,689,628.	15	2,676,064.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	65,303,844.	16	64,850,361.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	5,118,939.	17	5,133,480.
	18 Grants payable. . . . .	1,377,046.	18	NONE
	19 Deferred revenue . . . . .	NONE	19	2,814,593.
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties SFMT 5 . . . . .	10,089,890.	23	8,576,015.
	24 Unsecured notes and loans payable . . . . .	NONE	24	973,124.
	25 Other liabilities. Complete Part X of Schedule D . . . . .	2,333,825.	25	2,186,879.
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	18,919,700.	26	19,684,091.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets. . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	37,942,529.	30	35,743,049.
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	8,441,615.	31	9,423,221.
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33 <b>Total net assets or fund balances.</b> . . . . .	46,384,144.	33	45,166,270.	
34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	65,303,844.	34	64,850,361.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other		
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
c	If "Yes" to lines 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	X
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	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	X

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)	JL
---------------	---	----

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally Integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? \_\_\_\_\_

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

**h** Provide the following information about the organizations the organization supports.

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008



**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	65,846,605.	66,496,097.	71,187,087.	73,483,112.	73,857,758.	350,870,659.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .	65,846,605.	66,496,097.	71,187,087.	73,483,112.	73,857,758.	350,870,659.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						350,870,659.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	65,846,605.	66,496,097.	71,187,087.	73,483,112.	73,857,758.	350,870,659.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	1,049,278.	1,114,556.	1,634,865.	838,275.	451,110.	5,088,084.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	189,487.	75,197.	10,127.	24,302.	336,982.	636,095.
<b>11</b> <b>Total support.</b> Add lines 7 through 10. . . . .						356,594,838.
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					12	55,612,693.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.39 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f. . . . .	<b>15</b>	97.21 %
<b>16a</b> <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1-5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3 ) (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 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).

Name of organization **TANANA CHIEF'S CONFERENCE**Employer identification number  
**92-0040308****Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPT OF HEALTH AND HUMAN SERVICES 370 L'ENFANT PROMEMADE, S.W. WASHINGTON, DC 20447	\$ 55,963,008.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPT OF INTERIOR OFFICE OF SECRETARY WASHINGTON, DC 20240	\$ 10,713,806.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a). . . . .	2 c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition      d ☐ Loan or exchange programs  
 b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		3,182,555.		3,182,555.
b Buildings . . . . .		17,151,351.	6,913,223.	10,238,128.
c Leasehold improvements . . . . .				
d Equipment . . . . .		6,074,615.	2,537,211.	3,537,404.
e Other . . . . .		2,025,161.	1,079,841.	945,320.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				17,903,407.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	82,777,768.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	85,549,074.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,771,306.
4	Net unrealized gains (losses) on investments	4	1,553,434.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	1,553,434.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.	10	-1,217,872.

**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	84,331,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,553,434.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,553,434.
3	Subtract line 2e from line 1	3	82,777,768.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	82,777,768.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	85,549,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	85,549,074.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	85,549,074.

**Part XIV Supplemental Information**

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



**Part XIV** Supplemental Information *(continued)*

Area for supplemental information. This area contains horizontal dashed lines for text entry.

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
 ► Attach to Form 990.

Employer identification number  
92-0040308

92-0040308

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . . .

## Grants and Other Assistance to Governments and Organizations in the United States Complete if the organization answered "Yes" on

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- 2 Enter total number of section 501(c)(3) and government organizations . . . . .
- 3 Enter total number of other organizations . . . . .

Schedule I (Form 990) 2008



► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

Part I	Continuation of Grants
--------	------------------------

<b>Part I</b>	<b>Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)</b>	92-0040
---------------	---	---------

[illegible]

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**Part III** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ENERGY ASSISTANCE	1,310	2,101,436.			
ALASKA HEATING ASSISTANCE	34	1,326,089.			
CITGO FUEL	1,731	655,388.			
BUREAU OF INDIAN AFFAIRS COMPACTS	320	665,856.			
BIA CLIENT SERVICE - ASSISTANCE	320	1,255,773.			
INDIAN HEALTH SERVICE	14,000	461,945.			
ASAP TANF	375	1,871,559.			
SG MINTO REC FOOD STAMPS	113	9,161.			
SG CHILD CARE FOOD PROGRAM	89	22,875.			
VOCATIONAL REHAB	80	147,172.			
ELDER NUTRITION	500	67,831.			
FEDERAL HEADSTART	90	9,758.			
AGIA - PIPELINE TRAINING	14	32,808.			
ALASKA WIA YOUTH - IN SCHOOL	300	8,158.			
FAS - COMM DEV DISABILITIES	5	61,742.			
BINGO TRIBAL SHARES	37	31,374.			

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a Receive a severance payment or change of control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JERRY ISAAC	(i) 182,302.	NONE	NONE	22,000.	NONE	204,302.	183,166.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TED CHARLES	(i) 165,699.	NONE	NONE	19,500.	NONE	185,199.	147,045.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN RIDLEY	(i) 150,431.	NONE	NONE	NONE	NONE	150,431.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
NIGEL G WAPPETT	(i) 380,799.	NONE	NONE	22,000.	NONE	402,799.	277,350.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL J FITCH	(i) 210,547.	NONE	NONE	NONE	NONE	210,547.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICHA UPPAL	(i) 210,547.	NONE	NONE	NONE	NONE	210,547.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN STARR	(i) 196,500.	NONE	NONE	NONE	NONE	196,500.	258,660.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
SASHA E ERICKSEN	(i) 192,870.	NONE	NONE	16,500.	NONE	209,370.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----
	(i) -----	-----	-----	-----	-----	-----	-----
	(ii) -----	-----	-----	-----	-----	-----	-----

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.



**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

TANANA CHIEFS CONFERENCE

Employer Identification number

92-0040308

**Part I**

**Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD HONEA, SR. 1ST TRADITIONAL CHIEF	2.	X						NONE	NONE	NONE
PETER CAPTAIN, SR. VICE PRESIDENT	5.	X						29,700.	NONE	NONE
PAT MCCARTY SECRETARY/TREASURER	2.	X						15,000.	NONE	NONE
DANNY ADAMS DIRECTOR	2.	X						16,800.	NONE	NONE
NICK ALEXIA, SR. DIRECTOR	2.	X						15,600.	NONE	NONE
NANCY JAMES DIRECTOR	2.	X						11,400.	NONE	NONE
CARL JERUE DIRECTOR	2.	X						9,600.	NONE	NONE
LEO LOLNITZ DIRECTOR	2.	X						16,200.	NONE	NONE
JULIE ROBERTS-HYSLOP DIRECTOR	2.	X						15,300.	NONE	NONE
RICHARD FRANK ELDER ADVISOR	2.	X						13,500.	NONE	NONE
LESLIE JONES YOUTH ADVISOR	2.	X						8,634.	NONE	NONE
JERRY ISAAC PRESIDENT	40.			X				182,302.	NONE	22,000.
TED CHARLES CAO	40.			X				165,699.	NONE	19,500.
BRIAN RIDLEY CFO	40.			X				150,431.	NONE	NONE
NIGEL G WAPPETT MEDICAL DIRECTOR	40.				X			380,799.	NONE	22,000.
MICHAEL J FITCH PHYSICIAN	40.				X			210,547.	NONE	NONE
RICHA UPPAL PHYSICIAN	40.				X			210,547.	NONE	NONE
JONATHAN STARR PHYSICIAN	40.				X			196,500.	NONE	NONE
SASHA E ERICKSEN PHYSICIAN	40.				X			192,870.	NONE	16,500.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

ORGANIZATION'S MEMBERS OR STOCKHOLDERS

PART VI LINE 6

FORTY-TWO TRIBES COMPRISE THE MEMBERS OF THE FULL BOARD OF DIRECTORS FOR

TANANA CHIEFS CONFERENCE

Name of the organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

HOW THE ORGANIZATION'S MEMBERS ELECT OTHER MEMBERS OF THE GOVERNING BODY

PART VI LINE 7A

A NINE MEMBER EXECUTIVE BOARD IS MAINTAINED. ANNUALLY A CONVENTION IS

HELD OF THE FULL BOARD TO FILL VACANT SEATS AND TO TRANSACT BUSINESS.

Name of the organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

HOW MEMBERS APPROVE ANY DECISIONS OF THE GOVERNING BODY

PART VI LINE 7B

DECISIONS OF THE GOVERNING BODY ARE APPROVED BY A VOICE VOTE.

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

HOW THE ORGANIZATION MONITORS COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI LINE 12C

A COMMITTEE OF THE WHOLE CALLED PLANNING AND ORGANIZATION SETS COMPANY

POLICY AND MEETS PERIODICALLY TO REVIEW EXISTING POLICIES.

Name of the organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

PROCESS FOR DETERMINING COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR

PART VI LINE 15A

PERIODICALLY AFTER A REVIEW OF COMPANY COMPENSATION, SALARY STUDIES ARE

COMMISSIONED FOR THE ENTIRE ORGANIZATION. ADOPTION OF THE STUDY BY THE

EXECUTIVE BOARD CONSTITUTES APPROVAL OF THE SALARIES. THE REVIEW PROCESS

IS BI-ANNUAL.

Name of the organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS

PART VI LINE 15B

MEETING FEES ARE PAID TO THE EXECUTIVE MEMBERS. REVIEW OF THE AMOUNT IS

PERIODICALLY REVIEWED BY THE EXECUTIVE BOARD AND APPROVED AS APPROPRIATE.

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

PART VI LINE 10

FORM 990 IS REVIEWED BY SENIOR MANAGEMENT BEFORE IT IS FILED, INCLUDING

CHIEF FINANCIAL OFFICER, DEPUTY FINANCE OFFICER, AND CONTROLLER.



Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

HOW THE ORGANIZATION MAKES DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI LINE 19

AVAILABLE UPON REQUEST

Name of the organization

Employer identification number

TANANA CHIEFS CONFERENCE

92-0040308

## PROGRAM SERVICE ACCOMPLISHMENTS

## PART III LINE 4D

TRIBAL DEVELOPMENT: PROVIDES ASSISTANCE TO LOCAL GOVERNMENTS AND

INDIVIDUALS WITH REGARD TO COMMUNITY GOVERNMENT AND SERVICES, INCLUDING

THE VILLAGE PUBLIC SAFETY OFFICER PROGRAM, TRIBAL GOVERNMENT SERVICES,

TRIBAL TRANSPORTATION AND ECONOMIC DEVELOPMENT.





**Part V** Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .**b** Gift, grant, or capital contribution to other organization(s) . . . . .**c** Gift, grant, or capital contribution from other organization(s) . . . . .**d** Loans or loan guarantees to or for other organization(s) . . . . .**e** Loans or loan guarantees by other organization(s) . . . . .**f** Sale of assets to other organization(s) . . . . .**g** Purchase of assets from other organization(s) . . . . .**h** Exchange of assets . . . . .**i** Lease of facilities, equipment, or other assets to other organization(s) . . . . .**j** Lease of facilities, equipment, or other assets from other organization(s) . . . . .**k** Performance of services or membership or fundraising solicitations for other organization(s) . . . . .**l** Performance of services or membership or fundraising solicitations by other organization(s) . . . . .**m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .**n** Sharing of paid employees . . . . .**o** Reimbursement paid to other organization for expenses . . . . .**p** Reimbursement paid by other organization for expenses . . . . .**q** Other transfer of cash or property to other organization(s) . . . . .**r** Other transfer of cash or property from other organization(s) . . . . .**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1)	DNH INCORPORATED (DNH FUELS SMLLC) GUARANTEEE	D	1,140,000.
(2)	DNH INCORPORATED	L	605,107.
(3)	DNH INCORPORATED	D	1,045,054.
(4)	CHENA BINGO	D	205,949.
(5)	CHENA BINGO	L	78,658.
(6)			



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE OBJECTIVES OF TANANA CHIEFS CONFERENCE ARE TO PROVIDE HEALTH,  
SOCIAL AND ECONOMIC SERVICES TO THE NATIVE PEOPLE AND VILLAGES OF  
CENTRAL ALASKA KNOWN AS THE TCC REGION, USING FEDERAL, STATE AND  
LOCAL RESOURCES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS  
=====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
FAIRBANKS MEMORIAL HOSPITAL 1650 COWLES STREET FAIRBANKS, AK 99701	LANDLORD	6,402,029.
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	MEDICAL STAFF	2,728,123.
MORRIS THOMPSON CULTURAL & VISITORS CNTR 101 DUNKEL STREET FAIRBANKS, AK 99701	LANDLORD	2,348,336.
WARBELOW'S AIR VENTURE INC. PO BOX 60649 FAIRBANKS, AK 99706	AIR AMBULANCE	744,549.
RADIOLOGY CONSULTANTS INC 815 SECOND AVE, STE 202 FAIRBANKS, AK 99701	DIAGNOSTIC RADIOLOGY	695,357.
TOTAL COMPENSATION		----- 12,918,394. =====



## FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDEND - SMITH BARNEY	227,666.			227,666.
INTEREST & DIVIDEND - WELLS FARGO	105,729.			105,729.
INTEREST ON AK PACIFIC	19,457.			19,457.
INTEREST ON KEY BANK CD	79,403.			79,403.
INTEREST ON NORTHRIM CD	18,855.			18,855.
TOTALS	451,110.			451,110.

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
EQUITY MUTUAL FUNDS	6,358,554.	8,557,007.	FMV
BONDS & BOND MUTUAL FUNDS	9,558,732.	1,946,309.	FMV
	-----	-----	
TOTALS	15,917,286.	10,503,316.	
	=====	=====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE  
=====

LENDER: ALASKA PACIFIC BANK  
ORIGINAL AMOUNT: 8,280,000.  
INTEREST RATE: 4.590000  
DATE OF NOTE: 04/09/2008  
MATURITY DATE: 04/01/2023  
REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$63,577 INCLUDING INTEREST  
SECURITY PROVIDED: TCC BUILDINGS

BEGINNING BALANCE DUE ..... 8,121,761.  
ENDING BALANCE DUE ..... 7,708,500.  
-----

LENDER: ALASKA PACIFIC BANK  
ORIGINAL AMOUNT: 920,000.  
INTEREST RATE: 7.250000  
DATE OF NOTE: 04/09/2008  
MATURITY DATE: 03/01/2023  
REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$8,368 INCLUDING INTEREST  
SECURITY PROVIDED: TCC BUILDINGS

BEGINNING BALANCE DUE ..... 902,481.  
ENDING BALANCE DUE ..... 867,515.  
-----

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE ..... 9,024,242.  
=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE ..... 8,576,015.  
=====

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>TANANA CHIEFS CONFERENCE</b>	Employer identification number <b>92-0040308</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>122 FIRST AVENUE, SUITE 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FAIRBANKS, AK 99701-4897</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **BRIAN RIDLEY** **INTERNAL REVENUE SERVICE**  
**W&I-FIELD ASSISTANCE**  
**ANCHORAGE, AK 99503**
- Telephone No. ► **907 452-8251**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **55101**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **10/01, 2008**, and ending **09/30, 2009**.

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> 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.	<b>3a</b> \$ <b>NONE</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$ <b>NONE</b>
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. 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 instructions.	<b>3c</b> \$ <b>NONE</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).  
Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	TANANA CHIEFS CONFERENCE	92-0040308
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	122 FIRST AVENUE, SUITE 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FAIRBANKS, AK 99701-4897	

**Check type of return to be filed** (file a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► BRIAN RIDLEY

Telephone No. ► 907 452-8251

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ANCHORAGE, AK 99503. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 2008 and ending 09/30, 2009

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c <b>Balance Due.</b> Subtract line 3b from line 3a. 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 instructions.	3c	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you 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 filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	TANANA CHIEFS CONFERENCE	92-0040308
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	122 FIRST AVENUE, SUITE 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FAIRBANKS, AK 99701-4897	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **BRIAN RIDLEY**

Telephone No. **907 452-8251**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **08/16/2010**

**5** For calendar year , or other tax year beginning **10/01/2008**, and ending **09/30/2009**

**6** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

**7** State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> 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.	<b>8a</b> \$	NONE
<b>b</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.	<b>8b</b> \$	NONE
<b>c Balance Due.</b> 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 instructions.	<b>8c</b> \$	NONE

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Anda O. Carpenters**  
KPMG LLP  
701 WEST 8TH AVENUE, SUITE 600  
ANCHORAGE, AK 99501

Title **CPA**

Date **4/28/10**

Form **8868** (Rev. 4-2009)

INTERNAL REVENUE SERVICE  
W & I - FIELD ASSISTANCE  
ANCHORAGE, AK 99508

APR 29 2010

RECEIVED  
55105

Instructions for filing  
TANANA CHIEFS CONFERENCE  
Form 990T - Exempt Organization Business Return  
for the period ended September 30, 2009

\*\*\*\*\*

Signature...

The original return should be signed (using full name and title)  
and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before August 16, 2010  
with...

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

The return should be sent certified mail, return receipt requested.

To document the timely filing of your tax return(s), we suggest that  
you obtain and retain proof of mailing. Proof of mailing can be  
accomplished by sending the tax return(s) by registered or certified  
mail (metered by the U.S. Postal Service) or through the use of an IRS  
approved delivery method provided by an IRS designated private  
delivery service.

\*\*\*\*\*

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No. 1545-0047

**2008**Open to Public Inspection  
for 501(c)(3) Organizations OnlyFor calendar year 2008 or other tax year beginning 10/01, 2008, and  
ending 09/30, 2009. See separate instructions.A ☐ Check box if  
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number  
(Employees' trust, see instructions for Block D  
on page 9.)

## B Exempt under section

☒ 501(c)(3)  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)Print  
or  
Type

TANANA CHIEFS CONFERENCE

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

92-0040308

E Unrelated business activity codes  
(See instructions for Block E on page 9.)

122 FIRST AVENUE SUITE 600

City or town, state, and ZIP code

AK

C Book value of all assets  
at end of year

64,850,361.

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of BRIAN RIDLEY Telephone number 907-452-8251

**Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

(C) Net

1 a	Gross receipts or sales		1 c			
b	Less returns and allowances		2			
2	Cost of goods sold (Schedule A, line 7)		3			
3	Gross profit. Subtract line 2 from line 1c		4 a			
4 a	Capital gain net income (attach Schedule D)		4 b			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 c			
c	Capital loss deduction for trusts		5			
5	Income (loss) from partnerships and S corporations (attach statement)		6			
6	Rent income (Schedule C)		7			
7	Unrelated debt-financed income (Schedule E)		8			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		9			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		10			
10	Exploited exempt activity income (Schedule I)		11			
11	Advertising income (Schedule J)		12			
12	Other income (See page 11 of the instructions; attach schedule.)		13			
13	Total. Combine lines 3 through 12.					

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	
23	Depletion	22 b	NONE
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions. Add lines 14 through 28	28	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	NONE
31	Net operating loss deduction (limited to the amount on line 30)	30	NONE
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	32	NONE
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	33	
		34	NONE



**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1)                      (2)                      (3)                     

b 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** NONE

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)                      **36**                     

**37 Proxy tax.** See page 16 of the instructions                      **37**                     

**38 Alternative minimum tax**                      **38**                     

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies                      **39** NONE

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                      **40a**                     

**b** Other credits (see page 17 of the instructions)                      **40b**                     

**c** General business credit. Attached Form 3800                      **40c**                     

**d** Credit for prior year minimum tax (attach Form 8801 or 8827)                      **40d**                     

**e Total credits.** Add lines 40a through 40d                      **40e**                     

**41** Subtract line 40e from line 39                      **41** NONE

**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** NONE

**44a** Payments: A 2007 overpayment credited to 2008                      **44a**                     

**b** 2008 estimated tax payments                      **44b**                     

**c** Tax deposited with Form 8868                      **44c**                     

**d** Foreign organizations: Tax paid or withheld at source (see instructions)                      **44d**                     

**e** Backup withholding (see instructions)                      **44e**                     

**f** Other credits and payments: ☐ Form 2439                       
☐ Form 4136                      ☐ Other                      Total                      **44f**                     

**45 Total payments.** Add lines 44a through 44f                      **45**                     

**46** Estimated tax penalty (see page 4 of the 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** NONE

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid                      **48** NONE

**49** Enter the amount of line 48 you want: **Credited to 2009 estimated tax**                      **Refunded**                      **49** NONE

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here                      **Yes** ☐ **No** ☒

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?                      **Yes** ☐ **No** ☒

**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$ **Yes** ☐ **No** ☐

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation                     

**1** Inventory at beginning of year                      **1**                     

**2** Purchases                      **2**                     

**3** Cost of labor                      **3**                     

**4a** Additional section 263A costs (attach schedule)                      **4a**                     

**b** Other costs (attach schedule)                      **4b**                     

**5** Total. Add lines 1 through 4b                      **5**                     

**6** Inventory at end of year                      **6**                     

**7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.                      **7**                     

**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?                      **Yes** ☐ **No** ☒

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer B. L. J. Date 8/16/10 Title Chief Financial Officer

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

Paid Preparer's Use Only

Preparer's signature N. J. J. Date 8/11/10 Check if self-employed ☐ Preparer's SSN or PTIN P00170055

Firm's name (or yours if self-employed), address, and ZIP code KPMG LLP EIN 13-5565207 Phone no. 907-265-1200

701 WEST 8TH AVENUE, SUITE 600

ANCHORAGE, AK 99501

Form 990-T (2008)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 19)

**1 Description of property**

(1)
(2)
(3)
(4)

**2 Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) . . . ▶**Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(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 basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

**Total dividends-received deductions** included in column 8 . . . . . ▶**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)**

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**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 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).
<b>Totals</b> . . . . . ▶				

**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).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> . . . . . ▶						

**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)						
<b>Totals (carry to Part II, line (5))</b> . . . ▶						

**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	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.
<b>Totals, Part II (lines 1-5)</b> . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			NONE

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

=====

NO CURRENT YEAR UNRELATED BUSINESS INCOME BUT THE RETURN IS BEING  
FILED TO CARRYFORWARD THE NET OPERATING LOSS FROM PRIOR YEARS.

NET OPERATING LOSS CARRYFORWARD

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED	ADJUSTMENT (NOTES 1 & 2)	CARRYOVER
1997	15,382	15,382		
1998	75,134	24,184	22,462	73,412
1999	96,778		13,505	110,283
2000	172,338		21,947	194,285
2001	103,724		21,525	125,249
2002	59,995		-	59,995
2003	51,255		(21,407)	29,848
2004	17,992		-	17,992
2005	7,993			7,993
2006	100,838			100,838
2007	189,420			189,420
2008	NONE			-
TOTAL	890,849	39,566	58,032	909,315

EXPIRED CARRYOVER:

TOTAL CARRIED FORWARD 909,315

NOTE 1: The NOL carryover for 1999, 2000, 2001 and 2002 has been adjusted for an error in the calculation of the percentage of income and deductions taken into account under IRC Section 514.

NOTE 2: The NOL carryover for 2004 has been adjusted to remove an intercompany charge for facility financing costs which should have been eliminated.

\*\*\*\*\*

TANANA CHIEFS CONFERENCE  
Instructions for filing  
Form 0405-611  
Alaska Corporation Net Income Tax Return  
For the year ended September 30, 2009

Signature . . .

The original return should be signed (using full name and title) and dated on page one by an authorized officer of the organization.

Payment of tax . . .

No payment of tax is required.

Filing . . .

The signed return should be filed on or before August 16, 2010 with:

Alaska Department of Revenue  
P.O. Box 110420  
Juneau, Alaska 99811-0420

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

FORM  
611SF

ALASKA CORPORATION NET INCOME TAX RETURN  
SHORT FORM

2008

For the calendar year 2008 or the taxable year beginning  
10/01, 2008 and ending 09/30, 2009

Department Use Only	
FSN SEQ	ENVELOPE #

Federal EIN 92-0040308	(This field not used)	NAICS Code 8133	(This field not used)
Name Tanana Chiefs Conference		Telephone Number XXX XXX-XXXX 907-452-8251	
Mailing Address 122 First Avenue, Suite 600		Fax Number XXX XXX-XXXX	
City Fairbanks	State AK	Zip Code 99701	E-mail Address
Contact Person Brian Ridley	Title CFO	Contact Telephone Number XXX XXX-XXXX 907-452-8251	EXT EXT

Check applicable boxes: <input type="checkbox"/> First Alaska return <input type="checkbox"/> Final Alaska return <input type="checkbox"/> Name or address change since last year	<input type="checkbox"/> Limited Liability Company LLC <input checked="" type="checkbox"/> Exempt Organization (see instructions) <input type="checkbox"/> S Corporation (Attach 1120S) <input type="checkbox"/> Homeowners Association (Attach 1120H)	<input checked="" type="checkbox"/> Check if a federal extension is in effect and attach a copy of Form 7004
--	---	--

SCHEDULE A - NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule B-SF . . . . .	1	NONE	
2. Alaska net operating loss deduction (attach schedule) . . . . .	2	909,315.00	NL
3. Alaska taxable income. Subtract line 2 from line 1 . . . . .	3	-909,315.00	TI
4. Alaska income tax from Schedule D-SF, line 7 . . . . .	4		TX
5. Other taxes from Schedule E-SF, line 5 . . . . .	5		OT
6. Federal-based credits from Schedule F, line 16. . . . .	6	( )	CR
7. Total Tax. Sum of lines 4, 5 and 6. . . . .	7	NONE	
8. Incentive Credits (see instructions) . . . . .	8	( )	IC
9. Education Credit from Schedule G, line 4 (see instructions). . . . .	9	( )	EC
10. Net Alaska income tax (line 7, net of lines 8 and 9) if more than \$500, attach Form 0405-708 . . . . .	10		NT
11. Payments from Page 2, Schedule C-SF . . . . .	11		PT
12. Tax due. If line 10 is larger than line 11, enter amount of tax due . . . . .	12	NONE	
13. Overpayment. If line 11 is larger than line 10, enter amount overpaid . . . . .	13		
14. Penalty for underpayment of estimated tax (Form 0405-708, line 18, see instructions). . . . .	14		UP
15. Penalty for failure to file (see instructions) . . . . .	15		PF
16. Penalty for failure to pay (see instructions) . . . . .	16		FP
17. Interest (see instructions) . . . . .	17		IN
18. Total amount due (overpaid). Line 12 plus lines 14-17, or line 13 less lines 14-17 . . . . .	18		
19. Overpayment credited to 2009 estimated tax (see instructions). . . . .	19		CF
20. Refund (line 18 reduced by line 19) . . . . .	20		RF

I declare, under penalties of perjury, 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 taxpayer) is based on all information of which preparer has any knowledge.		May the DOR discuss this return with the preparer shown below (see instructions) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Officer's Signature <i>Brian Ridley</i>	Date 8/10/10	Title Chief Financial Officer	DEPT USE ONLY
Preparer's Signature <i>N. Jane Fegan</i>	Date 8-11-10	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00148855	Refund
Firm's name (or yours if self-employed) and address KPMG LLP 701 W 8TH AVE, SUITE 600		EIN 13-5565207 Phone 907-265-1200	
City ANCHORAGE	State AK	Zip 99501	Dept Use Only Validation Number

# SCHEDULE B - SF - ALASKA INCOME (LOSS)

1. Federal taxable income, Form 1120, line 28 or Form 1120A, line 24, as actually filed . . . . .
2. Additions: (a) All taxes based on or measured by net income . . . . .  
(b) Other (attach schedule) . . . . .  
(c) Total additions. Add 2a and 2b . . . . .
3. Subtractions: (a) Interest from obligations of the United States . . . . .  
(b) Special deductions from Form 1120, Schedule C . . . . .  
(c) Other (attach schedule) . . . . .  
(d) Total subtractions. Add 3a through 3c . . . . .
4. Alaska income (loss). Add lines 1, 2c and 3d. Enter here and on Schedule A, line 1 . . . . .

1	NONE
2a	
2b	
2c	
3a	
3b	
3c	
3d	( )
4	NONE

## TAX RATE SCHEDULE (AS 43.20.011)

If your Alaska taxable income is:				(5)
(1)	(2)	(3)	(4)	Of The
At Least	But Less Than	Your Tax Is	Plus	Amount
				Over
-0-	10,000	-0-	1%	-0-
10,000	20,000	100	2%	10,000
20,000	30,000	300	3%	20,000
30,000	40,000	600	4%	30,000
40,000	50,000	1,000	5%	40,000
50,000	60,000	1,500	6%	50,000
60,000	70,000	2,100	7%	60,000
70,000	80,000	2,800	8%	70,000
80,000	90,000	3,600	9%	80,000
90,000 or More		4,500	9.4%	90,000

## SCHEDULE C - SF

### ESTIMATED TAX PAYMENT RECORD

Estimated Payments	Date	Amount
(1) 0405-711		
(2) 0405-711		
(3) 0405-711		
(4) 0405-711		
Tentative Tax 0405-709		
Overpayment From Prior Year		
Less: Quick Refund (federal Form 4466)		( )
Total Payments to Schedule A, line 11		\$

## SCHEDULE D - SF - ALASKA TAX COMPUTATION

1. Alaska taxable income from Schedule A, line 3 . . . . .
2. Net capital gain, not to exceed line 1. If line 1 is a loss enter zero.  
(See instructions) . . . . .
3. Ordinary income. Subtract line 2 from line 1. If less than zero, enter zero . . . . .
4. To compute the tax on ordinary income, apply the amount on line 3 to the Tax Rate Schedule. . . . .
5. Tax on net capital gains. Multiply line 2 by 4.5% . . . . .
6. Add lines 4 and 5 . . . . .
7. Enter the lesser of line 6, column A or B here and on Schedule A, line 4  
Note: S Corps, PHCs and PSCs use line 6, column A . . . . .

	A	B
1		
2		
3		
4		
5		
6		
7		

## SCHEDULE E - SF - OTHER TAXES

1. Alternative minimum tax from federal Form 4626 . . . . .
2. Credit for prior year minimum tax from Form 1120 Schedule J . . . . .
3. Other federal taxes (attach schedule) . . . . .
4. S Corp, Personal Holding Company and Personal Service Corp taxes. See Instructions (attach schedule) . . . . .
5. Total other taxes. Add lines 1 through 4, enter here and on Schedule A, line 5 . . . . .

A		B	
1a		1b	
2a		2b	( )
3a		3b	
		4	
		5	

If this is the first return, indicate whether:

☐

New Business

☐

Successor to previously existing business

Enter name, address and federal EIN of previous business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NET OPERATING LOSS CARRYFORWARD

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED	ADJUSTMENT (NOTES 1 & 2)	CARRYOVER
1997	15,382	15,382		
1998	75,134	24,184	22,462	73,412
1999	96,778		13,505	110,283
2000	172,338		21,947	194,285
2001	103,724		21,525	125,249
2002	59,995		-	59,995
2003	51,255		(21,407)	29,848
2004	17,992		-	17,992
2005	7,993			7,993
2006	100,838			100,838
2007	189,420			189,420
2008	NONE			-
TOTAL	890,849	39,566	58,032	909,315
EXPIRED CARRYOVER:				
TOTAL CARRIED FORWARD				909,315

NOTE 1: The NOL carryover for 1999, 2000, 2001 and 2002 has been adjusted for an error in the calculation of the percentage of income and deductions taken into account under IRC Section 514.

NOTE 2: The NOL carryover for 2004 has been adjusted to remove an intercompany charge for facility financing costs which should have been eliminated.



KPMG LLP  
Suite 600  
701 West Eighth Avenue  
Anchorage, AK 99501

Telephone 907 265 1200  
Fax 907 265 1296  
Internet www.us.kpmg.com

February 21, 2008

**PRIVATE**

Ms. Lois Buscher  
Tanana Chiefs Conference, Inc.  
122 First Avenue, Suite 600  
Fairbanks, Alaska 99701

Dear Ms. Buscher:

We are pleased you have engaged KPMG LLP (KPMG) to provide tax compliance and tax consulting services for Tanana Chiefs Conference, Inc. (Client). This letter confirms the scope and related terms of your engagement of KPMG.

**I. Tax Compliance Services**

Our Tax Compliance Services will be comprised of tax return preparation and estimated tax payment assistance as further described below.

**RETURN PREPARATION SERVICES**

We will prepare the following return(s) and supporting schedules for the year ending September 30, 2007, unless you notify us to the contrary. Our records indicate that we should prepare the following returns:

**Form 990 – Return of Organization Exempt from Income Tax**  
**Form 0405-611 – Alaska Corporation Net Income Tax Return**  
**Form 990-T – Exempt Organization Business Income Tax Return**

**ESTIMATED TAX PAYMENT ASSISTANCE**

We will assist you with the determination of quarterly estimated tax payments for the year ending September 30, 2008, unless you notify us to the contrary.

We will also prepare or review such other returns, and provide assistance with the determination of quarterly estimated tax payments, as you and we agree.

If we have not received all the requested information timely, and you have returned to us a signed copy of this letter and a completed copy of the attached E-filing Summary and Authorization Form, we will automatically prepare, for your signature and filing, a request for extension of time to file the return(s).



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Ms. Lois Buscher  
Tanana Chiefs Conference, Inc.  
February 21, 2008

We will perform these services from the information you submit. We will not audit or independently verify the data you submit. However, we may ask for clarification of some of the information. Our engagement cannot be relied on to uncover errors in the underlying information incorporated in the tax return, omissions, or irregularities, should any exist. However, we will inform you of any such matters that come to our attention. Because management has ultimate responsibility for the tax return(s), please have the appropriate corporate officials review the return before an officer signs and files the return(s).

Please note that if Client had a taxable presence (e.g., an employee within the state or any tangible property owned or rented within the state) in a state not listed above, it may be subject to state income or franchise tax in that state, depending upon the particular facts. It is Client's obligation to notify KPMG if assistance is needed to determine whether Client is liable for state income or franchise tax or has a filing requirement in states not listed above.

All returns are subject to examination by the taxing authorities. In the event of an examination, Client may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on the tax return(s). In preparing your return(s), we rely on your representations that you understand and have complied with applicable documentation requirements for Client's expenses, deductions, and credits. If an examination occurs, and if you and we agree to have KPMG assist or represent Client in the examination, any such additional services and the fee therefore would be set forth in a separate engagement letter.

#### **Electronic Filing**

Electronic filing is mandatory for certain federal tax exempt organization tax returns. If you qualify for the electronic filing (e-filing) of your federal return, KPMG can provide this service.

Attached to this letter is an E-filing Summary and Authorization Form that summarizes the federal e-filing requirements to which the exempt organization returns included in this engagement may be subject. Please complete and return this form to KPMG along with the signed engagement letter.

#### **Tax Return Standards**

KPMG applies elevated standards in preparing tax returns. Under these standards, we must be able to determine that a return position is at least "more likely than not" to be upheld (i.e., has a greater than 50 percent likelihood of success if challenged by the taxing authorities). If a return position involves a transaction designated by the IRS or a state as a "listed transaction," or a transaction with the principal purpose of avoiding or evading tax, we must arrive at a "should" confidence level (i.e., approximately a 70 percent or greater likelihood of success if challenged by the taxing authorities) with respect to the position. In determining whether a return position meets the appropriate standard, we will not take into account the possibility that a tax return will not be audited, that an issue will not be raised on audit, or



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Ms. Lois Buscher  
Tanana Chiefs Conference, Inc.  
February 21, 2008

that an issue will be settled. We will inform you as soon as possible if, during our preparation, we determine circumstances exist that prevent us from completing the tax return under these standards.

## II. Tax Consulting Services

This engagement letter also covers tax consulting matters that may arise for which you seek our advice, both written and oral, and that are not the subject of a separate engagement letter. Any such advice will comply with the elevated standards described in the "Tax Return Standards" section of this letter.

We do not anticipate that the written tax advice provided under this engagement letter will be a Covered Opinion as defined in §10.35 of Circular 230 (Covered Opinion). Therefore, all the written tax advice provided under this engagement letter will contain the following legend:

ANY TAX ADVICE IN THIS COMMUNICATION IS NOT INTENDED OR WRITTEN BY KPMG TO BE USED, AND CANNOT BE USED, BY A CLIENT OR ANY OTHER PERSON OR ENTITY FOR THE PURPOSE OF (i) AVOIDING PENALTIES THAT MAY BE IMPOSED ON ANY TAXPAYER OR (ii) PROMOTING, MARKETING OR RECOMMENDING TO ANOTHER PARTY ANY MATTERS ADDRESSED HEREIN.

However, if our services will rise to the level of a Covered Opinion, we will issue a separate engagement letter for the issuance of a Covered Opinion.

KPMG will not render any advice with respect to a federal or state "listed transaction" or any transaction that is substantially similar to a federal or state "listed transaction."

To be of greatest assistance to Client, we should be advised in advance of proposed transactions. If such matters exceed the scope of this engagement letter, we will issue separate engagement letters to confirm the scope and related terms of any additional engagements. Furthermore, if the fees for any item of tax consulting are expected to exceed \$50,000, we will issue a separate engagement.

## GAO Independence Standards

We have considered the effect of this engagement on the ongoing, planned and future audits as required by *Government Auditing Standards* and have determined that this engagement will not impair KPMG's independence.

## Fees

### I. Tax Compliance Services

Our fee for the Tax Compliance Services will be based on the actual time incurred to provide the specified services at our standard hourly rates for the individuals involved in providing the services. In addition, we will bill you for our out-of-pocket expenses (e.g., travel, lodging, meals, etc.). We



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Ms. Lois Buscher

Tanana Chiefs Conference, Inc.

February 21, 2008

estimate that our fees for Tax Compliance Services will be approximately \$14,500 to \$19,000 plus out-of-pocket expenses. Our fees for tax compliance services will be progress billed as incurred.

We will endeavor to notify you if we encounter any circumstances that warrant additional time or expense. If such matters exceed the scope of this engagement letter, we will issue separate engagement letters to confirm the scope and related terms of any additional engagements.

## **II. Tax Consulting Services**

Our fees for any tax consulting services of this engagement will be based on the actual time required of the individuals who will be performing the services. This time will be based on our standard hourly rates. Our fees for tax consulting services will be billed as incurred.

The attached Standard Terms and Conditions for Advisory and Tax Services (Standard Terms and Conditions) are made part of this engagement letter. Please sign the enclosed copy of this letter to confirm our agreement and return it to us within 30 days. Your signature also confirms your understanding of and consent to Section 17(e) (relating to the use of return processing services outside the United States) of the attached Standard Terms and Conditions, unless you indicate otherwise at the time of signing. If you have any questions, please call me.

Very truly yours,

KPMG LLP

N. Diane Fejes

Partner

NDF:kw

51623

Enclosures:

Standard Terms and Conditions for Advisory and Tax Services

E-filing Summary and Authorization Form

cc: Dave McCambridge, Audit Partner



Page 5  
Ms. Lois Buscher  
Tanana Chiefs Conference, Inc.  
February 21, 2008

ACCEPTED:

**Tanana Chiefs Conference, Inc.**

Jerry Isaac  
Authorized Signature

PRESIDENT  
Title

7-10-08  
Date



**KPMG E-filing Summary and Authorization Form**  
**Exempt Organization Tax Returns**

**Instructions:** To the extent you will be filing the tax returns and extensions listed below, please indicate whether you are also engaging KPMG to electronically file ("e-file") on the exempt organization's behalf.

**Organization Name:** Tenna Chiefs Conference  
**Tax Year:** 2007

	<b>Tax Return e-File Choices</b>		<b>Extension e-File Choices</b>	
<p><b>Federal:</b> Electronic filing is mandatory for tax exempt organizations that:</p> <ul style="list-style-type: none"><li>• File Form 990 and;<ul style="list-style-type: none"><li>• Have total assets of \$10 million or more at the end of the taxable year; AND</li><li>• File 250 returns a year, including employment/excise tax returns and employee information returns (e.g., Forms W-2, 1099, etc.). Amended or corrected returns, foreign reporting forms, and tax shelter registration forms are not included in the 250 return count.</li></ul></li><li>• File Form 990PF and file 250 returns a year, including employment/excise tax returns and employee information returns (e.g., Forms W-2, 1099, etc.). Amended or corrected returns, foreign reporting forms, and tax shelter registration forms are not included in the 250 return count.</li></ul> <p>Tax exempt organizations that do not meet the above requirements have the option of filing their 2006 or 2007 (Form 990 or 990PF only) returns electronically.</p> <p>The federal e-file mandate does not apply to 990T returns or 1120-C returns (replaced Form 990-C in 2006).</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## KPMG LLP

### Standard Terms and Conditions for Advisory and Tax Services

#### 1. Services; Client Responsibilities.

- (a) It is understood and agreed that KPMG's services may include advice and recommendations; but all decisions in connection with the implementation of such advice and recommendations shall be the responsibility of, and made by, Client. KPMG will not perform management functions or make management decisions for Client. References herein to Client shall refer to the addressee of the Proposal or Engagement Letter to which these Standard Terms and Conditions are attached (the "Engagement Letter").
- (b) In connection with KPMG's provision of services under the Engagement Letter, Client agrees that Client, and not KPMG, shall perform the following functions: (i) make all management decisions and perform all management functions; (ii) designate an individual who possesses suitable skill, knowledge and experience, preferably within senior management, to oversee such services, and to evaluate the adequacy and results of such services; (iii) accept responsibility for the results of such services; and (iv) establish and maintain internal controls over the processes with which such services are concerned, including monitoring on-going activities.
- (c) Subsequent to the completion of this engagement, KPMG will not update its advice, recommendations or work product for changes or modification to the law and regulations, or to the judicial and administrative interpretations thereof, or for subsequent events or transactions, unless Client separately engages KPMG to do so in writing after such changes or modifications, interpretations, events or transactions.

- 2. **Tax on Services.** All fees, charges and other amounts payable to KPMG under the Engagement Letter do not include any sales, use, excise, value added or other applicable taxes, tariffs or duties, payment of which shall be Client's sole responsibility, excluding any applicable taxes based on KPMG's net income or taxes arising from the employment or independent contractor relationship between KPMG and its personnel.

- 3. **Termination.** Either party may terminate the Engagement Letter at any time by giving written notice to the other party not less than 30 calendar days before the effective date of termination.

#### 4. Ownership and Use of Deliverables.

- (a) KPMG has created, acquired, owns or otherwise has rights in, and may, in connection with the performance of services under the Engagement Letter, use, provide, modify, create, acquire or otherwise obtain rights in, concepts, ideas, methods, methodologies, procedures, processes, know-how, techniques, models, templates and software (collectively, the "KPMG Property"). KPMG retains all ownership and use rights in the KPMG Property. Client shall acquire no rights or interest in the KPMG Property, except as expressly provided in the next paragraph. KPMG acknowledges that KPMG Property shall not include any of Client's confidential information or tangible or intangible property, and KPMG shall have no ownership rights in such property.

- (b) Except for KPMG Property, and upon full and final payment to KPMG under the Engagement Letter, the tangible items specified as deliverables or work product in the Engagement Letter including any intellectual property rights appurtenant thereto (the "Deliverables") will become the property of Client. If any KPMG Property is contained in any of the Deliverables, KPMG hereby grants Client a royalty-free, paid-up, non-exclusive, perpetual license to use such KPMG Property in connection with Client's use of the Deliverables.

- (c) Client acknowledges and agrees that any advice, recommendations, information or work product provided to Client by KPMG in connection with this engagement is for the sole use of Client and may not be relied upon by any third party. Client agrees that if it makes such advice, recommendations, information or work product available to any third party other than as expressly permitted by the Engagement Letter the provisions of Paragraph 8(b) shall apply unless Client provides the written notice to the third party in substantially the form of Appendix A hereto (the "Notice"), which Notice shall be acknowledged in writing by such third party and returned to Client. Upon request, Client shall provide KPMG with a copy of the foregoing Notice and acknowledgement and any notice and acknowledgement sent to Client by such third party as contemplated by the Notice. Notwithstanding the foregoing, (i) in the event of a disclosure made by Client that is required by law, that is made to a regulatory authority having jurisdiction over Client or that is made pursuant to Paragraph 17(a) below, no acknowledgement of the Notice shall be required and (ii) no Notice or acknowledgement shall be required with respect to disclosures expressly authorized by the Engagement Letter.

- 5. **Warranties.** KPMG's services under the Engagement Letter are subject to and will be performed in accordance with American Institute of Certified Public Accountants ("AICPA") and other professional standards applicable to the services provided by KPMG under the Engagement Letter and in accordance with the terms thereof. KPMG disclaims all other warranties, either express or implied.

- 6. **Limitation on Damages.** Except for each party's indemnification obligations herein, neither Client nor KPMG shall be liable to the other for any actions, damages, claims, liabilities, costs, expenses or losses in any way arising out of or relating to the services performed under the Engagement Letter for an aggregate amount in excess of the fees paid or owing to KPMG under the Engagement Letter. In no event shall either party be liable for consequential, special, indirect, incidental, punitive or exemplary damages, costs, expenses, or losses (including, without limitation, lost profits and opportunity costs).

#### 7. Infringement.

- (a) KPMG hereby agrees to indemnify, hold harmless and defend Client from and against any and all claims, liabilities, losses, expenses (including reasonable attorneys' fees), fines, penalties, taxes or damages (collectively "Liabilities") asserted by a third party against Client to the extent such Liabilities result from the infringement by the Deliverables (including any KPMG Property contained therein) of such third party's patents issued as of the



## KPMG LLP

### Standard Terms and Conditions for Advisory and Tax Services

date of the Engagement Letter, trade secrets, trademarks or copyrights. The preceding indemnification shall not apply to any infringement arising out of (x) use of the Deliverables other than in accordance with applicable documentation or instructions supplied by KPMG or other than in accordance with Paragraph 4(c); (y) any alteration, modification or revision of the Deliverables not expressly agreed to in writing by KPMG; or (z) the combination of the Deliverables with materials not supplied or approved by KPMG.

- (b) In case any of the Deliverables (including any KPMG Property contained therein) or any portion thereof is held, or in KPMG's reasonable opinion is likely to be held, to constitute infringement, KPMG may, within a reasonable time, at its option either: (i) secure for Client the right to continue the use of such infringing item; or (ii) replace, at KPMG's sole expense, such item with a substantially equivalent non-infringing item or modify such item so that it becomes non-infringing. In the event KPMG is, in its reasonable discretion, unable to perform either of options described in (i) or (ii) above, Client shall return the Deliverable to KPMG, and KPMG's sole liability shall be to refund to Client the amount paid to KPMG for such item; provided that the foregoing shall not be construed to limit KPMG's indemnification obligation set forth in Paragraph 7(a) above.
- (c) The provisions of this Paragraph 7 state KPMG's entire liability and Client's sole and exclusive remedy with respect to any infringement or claim of infringement.

#### 8. Indemnification.

- (a) Each party agrees to indemnify, hold harmless and defend the other from and against any and all Liabilities for physical injury to, or illness or death of, any person regardless of status, and damage to or destruction of any tangible property, which the other party may sustain or incur, to the extent such Liabilities result from the negligence or willful misconduct of the indemnifying party.
- (b) In accordance with Paragraph 4(c) Client agrees to indemnify, defend and hold harmless KPMG from and against any and all Liabilities incurred or suffered by or asserted against KPMG in connection with a third party claim to the extent resulting from such party's use or possession of or reliance upon KPMG's advice, recommendations, information or work product as a result of Client's disclosure of such advice, recommendations, information or work product without adhering to the notice requirements of Paragraph 4(c) above.
- (c) The party entitled to indemnification (the "Indemnified Party") shall promptly notify the party obligated to provide such indemnification (the "Indemnifying Party") of any claim for which the Indemnified Party seeks indemnification. The Indemnifying Party shall have the right to conduct the defense or settlement of any such claim at the Indemnifying Party's sole expense, and the Indemnified Party shall cooperate with the Indemnifying Party. The party not conducting the defense shall nonetheless have the right to participate in such defense at its own expense. The Indemnified Party shall have the right to approve the settlement of any claim that imposes any liability or obligation other than the payment of money damages.

#### 9. Cooperation; Use of Information.

- (a) Client agrees to cooperate with KPMG in the performance of the services under the Engagement Letter and shall provide or arrange to provide KPMG with timely access to and use of the personnel, facilities, equipment, data and information to the extent necessary for KPMG to perform the services under the Engagement Letter. The Engagement Letter may set forth additional obligations of Client in connection with this engagement. Client acknowledges that Client's failure to perform these obligations could adversely affect KPMG's ability to provide the services under the Engagement Letter.
- (b) Client acknowledges and agrees that KPMG will, in performing the services under the Engagement Letter, base its conclusions on the facts and assumptions that Client furnishes and that KPMG may use data, material, and other information furnished by or at the request or direction of Client without any independent investigation or verification and that KPMG shall be entitled to rely upon the accuracy and completeness of such data, material and other information. Inaccuracy or incompleteness of such data, material and other information furnished to KPMG could have a material effect on KPMG's conclusions.

- 10. **Independent Contractor.** It is understood and agreed that each of the parties hereto is an independent contractor and that neither party is or shall be considered an agent, distributor or representative of the other. Neither party shall act or represent itself, directly or by implication, as an agent of the other or in any manner assume or create any obligation on behalf of, or in the name of, the other.

#### 11. Confidentiality.

- (a) "Confidential Information" means all documents, software, reports, data, records, forms and other materials obtained by one party (the "Receiving Party") from the other party (the "Disclosing Party") or at the request or direction of the Disclosing Party in the course of performing the services under the Engagement Letter: (i) that have been marked as confidential; (ii) whose confidential nature has been made known by the Disclosing Party to the Receiving Party; or (iii) that due to their character and nature, a reasonable person under like circumstances would treat as confidential. Notwithstanding the foregoing, Confidential Information does not include information which: (i) is already known to the Receiving Party at the time of disclosure by the Disclosing Party; (ii) is or becomes publicly known through no wrongful act of the Receiving Party; (iii) is independently developed by the Receiving Party without benefit of the Disclosing Party's Confidential Information; (iv) relates to the tax treatment or tax structure of any transaction, (v) the Receiving Party determines is required to be maintained or disclosed by the Receiving Party under sections 6011, 6111 or 6112 of the Internal Revenue Code ("IRC") or the regulations thereunder or under any similar or analogous provisions of the laws of a state or other jurisdiction or (vi) is received by the Receiving Party from a third party without restriction and without a breach of an obligation of confidentiality.

## KPMG LLP

### Standard Terms and Conditions for Advisory and Tax Services

- (b) The Receiving Party will deliver to the Disclosing Party all Confidential Information of the Disclosing Party and all copies thereof when the Disclosing Party requests the same, except for one copy thereof that the Receiving Party may retain for its records. The Receiving Party shall not use or disclose to any person, firm or entity any Confidential Information of the Disclosing Party without the Disclosing Party's express, prior written permission; provided, however, that notwithstanding the foregoing, the Receiving Party may disclose Confidential Information to the extent that it is required to be disclosed pursuant to a statutory or regulatory provision or court order or to fulfill professional obligations and standards.
- (c) Each party shall be deemed to have met its nondisclosure obligations under this Paragraph 11 as long as it exercises the same level of care to protect the other's information as it exercises to protect its own confidential information but in no event less than reasonable care, except to the extent that applicable law or professional standards impose a higher requirement.
- (d) If the Receiving Party receives a subpoena or other validly issued administrative or judicial demand requiring it to disclose the Disclosing Party's Confidential Information, the Receiving Party shall provide prompt written notice to the Disclosing Party of such demand in order to permit it to seek a protective order. So long as the Receiving Party gives notice as provided herein, the Receiving Party shall be entitled to comply with such demand to the extent permitted by law, subject to any protective order or the like that may have been entered in the matter.
12. **Assignment; Use of Member Firms.** Neither party may assign, transfer or delegate any of its rights or obligations without the prior written consent of the other party, such consent not to be unreasonably withheld. Notwithstanding the foregoing, to the extent any of the services under the Engagement Letter will be performed in or relate to a jurisdiction outside of the United States, Client acknowledges and agrees that such services, including any applicable tax advice, may be performed by the member firm of KPMG International practicing in such jurisdiction. Accordingly, Client consents to KPMG's disclosure to a member firm and such member firm's use of data and information, including tax return information, received from or at the request or direction of Client for the purpose of completing the services under the Engagement Letter.
13. **Governing Law; Severability.** The Engagement Letter and these Standard Terms and Conditions shall be governed by and construed in accordance with the laws of the State of New York, without regard to its conflict of laws provisions. In the event that any term or provision of the Engagement Letter or these terms shall be held to be invalid, void or unenforceable, then the remainder of the Engagement Letter and these terms shall not be affected, and each such term and provision shall be valid and enforceable to the fullest extent permitted by law.
14. **Alternative Dispute Resolution.**
- (a) Any dispute or claim arising out of or relating to the Engagement Letter between the parties or the services provided thereunder shall be submitted first to non-binding mediation (unless either party elects to forego mediation by initiating a written request for arbitration) and if mediation is not successful within 90 days after the issuance by one of the parties of a request for mediation then to binding arbitration in accordance with the Rules for Non-Administered Arbitration of the International Institute for Conflict Prevention and Resolution ("CPR Arbitration Rules"). By operation of this provision, the parties agree to forego litigation over such disputes in any court of competent jurisdiction.
- (b) Mediation, if selected, may take place at a location to be designated by the parties using the Mediation Procedures of the International Institute for Conflict Prevention and Resolution, with the exception of paragraph 2 (Selecting the Mediator).
- (c) Arbitration shall take place in New York, New York. The arbitration panel shall have no power to award non-monetary or equitable relief of any sort except as provided in CPR Rule 13 (Interim Measures of Protection). Damages that are inconsistent with any applicable agreement between the parties, that are punitive in nature, or that are not measured by the prevailing party's actual damages shall be unavailable in arbitration or any other forum. In no event, even if any other portion of these provisions is held to be invalid or unenforceable, shall the arbitration panel have power to make an award or impose a remedy that could not be made or imposed by a court deciding the matter in the same jurisdiction.
- (d) Either party may seek to enforce any written agreement reached by the parties during mediation, or to confirm and enforce any final award entered in arbitration, in any court of competent jurisdiction.
- (e) Notwithstanding the agreement to such procedures, either party may seek equitable relief to enforce its rights in any court of competent jurisdiction.
15. **Miscellaneous.**
- (a) Except as otherwise set forth in the Engagement Letter, in accepting this engagement, Client acknowledges that completion of this engagement or acceptance of Deliverables resulting from this engagement will not constitute a basis for Client's assessment or evaluation of internal control over financial reporting and disclosure controls and procedures, or its compliance with its principal officer certification requirements under Section 302 of the Sarbanes-Oxley Act of 2002 (the "Act"). The services under the Engagement Letter shall not be construed to support Client's responsibilities under Section 404 of the Act requiring each annual report filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 to contain an internal control report from management.
- (b) KPMG may communicate with Client by electronic mail or otherwise transmit documents in electronic form during the course of this engagement. Client accepts the inherent risks of these forms of communication (including the security risks of interception of or unauthorized access to such communications, the risks of corruption of such communications and the risks of viruses or other harmful devices) and agrees that it may rely only upon a final hardcopy version of a document or other communication that KPMG transmits to Client unless no such hard copy is transmitted by KPMG to Client.

## KPMG LLP

### Standard Terms and Conditions for Advisory and Tax Services

- (c) For engagements where services will be provided by KPMG through offices located in California, Client acknowledges that certain of KPMG's personnel who may be considered "owners" under the California Accountancy Act and implementing regulations (California Business and Professions Code section 5079(a); 16 Cal. Code Regs. sections 51 and 51.1) and who may provide services in connection with this engagement, may not be licensed as certified public accountants under the laws of any of the various states.
- (d) Where KPMG is reimbursed for expenses, it is KPMG's policy to bill clients the amount incurred at the time the good or service is purchased. If KPMG subsequently receives a volume rebate or other incentive payment from a vendor relating to such expenses, KPMG does not credit such payment to Client. Instead, KPMG applies such payments to reduce its overhead costs, which costs are taken into account in determining KPMG's standard billing rates and certain transaction charges that may be charged to clients.
- (e) Except as permitted by law or the terms of the Engagement Letter, neither party shall acquire hereunder any right to use the name or logo of the other party or any part thereof. Any such use shall require the express written consent of the owner party.
16. **Entire Agreement.** The Engagement Letter and these Standard Terms and Conditions, including the Exhibits and Appendices hereto and thereto, constitute the entire agreement between KPMG and Client with respect to the services under the Engagement Letter and supersede all other oral and written representation, understandings or agreements relating thereto.
17. **Additional Terms for Engagements Involving Tax Services.**
- (a) Notwithstanding anything to the contrary set forth herein, no provision in the Engagement Letter or these Standard Terms and Conditions is or is intended to be construed as a condition of confidentiality within the meaning of IRC sections 6011, 6111, 6112 or the regulations thereunder, or under any similar or analogous provisions of the laws of a state or other jurisdiction. In particular, Client (and each employee, representative, or other agent of Client) may disclose to any and all persons, without limitation of any kind, the tax treatment and tax structure of any transaction within the scope of this engagement and all materials of any kind (including opinions and other tax analyses) that are provided to Client relating to such tax treatment and tax structure. Client also agrees to use commercially reasonable efforts to inform KPMG of any conditions of confidentiality imposed by third party advisors with respect to any transaction on which KPMG advice is requested. Such notification must occur prior to KPMG providing any advice with respect to the transaction.
- (b) Treasury regulations under IRC section 6011 require taxpayers to disclose to the IRS their participation in reportable transactions and IRC section 6707A imposes strict penalties for noncompliance. Client agrees to use commercially reasonable efforts to inform KPMG if Client is required to disclose any transaction covered by the Engagement Letter as a reportable transaction to the IRS or to any state or other jurisdiction adopting similar or analogous provisions. IRC section 6111 requires a material advisor with respect to a reportable transaction to disclose information on the transaction to the IRS by a prescribed date, and IRC section 6112 requires the material advisor to maintain, and make available to the IRS upon request, a list of persons and other information with respect to the transaction. KPMG will use commercially reasonable efforts to inform Client if KPMG provides Client's identifying information to the IRS under IRC section 6111 or 6112, or to any state or other jurisdiction adopting similar or analogous provisions.
- (c) Information relating to advice KPMG provides to Client, including communications between KPMG and Client and material KPMG creates in the course of providing advice, may be privileged and protected from disclosure to the IRS or other governmental authority in certain circumstances. As KPMG is not able to assert the privilege on Client's behalf with respect to any communications for which privilege has been waived, Client agrees to notify KPMG of any such waivers, whether resulting from communications with KPMG or third parties in the same or a related matter. Client also understands that privilege may not be available for communications with an audit client and that KPMG personnel providing audit and non-audit services will discuss matters that may affect the audit to the extent required by applicable professional standards. Client agrees that KPMG will not assert on Client's behalf any claim of privilege unless Client specifically instructs KPMG in writing to do so after discussing the specific request and the grounds on which such privilege claim would be made. Notwithstanding the foregoing, Client acknowledges that in no event will KPMG assert any claim of privilege that KPMG concludes, after exercising reasonable judgment, is not valid.
- (d) Unless expressly provided for, KPMG's services do not include representing Client in the event of a challenge by the IRS or other tax or revenue authorities.
- (e) Client acknowledges that in connection with any tax compliance services provided by KPMG under the Engagement Letter, KPMG may utilize the services of affiliates and third party service providers within and without the United States to organize and input data, operate the software used to generate tax returns for Client or its personnel and perform other related tasks. Client hereby consents to KPMG's use of such affiliates and third party service providers and the disclosure to such affiliates and third party service providers and their use of tax return information, received from Client or its personnel for the purpose of preparing, assisting in preparing, or obtaining or providing services in connection with preparing, any tax return required under the Engagement Letter.
- (f) In rendering tax advice, KPMG may consider, for example, the applicable provisions of the Internal Revenue Code of 1986, and the Employee Retirement Income Security Act of 1973, each as amended, and the relevant state and foreign statutes, the regulations thereunder, income tax treaties, and judicial and administrative interpretations, thereof. These authorities are subject to change, retroactively or prospectively, and any such changes could affect the validity of KPMG's advice.



# 2007 Income Tax Returns

TANANA CHIEFS CONFERENCE



KPMG PEAT MARWICK  
Suite 600  
601 WEST FIFTH AVENUE, SUITE 700  
ANCHORAGE

Telephone 907-265-1200  
Fax 907-265-1295

**Private**

The TANANA CHIEFS CONFERENCE  
122 FIRST AVENUE Suite 600  
FAIRBANKS, AK 99701-4897

Enclosed are the original and one copy of your income tax return(s) for the period ended September 30, 2008 for TANANA CHIEFS CONFERENCE as follows:

2007 990 - Return of Organization Exempt from Income Tax  
2007 Schedule A - Organization Exempt Under 501(c)(3)  
2007 Schedule B - Schedule of Contributors  
2007 990-T - Exempt Organization Business Income Tax Return  
2007 Form 04-611 - Alaska Corporation Net Income Tax Return

Each original should be dated, signed and filed in accordance with the filing instructions included with the copy of the return. This bound copy is for your use and should be retained for your files.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Also enclosed are the original source documents you furnished, if any, for our use in preparing the return(s). Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

A tax-exempt organization is required to provide copies of Form 990 if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990



*Robert McGee*

"widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990 to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect a Form 990 in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990, the organization can disclose the internet address from which he/she can print a copy of the Form 990.

We recommend that the return(s) be mailed by either registered or certified mail with the sender's receipt postmarked to prove filing before the due date.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

KPMG LLP

A handwritten signature in cursive script that reads "Linda".

*Enclosure(s)*

Instructions for filing  
TANANA CHIEFS CONFERENCE  
Form 8879-EO - IRS E-file Signature Authorization  
for the period ended September 30, 2008

\*\*\*\*\*

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

KPMG LLP  
701 West 8th Avenue, Suite 600  
Anchorage AK 99501

Payment of tax...

No payment of tax is required.

The return should be sent certified mail, return receipt requested.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return, please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on August 17, 2009. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning 10/01, 2007, and ending 09/30, 2008

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

▶ See instructions.

**2007**Department of the Treasury  
Internal Revenue Service

Return ID (20-digit number) ▶

9200342007123454N01U

Name of exempt organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

Name and title of officer

BRIAN RIDLEY, CEO**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 from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b <u>85354919.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) 4b	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b _____

**Part II Declaration and Signature Authorization of Officer**

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 2007 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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

☒ I authorize KPMG LLP

to enter my PIN

92173

as my signature

ERO firm name

do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Brian Ridley

Date ▶

7/27/09**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

92003435468

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶

Linnea C Carpenter

Date ▶

7/27/09**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2007)



**2007 990-RET ELF Status for Batch ID 3755666:**

Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Debts PIN E
54N01U	TANANA CHIEFS CONFERENCE	51623		FED		REG	Accepted	7/28/2009 11:04:00 AM	7/28/2009 11:30:00 AM	

**1 record returned.**

\*\*\*\*\*

Tanana Chiefs Conference  
Instructions for filing  
Form 990- Copy for the State of Alaska  
for the year ended September 30, 2008

\*\*\*\*\*

Signature...

The original return should be signed and dated on page one by an authorized person.

Filing...

The state of Alaska requires a copy of the return. This copy should be mailed on or before the due date of the federal return, which is given in the federal instructions.

Please mail return to:

Alaska Department of Revenue  
P.O. Box 110420  
Juneau, Alaska 99811-0420

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the US Postal Service).

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

TANANA CHIEFS CONFERENCE

Number and street (or P.O. box if mail is not delivered to street address)

122 FIRST AVENUE SUITE 600

City or town, state or country, and ZIP + 4

FAIRBANKS, AK 99701-4897

## D Employer identification number

92-0040308

## E Telephone number

( ) -

## F Accounting method:

☐ Cash ☐ Accrual ☒ Other (specify): FUND ACC

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

## I Group Exemption Number

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## G Website: N/A

J Organization type (check only one) ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 85,354,919.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	73,483,112.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 73,483,112. noncash \$ )	1e	73,483,112.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	10,817,339.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	783,335.		
	5	Dividends and interest from securities	5	54,940.		
Revenue	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	191,891.		
	7	Other investment income (describe )	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
Revenue	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11	24,302.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	85,354,919.		
	Expenses	13	Program services (from line 44, column (B))	13	82,703,181.	
		14	Management and general (from line 44, column (C))	14	941,913.	
		15	Fundraising (from line 44, column (D))	15		
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 16 and 44, column (A)	17	83,645,094.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,709,825.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	45,412,342.		
	20	Other changes in net assets or fund balances (attach explanation)	20	-738,023.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	46,384,144.		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	8,406,528.	8,406,528.		
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	485,691.		485,691.	
<b>25b</b>	b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>25c</b>	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	19,491,025.	16,122,007.	3,369,018.	
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	1,362,445.	1,099,547.	262,898.	
<b>28</b>	Employee benefits not included on lines 25a - 27	8,225,493.	6,638,301.	1,587,192.	
<b>29</b>	Payroll taxes	1,534,422.	1,238,340.	296,082.	
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	2,410,931.	2,180,326.	230,605.	
<b>34</b>	Telephone				
<b>35</b>	Postage and shipping				
<b>36</b>	Occupancy	4,496,738.	1,876,520.	2,620,218.	
<b>37</b>	Equipment rental and maintenance	2,386,135.	798,953.	1,587,182.	
<b>38</b>	Printing and publications				
<b>39</b>	Travel	5,022,735.	4,550,162.	472,573.	
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest	763,652.		763,652.	
<b>42</b>	Depreciation, depletion, etc. (attach schedule)				
<b>43</b>	Other expenses not covered above (itemize):				
<b>43a</b>	a PROFESSIONAL AND CONTRACT	28,025,427.	27,176,774.	848,653.	
<b>43b</b>	b DIRECT OPERATING COSTS	1,615,039.	1,132,510.	482,529.	
<b>43c</b>	c PROPERTY TAXES	200,046.	NONE	200,046.	
<b>43d</b>	d OTHER	100,774.	37,498.	63,276.	
<b>43e</b>	e GRANT ADMINISTRATION	-159,632.	NONE	-159,632.	
<b>43f</b>	f INDIRECT COST ALLOCATION	-722,355.	11,445,715.	-12,168,070.	
<b>43g</b>	g				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	83,645,094.	82,703,181.	941,913.	

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<p><b>a</b> HEALTH SERVICES: PROMOTES AND ENHANCES SPIRITUAL, PHYSICAL, MENTAL AND EMOTIONAL WELLNESS THROUGH EDUCATION, PREVENTION AND THE DELIVERY OF QUALITY SERVICES. HEALTH SERVICES MANAGES THE HEALTH DELIVERY SYSTEM FOR THE VILLAGES OF INTERIOR ALASKA AND ALSO MANAGES SMALLER SATELLITE CLINICS IN 28 VILLAGES. (Grants and allocations \$ 1,006,492. ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>47,612,923.</p>
<p><b>b</b> NATURAL &amp; CULTURAL RESOURCES: PROVIDES ASSISTANCE TO LOCAL GOVERNMENTS AND INDIVIDUALS WITH REGARD TO LAND AND RESOURCE MANAGEMENT.  (Grants and allocations \$ 10,240. ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>12,872,417.</p>
<p><b>c</b> CLIENT DEVELOPMENT: OFFERS A WIDE RANGE OF FAMILY-CENTERED SERVICES FOCUSED ON PROMOTING AND SUPPORTING SAFE AND STABLE FAMILIES. THE SERVICES ASSIST INDIVIDUALS IN ATTAINING THE EDUCATION AND SKILLS NECESSARY TO SUPPORT HEALTHY LIFESTYLES, DEVELOP MEANINGFUL CAREERS AND ENGAGE IN THE TRADITIONAL ACTIVITIES OF THEIR COMMUNITIES. (Grants and allocations \$ 7,035,771. ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>15,020,260.</p>
<p><b>d</b> TRIBAL DEVELOPMENT: PROVIDES ASSISTANCE TO LOCAL GOVERNMENTS AND INDIVIDUALS WITH REGARD TO COMMUNITY GOVERNMENT AND SERVICES, INCLUDING THE VILLAGE PUBLIC SAFETY OFFICER PROGRAM, TRIBAL GOVERNMENT SERVICES, TRIBAL TRANSPORTATION AND ECONOMIC DEVELOPMENT.  (Grants and allocations \$ 354,025. ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>7,197,581.</p>
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .</p>	<p>82,703,181.</p>

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	5,173,572.	<b>45</b>	2,824,038.
	<b>46</b> Savings and temporary cash investments . . . . .	24,743,271.	<b>46</b>	28,246,150.
	<b>47a</b> Accounts receivable . . . . .	2,633,448.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .			
		1,945,990.	<b>47c</b>	2,633,448.
	<b>48a</b> Pledges receivable . . . . .			
	<b>b</b> Less: allowance for doubtful accounts . . . . .		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .	8,312,316.	<b>49</b>	3,895,045.
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	936,081.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .			
		582,329.	<b>51c</b>	936,081.
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	103,681.	<b>53</b>	346,758.
<b>54a</b> Investments - publicly-traded securities <input type="checkbox"/> STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .	8,580,592.	<b>54a</b>	6,358,554.	
<b>b</b> Investments - other securities (attach schedule) . . . . .		<b>54b</b>		
<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		<b>55c</b>		
		<b>56</b>		
<b>56</b> Investments - other (attach schedule) . . . . .				
<b>57a</b> Land, buildings, and equipment: basis . . . . .	23,576,171.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .				
	9,384,584.	<b>57c</b>	14,191,587.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 5 ) . . . . .	5,085,106.	<b>58</b>	5,872,183.	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	68,277,670.	<b>59</b>	65,303,844.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	6,695,595.	<b>60</b>	5,118,939.
	<b>61</b> Grants payable . . . . .	6,122,792.	<b>61</b>	1,377,046.
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	8,177,897.	<b>64b</b>	10,089,890.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 6 ) . . . . .	1,869,044.	<b>65</b>	2,333,825.
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	22,865,328.	<b>66</b>	18,919,700.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .		<b>67</b>	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	35,727,344.	<b>70</b>	37,942,529.
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .	9,684,998.	<b>71</b>	8,441,615.
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	45,412,342.	<b>73</b>	46,384,144.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	68,277,670.	<b>74</b>	65,303,844.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	84,616,896.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-738,023.
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-738,023.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	85,354,919.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	85,354,919.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	83,645,094.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): -----	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	83,645,094.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): -----	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	83,645,094.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----

- Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)		Yes	No

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**Part VI** Other Information *(continued)*

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . .		
<b>82b</b>			N/A
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? . . . . .		N/A
<b>83b</b>			N/A
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>84b</b>			N/A
<b>85a</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members? . . . . .		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		N/A
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . .		N/A
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . .		N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .		N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .		N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		N/A
<b>85g</b>			N/A
<b>85h</b>			N/A
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .		N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . .		N/A
<b>86a</b>			N/A
<b>86b</b>			N/A
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders . . . . .		N/A
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>87a</b>			N/A
<b>87b</b>			N/A
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	X	
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .		
<b>88b</b>		X	
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b> . . . . .		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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," attach a statement explaining each transaction . . . . .		X
<b>89b</b>			X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		N/A
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .		N/A
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .		X
<b>89e</b>			X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .		X
<b>89f</b>			X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
<b>89g</b>			X
<b>90a</b>	List the states with which a copy of this return is filed <b>AK</b> . . . . .		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . .		
<b>90b</b>			
<b>91a</b>	The books are in care of <b>BRIAN RIDLEY</b> . . . . . Telephone no. <b>907-452-8251</b>		
	Located at <b>122 FIRST AVE FAIRBANKS, AK</b> . . . . . ZIP + 4 <b>99701</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>91b</b>			X
	If "Yes," enter the name of the foreign country <b>_____</b>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ☐   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICES					10,817,339.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	783,335.	
96 Dividends and interest from securities . . . . .			14	54,940.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .	532000	111,911.			
b not debt-financed property . . . . .	532000	79,980.			
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b OTHER					24,302.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		191,891.		838,275.	10,841,641.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					11,871,807.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	CLINIC FEES, INSURANCE REIMBURSEMENTS AND OTHER SELF GENERATING FUNDS THAT ARE PROGRAM RELATED AND EXEMPT UNDER SEC. 501(C)(3)
103B	MISCELLANEOUS RECEIPTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 10	%		71,672.	208,086.
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	SEE STATEMENT 11				X	
b						
c						
<b>Totals</b>				403,477.		

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	SEE STATEMENT 12				X	
b						
c						
<b>Totals</b>				1,620.		

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		X

**Please  
Sign  
Here**

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.

Signature of officer: Brian Ridley Date: 1/7/31/09  
 Type or print name and title: Brian Ridley Chief Financial Officer

**Paid  
Preparer's  
Use Only**

Preparer's signature: Hinda Q. Carpenter Date: 1/28/09 Check if self-employed: ☐  
 Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP  
701 WEST 8TH AVENUE, SUITE 600  
ANCHORAGE, AK 99501  
 Preparer's SSN or PTIN (See Gen. Inst. X): P00178855  
 EIN: 13-5565207  
 Phone no.: 907-265-1200

Form 990 (2007)

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Organization Exempt Under Section 501(c)(

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 13				
Total number of other employees paid over \$50,000 . . . ►		100		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 14		
Total number of others receiving over \$50,000 for professional services . . . . . ►		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 15		
Total number of other contractors receiving over \$50,000 for other services . . . . . ►		138

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	<b>1</b>		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2 a</b>		X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2 b</b>		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2 c</b>		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2 d</b>	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2 e</b>		X
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .	<b>3 a</b>		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3 b</b>	X	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	<b>3 c</b>		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3 d</b>		X
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	<b>4 a</b>		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>4 b</b>	N/A	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4 c</b>	N/A	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► _____			
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► _____			
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► _____			
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► _____			

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for not a Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I      ☐ Type II      ☐ Type III - Functionally Integrated      ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use **cash** method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	71,187,087.	66,496,097.	65,846,605.	65,841,669.	269,371,458.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10,199,659.	10,593,126.	14,265,952.	11,538,984.	46,597,721.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	1,634,865.	1,114,556.	1,049,278.	1,170,400.	4,969,099.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	10,127.	75,197.	189,487.	2,496,199.	2,771,010.
<b>23</b> Total of lines 15 through 22	83,031,738.	78,278,976.	81,351,322.	81,047,252.	323,709,288.
<b>24</b> Line 23 minus line 17.	72,832,079.	67,685,850.	67,085,370.	69,508,268.	277,111,567.
<b>25</b> Enter 1% of line 23.	830,317.	782,790.	813,513.	810,473.	
<b>26 Organizations described on lines 10 or 11:</b>					
a Enter 2% of amount in column (e), line 24					<b>26a</b> 5,542,231.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 277,111,567.
d Add: Amounts from column (e) for lines:					
18 4,969,099.					
19					
22 2,771,010.					
26b					<b>26d</b> 7,740,109.
e Public support (line 26c minus line 26d total)					<b>26e</b> 269,371,458.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 97.2069 %
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
NOT APPLICABLE					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines:					
15 16					
17 20 21					<b>27c</b>
d Add: Line 27a total, and line 27b total					<b>27d</b>
e Public support (line 27c total minus line 27d total)					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .	33a	
b Admissions policies? . . . . .	33b	
c Employment of faculty or administrative staff? . . . . .	33c	
d Scholarships or other financial assistance? . . . . .	33d	
e Educational policies? . . . . .	33e	
f Use of facilities? . . . . .	33f	
g Athletic programs? . . . . .	33g	
h Other extracurricular activities? . . . . .	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	



**Part VI-A** Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39 Other exempt purpose expenditures . . . . .	39	
40 Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
Lobbying nontaxable amount . . . . .					
45 amount . . . . .					
Lobbying ceiling amount (150% of line 45(e)) . . .					
46					
Total lobbying expenditures					
Grassroots nontaxable amount . . . . .					
48 amount . . . . .					
Grassroots ceiling amount (150% of line 48(e)) . . .					
49					
Grassroots lobbying expenditures . . . . .					
50					

**Part VI-B** Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers . . . . .			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .			
c Media advertisements . . . . .			
d Mailings to members, legislators, or the public . . . . .			
e Publications, or published or broadcast statements . . . . .			
f Grants to other organizations for lobbying purposes . . . . .			
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
i Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

## 51623

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (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 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 $\frac{1}{3}$ % 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

TANANA CHIEFS CONFERENCE

Employer identification number

92-0040308

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FEDERAL GRANTS VARIOUS VARIOUS, AK 99701	\$ 65,176,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STATE GRANTS VARIOUS VARIOUS, AK 99701	\$ 6,794,892.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MUNICIPAL AND OTHER GRANTS VARIOUS VARIOUS, AK 99701	\$ 1,511,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION -----	AMOUNT -----
MONEY MARKET INTERST	908,235.
INVESTMENT EXPENSES	-124,900.
	-----
TOTAL	783,335.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----

UNREALIZED GAINS(LOSSES) ON SECURITIES

738,023.

TOTAL

-----  
738,023.  
=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE OBJECTIVES OF THE TANANA CHIEFS CONFERENCE ARE TO PROVIDE HEALTH,  
SOCIAL AND ECONOMIC SERVICES TO THE NATIVE PEOPLE AND VILLAGES OF  
CENTRAL ALASKA KNOWN AS THE TCC REGION, USING FEDERAL, STATE AND  
LOCAL RESOURCES.

## FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
EQUITY SECURITIES	8,580,592.	6,358,554.	FMV
TOTALS	8,580,592.	6,358,554.	



FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
NOTE ISSUE COSTS NET OF AMORT	65,024.	185,473.
UNDER RECOVERY-INDIRECT COSTS	1,688,952.	2,411,308.
OTHER RECEIVABLE	307,774.	92,847.
NONDEPRECIABLE CAPITAL ASSETS	3,023,356.	3,182,555.
	-----	-----
TOTALS	5,085,106.	5,872,183.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED ANNUAL & SICK LEAVE	845,364.	947,219.
RESERVE FOR CLAIM PAYMENTS	1,015,624.	1,374,203.
INTEREST PAYABLE	5,430.	6,005.
REFUNDABLE DEPOSITS	2,626.	6,398.
	-----	-----
TOTALS	1,869,044.	2,333,825.
	=====	=====

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DON HONEA SR 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	TRADITIONAL CHIEF 20.00	NONE	NONE	360.
CARL JERUE 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR 20.00	NONE	NONE	360.
NANCY JAMES 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR 20.00	NONE	NONE	360.
JULIE ROBERTS 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR 20.00	NONE	NONE	360.
LEO LOLNITZ 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR 20.00	NONE	NONE	360.
NICK ALEXIA 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR 20.00	NONE	NONE	360.
DONALD ADAMS	DIRECTOR 20.00	NONE	NONE	360.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897				
JERRY ISAAC 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	PRESIDENT 40.00	183,166.	12,699.	NONE
PETER CAPTAIN SR 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	VICE PRESIDENT 20.00	NONE	NONE	360.
LOIS BUSCHER 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	CFO 40.00	155,480.	10,470.	NONE
TED CHARLES 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	CAO 40.00	147,045.	10,136.	NONE
PAT MCCARTY 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	SECRETARY/TREASURER 20.00	NONE	NONE	360.
GRAND TOTALS		485,691.	33,305.	3,240.

FORM 990, PART VI - CHANGE IN ITS ACTIVITIES OR METHODS  
=====

TCC FORMED A WHOLLY OWNED TAXABLE C CORPORATION AND THREE SINGLE MEMBER LLC'S. THESE ENTITIES ARE ENGAGED IN ACTIVITIES UNRELATED TO TCC'S EXEMPT PURPOSE.

## FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
DNH INC 2909 ARCTIC BLVD SUITE 201 ANCHORAGE, AK 99503 APPLIED FOR	100.000000	HOLDING COMPANY	NONE	NONE
DNH FUELS LLC 201 FIRST AVENUE FAIRBANKS, AK 99701 26-2170480	100.000000	WHOLESALE FUEL SERVICES	105,280.	162,925.
DNH CONSTRUCTION LLC 201 FIRST AVENUE FAIRBANKS, AK 99701 26-2498417	100.000000	CONSTRUCTION SERVICES	45,161.	-33,608.
DNH MANAGEMENT SERVICES LLC 122 FIRST AVENUE, SUITE 600 FAIRBANKS, AK 99701-4897 APPLIED FOR	100.000000	MANAGEMENT SERVICES	NONE	NONE
TOTAL INCOME			150,441.	129,317.

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT  
=====

CONTROLLED ENTITY'S NAME: DNH FUELS LLC  
CONTROLLED ENTITY'S ADDRESS: FIRST AVENUE  
CITY, STATE & ZIP: FAIRBANKS, AK 99701  
EIN: 26-2170480  
TRANSFER AMOUNT: 321,663.  
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:  
LOAN

CONTROLLED ENTITY'S NAME: DNH CONSTRUCTION LLC  
CONTROLLED ENTITY'S ADDRESS: 201 FIRST AVENUE  
CITY, STATE & ZIP: FAIRBANKS, AK 99701  
EIN: 26-2498417  
TRANSFER AMOUNT: 36,653.  
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:  
LOAN

CONTROLLED ENTITY'S NAME: DNH CONSTRUCTION LLC  
CONTROLLED ENTITY'S ADDRESS: 201 FIRST AVENUE  
CITY, STATE & ZIP: FAIRBANKS, AK 99701  
EIN: 26-2498417  
TRANSFER AMOUNT: 45,161.  
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:  
CONSTRUCTION MANAGEMENT FEE

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT  
=====

CONTROLLED ENTITY'S NAME: DNH FUELS LLC  
CONTROLLED ENTITY'S ADDRESS: 201 FIRST AVENUE  
CITY, STATE & ZIP: FAIRBANKS, AK 99701  
EIN: 26-2170480  
TRANSFER AMOUNT: 810.  
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:  
RENT

CONTROLLED ENTITY'S NAME: DNH CONSTRUCTION LLC  
CONTROLLED ENTITY'S ADDRESS: 201 FIRST AVENUE  
CITY, STATE & ZIP: FAIRBANKS, AK 99701  
EIN: 26-2498417  
TRANSFER AMOUNT: 810.  
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:  
RENT



## SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
NIGEL WAPPETT 122 FIRST STREET FAIRBANKS, AK 99701	MEDICAL DIRECTOR 40.00	277,350.	15,750.	NONE
JONATHAN STARR 122 FIRST AVE FAIRBANKS, AK 99701	PHYSICIAN 40.00	258,660.	13,193.	NONE
MATTHEW MASTERSON 122 FIRST AVE FAIRBANKS, AK 99701	PHARMACY 40.00	196,917.	14,310.	NONE
FULTZ CLARK 122 FIRST AVE FAIRBANKS, AK 99701	PHYSICIAN 40.00	179,902.	12,422.	NONE
JERRY ISAAC 122 FIRST AVE FAIRBANKS, AK 99701	PRESIDENT 40.00	183,166.	12,699.	NONE
	TOTAL COMPENSATION	1,095,995.	68,374.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
FAIRBANKS MEMORIAL HOSIPITAL 1650 COWLES STREET FAIRBANKS, AK 99701	MEDICAL	5,740,254.
MICHAEL J CARROLL MD 1640 COWLES ST FAIRBANKS, AK 99701	MEDICAL	775,389.
HALE AND ASSOCIATES INC 100 CUSHMAN STREET FAIRBANKS, AK 99707	INSURANCE	708,154.
WARBELOWS AIR VENTURES INC PO BOX 60649 FAIRBANKS, AK 99706	TRAVEL	924,749.
CCATS LLC 301 CUSHMAN STREET FAIRBANKS, AK 99701	DATA SYSTEM	592,410.
TOTAL COMPENSATION		----- 8,740,956. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
GHEMM COMPANY PO BOX 70507 FAIRBANKS, AK 99707	CONSTRUCTION	9,246,528.
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	GOVERNMENT	2,665,085.
GWICHYAA ZEE GWICHIN PO BOX 126 FORT YUKON, AK 99740	TRIBAL GOVERNMENT	1,243,621.
DELTA LOCUM TENENS PO BOX 678082 DALLAS, TX 75267	RECRUITING SVCS	427,092.
FAIRBANKS NATIVE ASSOCIATION 605 HUGHES AVE FAIRBANKS, AK 99701	GOVERNMENT	1,483,945.
TOTAL COMPENSATION		----- 15,066,271. =====

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	TANANA CHIEFS CONFERENCE	92-0040308
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	122 FIRST AVENUE, SUITE 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FAIRBANKS, AK 99701-4897	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► Brian Ridley

Telephone No. ► 907 452-8251

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning 10/01, 2007, and ending 09/30, 2008

2 If this tax year is less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. 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 instructions.	3c	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

• If you 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 filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>TANANA CHIEFS CONFERENCE</b>	Employer identification number <b>92-0040308</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>122 FIRST AVENUE, SUITE 600</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FAIRBANKS, AK 99701-4897</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **BRIAN RIDLEY**

Telephone No. **907 452-8251**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **08/15/2009**

5 For calendar year , or other tax year beginning **10/01/2007**, and ending **09/30/2008**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> 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.	<b>8a</b>	\$	NONE
<b>b</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.	<b>8b</b>	\$	NONE
<b>c Balance Due.</b> 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 instructions.	<b>8c</b>	\$	NONE

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Hinda Q Carpenter** Title **CPA** Date **5/11/09**  
 KPMG LLP  
 701 WEST 8TH AVENUE, SUITE 600  
 ANCHORAGE, AK 99501

Form **8868** (Rev. 4-2008)

Instructions for filing  
TANANA CHIEFS CONFERENCE  
Form 990T - Exempt Organization Business Return  
for the period ended September 30, 2008

\*\*\*\*\*

Signature...

The original return should be signed (using full name and title)  
and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before August 17, 2009  
with...

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

The return should be sent certified mail, return receipt requested.

To document the timely filing of your tax return(s), we suggest that  
you obtain and retain proof of mailing. Proof of mailing can be  
accomplished by sending the tax return(s) by registered or certified  
mail (metered by the U.S. Postal Service) or through the use of an IRS  
approved delivery method provided by an IRS designated private  
delivery service.

\*\*\*\*\*

**A** ☐ Check box if address changed

**B** Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)

**C** Book value of all assets at end of year 65,303,844.

**D** Employer identification number (Employees' trust, see instructions for Block D on page 9) 92-0040308

**E** Unrelated business activity codes (See instructions for Block E on page 9) 6512

Name of organization ( ☐ Check box if name changed and see instructions ) TANANA CHIEFS CONFERENCE

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 122 FIRST AVENUE SUITE 600

City or town, state, and ZIP code FAIRBANKS, AK 99701-4897

**F** Group exemption number (See instructions for Block F on page 9) 65,303,844.

**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Describe the organization's primary unrelated business activity. SEE STATEMENT 1

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of BRIAN RIDLEY Telephone number 907-452-8251

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<u>105,280.</u>			
<b>b</b> Less returns and allowances		<b>1 c</b> <u>105,280.</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <u>105,280.</u>		<u>105,280.</u>
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b> <u>19,499.</u>	<u>43,560.</u>	<u>-24,061.</u>
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See page 11 of the instructions; attach schedule.)		<b>12</b> <u>45,177.</u>	<u>STMT 2</u>	<u>45,177.</u>
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <u>169,956.</u>	<u>43,560.</u>	<u>126,396.</u>

<b>Part II</b> Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	<u>NONE</u>
<b>15</b> Salaries and wages		<b>15</b>	<u>85,178.</u>
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Charitable contributions (See page 14 of the instructions for limitation rules.)		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<u>17,507.</u>	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b> <u>17,507.</u>	<b>22b</b>
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule) <u>SEE STATEMENT 3</u>		<b>28</b>	<u>230,638.</u>
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	<u>315,816.</u>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	<u>-189,420.</u>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	<u>-189,420.</u>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		<b>33</b>	<u>1,000.</u>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	<u>-189,420.</u>

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) (2) (3)

b 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****36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax onthe amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See page 16 of the instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. **39****Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**b Other credits (see page 17 of the instructions) **40b**

c General business credit. Check here and indicate which forms are attached:

☐ Form 3800 ☐ Form(s) (specify) **40c**d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**e **Total credits.** Add lines 40a through 40d **40e****41** Subtract line 40e from line 39. **41****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****44 a** Payments: A 2006 overpayment credited to 2007 **44a**b 2007 estimated tax payments **44b**c Tax deposited with Form 8868 **44c**d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**e Backup withholding (see instructions) **44e**f Other credits and payments: ☐ Form 2439 ☐ Other **44f**☐ Form 4136 ☐ Other **Total** **44f****45 Total payments.** Add lines 44a through 44f **45****46** Estimated tax penalty (see page 4 of the 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** NONE**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** NONE**49** Enter the amount of line 48 you want: **Credited to 2008 estimated tax** **Refunded** **49** NONE**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

- |   | Yes | No |
|---|-----|----|
| 1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here |     | X  |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.   |     | X  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year   | \$  |    |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

- |   |    |  |        |
|---|----|--|--------|
| 1 Inventory at beginning of year                    | 1  | 6 Inventory at end of year   | 6      |
| 2 Purchases   | 2  | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.                                 | 7      |
| 3 Cost of labor                                     | 3  |  |        |
| 4 a Additional section 263A costs (attach schedule) | 4a | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes No |
| b Other costs (attach schedule)                     | 4b |  | X      |
| 5 Total. 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 best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Bruce Ridley</i>	Date <i>7/31/09</i>	Title <i>Chief Financial Officer</i>	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Paid Preparer's Use Only	Preparer's signature <i>Andrea C. Carpenter</i>	Date <i>7/28/09</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <i>P00178855</i>
	Firm's name (or yours if self-employed), address, and ZIP code <i>KPMG LLP</i> <i>701 WEST 8TH AVENUE, SUITE 600</i> <i>ANCHORAGE, AK 99501</i>	EIN <i>13-5565207</i>	Phone no. <i>907-265-1200</i>	



**Schedule C - Rent Income From Real Property and Personal Property Leased With Real Property**

(see instructions on page 20)

**1** Description of property(1)  
(2)  
(3)  
(4)**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

**3** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)(1)  
(2)  
(3)  
(4)

Total

Total

**Total deductions.** Enter here and on page 1, Part I, line 6, column (B) . . . ▶**Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶**Schedule E - Unrelated Debt-Financed Income** (see instructions on page 20)**1** Description of debt-financed property**2** Gross income from or allocable to debt-financed property**3** Deductions directly connected with or allocable to debt-financed property

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) SEE STATEMENT 4

(2)  
(3)  
(4)**4** Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6** Column 4 divided by column 5**7** Gross income reportable (column 2 x column 6)**8** Allocable deductions (column 6 x total of columns 3(a) and 3(b))(1)  
(2)  
(3)  
(4)

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

**Totals** . . . . . ▶

19,499.

43,560.

**Total dividends-received deductions** included in column 8 . . . . . ▶**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 21)**1** Name of Controlled Organization**2** Employer Identification Number**Exempt Controlled Organizations****3** Net unrelated income (loss) (see instructions)**4** Total of specified payments made**5** Part of column 4 that is included in the controlling organization's gross income**6** Deductions directly connected with income in column 5(1)  
(2)  
(3)  
(4)**Nonexempt Controlled Organizations****7** Taxable income**8** Net unrelated income (loss) (see instructions)**9** Total of specified payments made**10** Part of column 9 that is included in the controlling organization's gross income**11** Deductions directly connected with income in column 10(1)  
(2)  
(3)  
(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** . . . . . ▶

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

(see instructions on page 22)

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).
<b>Totals</b> . . . . . ▶				

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

(see instructions on page 22)

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).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> . . . . . ▶						

**Schedule J - Advertising Income** (see instructions on page 22)**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)						
<b>Totals</b> (carry to Part II, line (5)). . . . . ▶						

**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)					
(2)					
(3)					
(4)					
(5) Totals from Part I					
<b>Totals, Part II</b> (lines 1-5). . . ▶	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.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 6		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			NONE

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

=====

RENTAL OF TANANA CHIEFS CONFERENCE DEBT-FINANCED  
BUILDING TO THIRD PARTIES.

DNH FUEL LLC PROVIDES WHOLESALE FUEL SALES, DELIVERY AND DISTRIBUTION  
SERVICES.

DNH CONSTRUCTION LLC PROVIDES CONSTRUCTION AND MANAGEMENT SERVICES.

## PART I - LINE 12 - OTHER INCOME

=====

CONSTRUCTION MANAGEMENT CONTRACT  
INVESTMENT INCOME

45,161.

16.

-----

PART I - LINE 12 - OTHER INCOME

45,177.

=====

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

=====

TRAVEL	11,703.
DIRECT OPERATING COSTS	113,681.
SUPPLIES	13,101.
FACILITIES	10,918.
INSURANCE	21,386.
MISCELLANEOUS	59,849.

PART II - LINE 28 - OTHER DEDUCTIONS

-----  
230,638.

=====

## SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

1. DESCRIPTION OF DEBT-FINANCED PROPERTY	2. GROSS INCOME	3. DEDUCTIONS DIRECTLY CONNECTED (3A) (3B)	4. AVERAGE ACQUISITION DEBT	5. AVERAGE ADJUSTED BASIS	6. % 4 IS OF 5	7. GROSS INCOME REPORTABLE (2 X 6)	8. ALLOCABLE DEDUCTIONS 6 * (3A + 3B)
CHIEF PETER JOHN BUILDING	101,410.	11,022. 59,584.	399,791.	3,751,019.	10.658	10,808.	7,525.
AL KETTLER BUILDING	10,501.	6,485. 37,055.	1,611,794.	1,947,483.	82.763	8,691.	36,035.
TOTALS						19,499.	43,560.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES  
=====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
DON HONEA SR 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	TRADITIONAL CHIEF	NONE	NONE
CARL JERUE 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR	NONE	NONE
NANCY JAMES 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR	NONE	NONE
JULIE ROBERTS 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR	NONE	NONE
LORETTA LOLNITZ 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR	NONE	NONE
NICK ALETIA 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR	NONE	NONE
DONALD ADAMS 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	DIRECTOR	NONE	NONE
JERRY ISAAC 122 FIRST AVENUE SUITE 600	PRESIDENT	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES  
=====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
FAIRBANKS, AK 99701-4897			
PETER CAPTAIN SR 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	VICE PRESIDENT	NONE	NONE
LOIS BUSCHER 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	CFO	NONE	NONE
TED CHARLES 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	CAO	NONE	NONE
PAT MCCARTY 122 FIRST AVENUE SUITE 600 FAIRBANKS, AK 99701-4897	SECRETARY/TREASURER	NONE	NONE
TOTAL COMPENSATION			----- NONE =====



COLUMN 3A, SCHEDULE E, FORM 990-T - DEPRECIATION

	<u>COST</u>	<u>METHOD</u>	<u>EXPENSE</u>
<b>(1) CHIEF PETER JOHN BUILDING</b>			
BUILDING:			
ALLOCATED PORTION, FINANCED BY TAX EXEMPT BONDS, ETC.	166,651	SL 40 YRS	4,166
ALLOCATED PORTION, FINANCED BY NON-TAX EXEMPT BONDS, ETC.	179,529	SL 31.5 YRS	5,700
SECTION 1245 ASSETS	35,540	SL 7 & 15 YRS	1,115
SECTION 1250 ASSETS	1,659	SL 40 YRS	<u>41</u>
TOTAL DEPRECIATION			<u><u>11,022</u></u>
<b>(2) AL KETZLER BUILDING</b>			
BUILDING	177,784	SL 31.5 YRS	5,645
SECTION 1245 ASSETS	6,882	SL 7 & 15 YRS	<u>840</u>
TOTAL DEPRECIATION			<u><u>6,485</u></u>

COLUMN 3B, SCHEDULE E, FORM 990-T - OTHER DEDUCTIONS

	(1) Chief Peter John Building	(2) Al Ketzler Building
Direct operating exp	3	(1)
Supplies exp	2,756	576
Facilities exp and maintenance	9,977	4,148
Utilities exp	20,964	12,420
Amortization exp	1,380	2,700
Assets under 5,000	8	-
Contractual services	1,899	2,910
Interest exp	10,877	8,307
Property taxes	6,586	3,475
Burden costs	5,134	2,520
<b>TOTAL OTHER DEDUCTIONS</b>	<b>59,584</b>	<b>37,055</b>

COLUMN 4, SCHEDULE E, FORM 990-T - AVERAGE ACQUISITION DEBT**(1) Chief Peter John Building**

<u>DATE</u>	<u>NOTE #9003</u>	<u>TOTAL</u>	
10/01/07	309,396		
11/01/07	304,937		
12/01/07	295,835		
01/01/08	295,835		
02/01/08	291,211		
03/01/08	281,399		
04/01/08	281,399		
05/01/08	553,040		
06/01/08	551,417		
07/01/08	546,338		
08/01/08	544,605		
09/01/08	542,078		
TOTAL	<u>4,797,490</u>	<u>4,797,490</u>	
MONTHLY AVERAGE			<u><u>399,791</u></u>

**(2) Al Ketzler Building**

<u>DATE</u>	<u>NOTE #9004</u>	<u>NOTE #9005</u>	<u>TOTAL</u>	
10/01/07	274,345	1,184,770	1,459,115	
11/01/07	274,345	1,184,770	1,459,115	
12/01/07	272,540	1,176,214	1,448,754	
01/01/08	271,552	1,171,784	1,443,336	
02/01/08	270,546	1,167,541	1,438,087	
03/01/08	269,934	1,163,285	1,433,219	
04/01/08	267,947	1,158,586	1,426,533	
05/01/08	350,713	1,514,567	1,865,280	
06/01/08	349,703	1,510,208	1,859,911	
07/01/08	346,476	1,496,271	1,842,747	
08/01/08	345,389	1,491,575	1,836,964	
09/01/08	343,790	1,484,672	1,828,462	
TOTAL	<u>3,637,280</u>	<u>15,704,243</u>	<u>19,341,523</u>	
MONTHLY AVERAGE				<u><u>1,611,794</u></u>

COLUMN 5, SCHEDULE E, FORM 990-T - AVERAGE ADJUSTED BASIS**(1) Chief Peter John Building**

	BEGINNING	ENDING	TOTAL
COST (DEBT FINANCED PORTION)	5,952,462	5,952,462	
ACCUMULATED DEPRECIATION	(2,135,407)	(2,267,479)	
	<u>3,817,055</u>	<u>3,684,983</u>	<u>7,502,038</u>
			DIVIDED BY 2
AVERAGE ADJUSTED BASIS			<u><u>3,751,019</u></u>

**(2) Al Ketzler Building**

	BEGINNING	ENDING	TOTAL
COST (DEBT FINANCED PORTION)	2,400,000	2,400,000	
ACCUMULATED DEPRECIATION	(420,324)	(484,710)	
	<u>1,979,676</u>	<u>1,915,290</u>	<u>3,894,966</u>
			DIVIDED BY 2
AVERAGE ADJUSTED BASIS			<u><u>1,947,483</u></u>

NET OPERATING LOSS CARRYFORWARD

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED	ADJUSTMENT (NOTES 1 & 2)	CARRYOVER
1997	15,382	15,382		
1998	75,134	24,184	22,462	73,412
1999	96,778		13,505	110,283
2000	172,338		21,947	194,285
2001	103,724		21,525	125,249
2002	59,995		-	59,995
2003	51,255		(21,407)	29,848
2004	17,992		-	17,992
2005	7,993			7,993
2006	100,838			100,838
2007	189,420			189,420
TOTAL	890,849	39,566	58,032	909,315
EXPIRED CARRYOVER:				
TOTAL CARRIED FORWARD				909,315

NOTE 1: The NOL carryover for 1999, 2000, 2001 and 2002 has been adjusted for an error in the calculation of the percentage of income and deductions taken into account under IRC Section 514.

NOTE 2: The NOL carryover for 2004 has been adjusted to remove an intercompany charge for facility financing costs which should have been eliminated.

Form **8868**

(Rev. April 2008)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File a  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ☐
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	TANANA CHIEFS CONFERENCE		92-0040308
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	122 FIRST AVENUE, SUITE 600		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	FAIRBANKS, AK 99701-4897		

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► Brian Ridley

Telephone No. ► 907 452-8251 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 2007, and ending 09/30, 2008

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	\$	None
3b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	\$	None
3c	Balance Due. Subtract line 3b from line 3a. 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 instructions.	\$	None

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

\*\*\*\*\*  
TANANA CHIEFS CONFERENCE  
Instructions for filing  
Form 0405-611  
Alaska Corporation Net Income Tax Return  
For the year ended September 30, 2008

Signature . . .

The original return should be signed (using full name and title) and dated on page one by an authorized officer of the organization.

Payment of tax . . .

No payment of tax is required.

Filing . . .

The signed return should be filed on or before August 17, 2009 with:

Alaska Department of Revenue  
P.O. Box 110420  
Juneau, Alaska 99811-0420

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

For the calendar year 2007 or the taxable year beginning  
10/01, 2007 and ending 09/30, 2008

Department Use Only	
FSN SEQ	ENVELOPE #

Federal EIN 92-0040308	Alaska Entity # (See instructions) 10430D	NAICS Code 8133	Alaska Business License # 246135
Name Tanana Chiefs Conference			Telephone Number 907-452-8251
Mailing Address 122 First Avenue, Suite 600			Fax Number
City Fairbanks	State AK	Zip Code 99701	E-mail Address
Contact Person Brian Ridley	Title CFO	Contact Telephone Number 907-452-8251	

Check applicable boxes:	<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>RETURN DATA (Check Yes or No)</p> <p>1. Is a federal extension in effect? If yes, attach a copy of Form 7004.</p> <p>2. Is this an information report for a corporation that is inactive in Alaska?</p> <p>3. Is this a non-affiliated corporation doing business only in Alaska with an apportionment factor of 1.00? Note: If yes, use Short Form 04-611SF.</p> <p>4. Is this a water's edge combination? See AS 43.20.073. If yes, Schedule B, question #1 must be completed.</p> <p>5. Is this a consolidated Alaska return including more than one corporation with Alaska business activity? If yes, complete Schedule B, question #1.</p> <p>6. Are any business activities conducted by a member of the affiliated group excluded from the combined report as non-unitary business activities?</p>
Yes	No																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	

SCHEDULE A - NET INCOME TAX SUMMARY

		DEPT USE ONLY
1. Alaska income (loss) from Schedule H	1 -189,420	
2. Alaska net operating loss deduction (attach schedule)	2 719,895	NL
3. Alaska taxable income. Subtract line 2 from line 1	3 -909,315	TI
4. Alaska income tax from Schedule D, line 7	4	TX
5. Other taxes from Schedule E, line 8	5	OT
6. Federal-based credits from Schedule F, line 16	6 ( )	CR
7. Total Tax. Sum of lines 4, 5 and 6	7	
8. Incentive Credits (see instructions)	8 ( )	IC
9. Education Credit from Schedule G, line 4	9 ( )	EC
10. Net Alaska income tax (line 7, net of lines 8 and 9) if more than \$500, attach Form 04-708	10	NT
11. Payments from Page 3, Schedule C	11 511.00	PT
12. Tax due. If line 10 is larger than line 11, enter amount of tax due	12	
13. Overpayment. If line 11 is larger than line 10, enter amount overpaid	13 511.00	
14. Penalty for underpayment of estimated tax (Form 04-708, line 18, see instructions)	14	UP
15. Penalty for failure to file (see instructions)	15	FF
16. Penalty for failure to pay (see instructions)	16	FP
17. Interest (see instructions)	17	IN
18. Total amount due (overpaid). Line 12 plus lines 14-17, or line 13 less lines 14-17	18 (511)	
19. Overpayment credited to 2007 estimated tax (see instructions)	19 511	CF
20. Refund (line 18 reduced by line 19)	20 0	RF

I declare, under penalties of perjury, 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 taxpayer) is based on all information of which preparer has any knowledge.		May the DOR discuss this return with the preparer shown below (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Officer's Signature <i>Brian Ridley</i>	Date 7/31/09	Title Chief Financial Officer	DEPT USE ONLY
Preparer's Signature <i>Karla Q. Carpenter</i>	Date 7/28/09	Check if self-employed <input type="checkbox"/>	Refund
Firm's name (or yours if self-employed) and address KPMG, LLP 701 WEST 8TH AVENUE, SUITE 600		Preparer's SSN or PTIN P00178855	CFWD
City ANCHORAGE	State AK	Phone 907-265-1200	Approved
City ANCHORAGE	State AK	Zip 99501	Date
Form 0405-611 (Rev 01/08)		Validation Number	



# SCHEDULE B - TAXPAYER INFORMATION

1. Affiliated Taxpayer Information. Complete the following information for all Alaska taxpayers included in the affiliated group of the taxpayer(s): List only those corporations having nexus in Alaska. You may also use this schedule to satisfy information reporting requirements of affiliated corporations registered to do business in Alaska which have no business activity in the state.

[illegible]

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the Name, Address, and Federal Employer Identification Number of the common parent of the federal consolidated group:

3. If this is the first return, indicate whether:

☐ New business

☐ Successor to previously existing business

Enter name, address and Federal Employer Identification Number of previous business:

EIN: 92-0040308

Name: \_\_\_\_\_

Address: 122 First Avenue, Suite 600

Fairbanks, AK 99701

Form 04-611 (Rev 01/08)

7D0217 1000

4. Name and address on your prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

Name:

Address:

Reason:

NAME:

Tanana Chiefs Conference

EIN:

92-0040308

TAX RATE SCHEDULE (AS 43.20.011)

If your Alaska taxable income is:				
(1) At least	(2) But Less Than	(3) Your Tax Is	(4) Plus	(5) Of The Amount Over
-0-	10,000	-0-	1%	-0-
10,000	20,000	100	2%	10,000
20,000	30,000	300	3%	20,000
30,000	40,000	600	4%	30,000
40,000	50,000	1,000	5%	40,000
50,000	60,000	1,500	6%	50,000
60,000	70,000	2,100	7%	60,000
70,000	80,000	2,800	8%	70,000
80,000	90,000	3,600	9%	80,000
90,000 or More		4,500	9.4%	90,000

SCHEDULE C  
TAX PAYMENT RECORD

Estimated Payments	Date	Amount
(1)	04-711	
(2)	04-711	
(3)	04-711	
(4)	04-711	
Tentative Tax 04-709		
Overpayment From Prior Year		511
Less: Quick Refund (Form 4466)		( )
Total Payments to Schedule A, Line 11		\$ 511.00

SCHEDULE D - ALASKA TAX COMPUTATION

1. Alaska taxable income from Schedule A, line 3 . . . . .
2. Net capital gain from Schedule J, line 18, but not more than line 1  
If line 1 is a loss, enter zero . . . . .
3. Ordinary income. Subtract line 2 from line 1. If less than zero, enter zero . . . . .
4. To compute the tax on ordinary income, apply the amount on line 3 to the Tax Rate Schedule  
(a) Tax from column 3 of the Tax Rate Schedule . . . . .  
(b) Ordinary income from line 3 above . . . . .  
(c) Amount from column 5 of the Tax Rate Schedule . . . . .  
(d) Excess. Subtract line 4c from line 4b . . . . .  
(e) Percent from column 4 of the Tax Rate Schedule . . . . .  
(f) Multiply line 4d by line 4e. . . . .  
(g) Tax on ordinary income. Add lines 4a and 4f . . . . .
5. Tax on net capital gain. Multiply line 2 by 4.5% . . . . .
6. Alaska income tax. Add lines 4g and 5 . . . . .
7. Enter the lesser of line 6, column A or B here and on Schedule A, line 4  
Note: S-Corps, PHC's and PSC's use line 6, Column A . . . . .

	A	B
1	-909,315	-909,315
2		
3		0
4a		0
4b		-909,315
4c		
4d		-909,315
4e		
4f		
4g		
5		
6		
7		

SCHEDULE E - OTHER TAXES  
(AS 43.20.021)

1. Alternative minimum tax from federal Form 4626 . . . . .
2. Credit for prior year minimum tax from Form 1120,  
Schedule J (see instructions) . . . . .
3. Other federal taxes (attach schedule). . . . .
4. Total other taxes. Add lines 1b through 3b . . . . .
5. Alaska apportionment factor, from Schedule I, line 5 . . . . .
6. Multiply line 4 by line 5 . . . . .
7. S-Corp, Personal Holding Company and Personal Service Corp Taxes  
see instructions (attach Schedule) . . . . .
8. Add lines 6 and 7. Enter here and on Schedule A, line 5 . . . . .

A	
1a	NONE
2a	
3a	

x 18%  
x 18%  
x 18%

B	
1b	NONE
2b	( )
3b	
4	NONE
5	1.000000
6	NONE
7	
8	NONE

**SCHEDULE F - CREDITS**

1. Current year general business credit		
(a) Current year federal general business credit (Line 8, federal Form 3800) . . . . .	1a	
(b) Passive activity credits included in line 1a . . . . .	1b	
(c) Current year federal investment tax credit (line 6, federal Form 3468) . . . . .	1c	
(d) Current year credit for employer social security and Medicare taxes paid on certain employee tips (line 6 federal Form 8846) . . . . .	1d	
(e) Current year trans-Alaska pipeline liability fund credit (federal Form 3800) . . . . .	1e	
(f) Unallowed credits from an electing large partnership included in line 1a (see instructions) . . . . .	1f	
(g) Total of lines 1b through 1f . . . . .	1g	
(h) Current year Alaska general business credit. (Subtract line 1g from 1a). . . . .	1h	
2. Alaska apportionment factor from Schedule I, line 5 . . . . .	2	1.0000
3. Multiply line 1h by line 2 . . . . .	3	
4. Multiply line 3 by 18% . . . . .	4	
5. Alaska general business credit carryover (attach schedule) and Alaska investment credit (see instructions). . . . .	5	
6. Tentative general business credit. Add lines 4 and 5 . . . . .	6	
7. Alaska income tax from Schedule A, line 4 . . . . .	7	
8. Federal-based credits that reduce regular tax before the general business credit: Qualified electric vehicle credit (line 12c, federal Form 3800) . . . . .	8	
9. Multiply line 8 by line 2 . . . . .	9	
10. Multiply line 9 by 18% . . . . .	10	
11. Enter smaller of line 7 or line 10 . . . . .	11	
12. Subtract line 11 from line 7 . . . . .	12	
13. If line 12 is greater than \$4,500, enter 25% of the excess . . . . .	13	
14. Subtract line 13 from line 12 . . . . .	14	
15. Enter lesser of line 6 or line 14 . . . . .	15	
16. Total federal-based credits allowed. Add lines 11 and 15 and enter here and on Schedule A, line 6 . . . . .	16	
17. Alaska general business credit carryforward. Subtract line 15 from line 6 (but not less than zero) . . . . .	17	

**SCHEDULE G - EDUCATION CREDIT**  
(AS 43.20.014)

Taxpayers may claim as a credit a portion of contributions to qualifying Alaska colleges and universities.  
See Instructions for limitations and more detail.

Payor	Name of College or University	Contribution(s)	
		Date	Amount

1. Total qualified contributions. See Instructions. Enter here and on Schedule K, line 2 . . . . .	1	
2. Multiply the lesser of line 1 or \$100,000 by 50% . . . . .	2	
3. Enter 100% of the next \$100,000 of contributions . . . . .	3	
4. Total allowable credit. Add lines 2 and 3. Enter here and on Schedule A, line 9. See instructions for limitations. . . . .	4	

SCHEDULE H - COMPUTATION OF ALASKA INCOME

1. Federal taxable income (loss), Form 1120, line 28, or Form 1120A, line 24 as actually filed by taxpayer or taxpayer's federal consolidated group.

1-189,420

2. Adjustments for combined reporting. **Affiliated taxpayers only.** (Attach schedules - by company):

(a) Add: Form 1120, line 28 income (loss) of domestic unitary corporations not included in line 1 with 20% or greater U.S. factors.

2a-

(b) Add: Foreign unitary corporations with 20% or greater U.S. factors.

2b-

(c) Add: Federally exempt qualifying foreign trade income, FSC profit before federal exemption, income from DISC's and tax haven corporations.

2c-

(d) Remove: Federal taxable (income) loss of nonunitary corporations included in line 1.

2d-

(e) Remove: Federal taxable (income) loss of unitary corporations included in line 1 whose average U.S. factors are less than 20%.

2e-

(f) Intercompany eliminations (see instructions).

2f-

(g) Total adjustments for combined reporting. Add lines 2a through 2f.

2g-

3. Net income before state modifications and adjustments. Add lines 1 and 2g.

3-189,420.00

4. Additions for items deducted in line 3 above (Attach schedules - by company):

(a) Taxes based on or measured by net income.

4a-

(b) Expenses incurred to produce non-business income.

4b-

(c) Federal charitable contributions from federal Form 1120, line 19.

4c-

(d) Net section 1231 losses from federal Form 4797, line 11.

4d-

(e) Other (attach detailed schedule by type).

4e-

(f) Total additions (add lines 4a through 4e).

4f-

5. Total. Add lines 3 and 4f.

5-189,420.00

6. Subtractions for items included in line 3 above (Attach schedules - by company):

(a) Interest from obligations of the United States.

6a-

(b) Intercompany dividends between members of the water's edge group.

6b-

(c) Section 78 gross-up dividends.

6c-

(d) 80% of dividends received from foreign corporations.

6d-

(e) 80% of royalties accrued or received from foreign corporations.

6e-

(f) Non-business income (attach detailed schedule by type).

6f-

(g) Federal Form 1120, line 8 capital gain income not included in line 6(f).

6g-

(h) Net section 1231 gains from federal Form 4797, line 12.

6h-

(i) Other (attach detailed schedule by type).

6i-

(j) Total subtractions (add lines 6a through 6i).

6j-

7. Apportionable income (loss). Subtract line 6j from line 5.

7-189,420.00

8. Apportionment factor from Schedule I, line 5.

81.000000

9. Income (loss) apportioned to Alaska (line 7 times line 8).

9-189,420.00

10. Non-business income (loss) net of expenses allocable to Alaska (attach schedule by company and type).

10-

11. Alaska Items:

(a) Alaska capital and section 1231 gain (loss) from Schedule J, line 20.

11a-

(b) Alaska charitable contribution deduction from Schedule K, line 10.

11b(-)

(c) Alaska dividends-received deduction from Schedule L, line 9.

11c(-)

(d) Total (add lines 11a through 11c).

11d-

12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10 and 11d. Enter here and on Schedule A, line 1.

12-189,420.00

SCHEDULE I - APPORTIONMENT FACTOR

Compute to 6 Decimal Places		
	A Total Within Alaska	B Total Within & Without Alaska
1. Property	1-	0.000000
2. Payroll	2-	0.000000
3. Sales	3-	0.000000
4. Total of lines 1, 2 and 3, column C.	4-	0.000000
5. Alaska apportionment factor. Divide line 4 by 3 (if less than 3 factors are used, see instructions)	5-	1.000000

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7D0218 1.000

SCHEDULE J - ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES

Section 1231 Gains and Losses

	A Combined	B AK Factor	C Alaska Gain or (Loss)
1. Current section 1231 gains and (losses). If a loss enter the result on line 19	1		
2. Alaska non-recaptured net section 1231 losses from prior years. Enter as a positive number		2	
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15		3	
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero		4	

Short-Term Capital Gains and Losses

5. Total current short-term capital gains and (losses)	5		
6. Non-business short-term capital gains and (losses)	6		
7. Apportionable STCG/(L). Subtract line 6 from line 5 and apportion	7		
8. Non-business STCG/(L) allocable to Alaska		8	
9. Alaska unused capital loss carryover		9 (	)
10. Net short-term capital gain or (loss), add lines 7C, 8, and 9		10	

Long-Term Capital Gains and Losses

11. Total current long-term capital gains and (losses)	11		
12. Non-business long-term capital gains and (losses)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11 and apportion	13		
14. Non-business LTCG/(L) allocable to Alaska		14	
15. Enter amount from line 3		15	
16. Net long-term capital gain or (loss). Add lines 13C, 14, and 15		16	

Summary

17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17	
18. Alaska net capital gain. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10. Enter here and on Schedule D, line 2	18	
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4	19	
20. Add lines 17, 18, and 19. Enter here and on Schedule H, line 11a	20	

SCHEDULE K - ALASKA CHARITABLE CONTRIBUTION DEDUCTION

1. Current charitable contributions	1	
2. Contributions from Schedule G, line 1 included in line 1 above	2	
3. Subtract line 2 from line 1	3	
4. Apportionment factor from Schedule I, line 5. Corporations operating only in Alaska, enter 1.0	4	1.000000
5. Current Alaska charitable contributions. Multiply line 3 by line 4	5	
6. Alaska excess charitable contribution carryover from prior years. Enter as a positive number	6	
7. Add lines 5 and 6	7	
8. Enter the sum of Schedule H, lines 9, 10, and 11a, but not less than zero	8	
9. Multiply line 8 times 10%	9	
10. Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule H, line 11b	10	
11. Alaska excess charitable contribution carryover. Line 7 minus line 10	11	

SCHEDULE L - ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)

1. Dividend income included in Schedule H, line 3	1	
2. Less: Dividends not eligible for DRD (do not include any dividend in more than one line below):		
(a) Intercompany dividends from Schedule H, line 6b	2a	
(b) Section 78 gross-up dividends from Schedule H, line 6c	2b	
(c) 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 0.8	2c	
(d) Dividends subtracted on Schedule H, line 6f as non-business income	2d	
(e) Total subtractions (add lines 2a through 2d)	2e	
3. Total. Subtract line 2e from line 1	3	
4. Apportionment factor from Schedule I, line 5. Corporations operating only in Alaska, enter 1.0	4	1.000000
5. Apportioned dividends (multiply line 3 by line 4)	5	
6. Add dividends allocable to Alaska included on Schedule H, line 10	6	
7. Total dividends included in taxable income (add lines 5 and 6)	7	

	A Apportioned Dividends	B Percentage	C DRD (A x B)
8. DRD prior to limitations (segregate dividends in line 7 and multiply by proper %)			
(a) Dividends qualifying for 100% deduction	8a	100%	
(b) Dividends qualifying for 80% deduction	8b	80%	
(c) Dividends qualifying for 70% deduction	8c	70%	
(d) Other, if applicable (enter % in column B)	8d		
9. Tentative dividends-received deduction. Add lines 8a through 8d, column C. Enter here and carry the deduction subject to IRC 246 limitation based upon Alaska taxable income, to Schedule H, line 11c (see instructions)			9

NET OPERATING LOSS CARRYFORWARD

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED	ADJUSTMENT (NOTES 1 & 2)	CARRYOVER
1997	15,382	15,382		
1998	75,134	24,184	22,462	73,412
1999	96,778		13,505	110,283
2000	172,338		21,947	194,285
2001	103,724		21,525	125,249
2002	59,995		-	59,995
2003	51,255		(21,407)	29,848
2004	17,992		-	17,992
2005	7,993			7,993
2006	100,838			100,838
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL	701,429	39,566	58,032	719,895

EXPIRED CARRYOVER:

TOTAL CARRIED FORWARD 719,895

NOTE 1: The NOL carryover for 1999, 2000, 2001 and 2002 has been adjusted for an error in the calculation of the percentage of income and deductions taken into account under IRC Section 514.

NOTE 2: The NOL carryover for 2004 has been adjusted to remove an intercompany charge for facility financing costs which should have been eliminated.